


497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY

FEB 21 2024 

| | | | | |
|--|--|--|--|---|
| NAME OF FILER Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee | | Date of This Filing <u>2/21/2024</u> | Date Stamp 2024 FEB 22 AM 8:20 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (213) 452-6565 | I.D. NUMBER (if applicable) 1399573 | Report No. <u>022124A</u> | PROPOSITION B UNIT | |
| STREET ADDRESS _____ | | <input type="checkbox"/> Amendment to Report No. (explain below) | | |
| CITY Los Angeles | STATE CA | ZIP CODE 90017 | No. of Pages 1 | |

1. Contributions Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|---|--|---|
| 02/20/2024 | Union of American Physicians and Dentists Independent Expenditure Committee Restricted-Use Account Sacramento, CA 95814-4715 ID: 1395989 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$75,000.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate |

Reason for Amendment: _____

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee