

497 Contribution Report

Amounts may be rounded to whole dollars.

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PROPOSITION B UNIT

497 CONTRIBUTION REPORT

CALIFORNIA
FORM **497**

NAME OF FILER
Cruikshank for Supervisor 2024

AREA CODE/PHONE NUMBER
424-772-8648

I.D. NUMBER (if applicable)
1457936

STREET ADDRESS

CITY STATE ZIP CODE
Rancho Palos Verdes, CA 90275

Date of This Filing 12/12/2023 01:21

Report No. 378

Amendment to Report No. _____
(explain below)

No. of Pages 2

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1. Contribution(s) 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
2023-12-11	Paul J. Talley Fort Myers, FL 33913	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President & COO Air-Sea Forwarders Inc.	1,500.00 <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

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NAME OF FILER Cruikshank for Supervisor 2024		Date of This Filing 12/12/2023 01:21	Date Stamp	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> <p style="font-size: 0.8em; margin-top: 5px;">For Official Use Only</p>
AREA CODE/PHONE NUMBER 424-772-8648	I.D. NUMBER (if applicable) 1457936	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY Rancho Palos Verdes, CA 90275	STATE	ZIP CODE	No. of Pages <u>2</u>	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: _____