

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Cruikshank for Supervisor 2024	
AREA CODE/PHONE NUMBER 424-772-8648	I.D. NUMBER (if applicable) 1457936
STREET ADDRESS	
CITY Rancho Palos Verdes, CA 90275	STATE ZIP CODE

Date of This Filing 01/08/2024 08:24

Report No. 462

Amendment to Report No. _____
(explain below)

No. of Pages 2

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LOS ANGELES COUNTY
2024 JAN -9 AM 8:01
PROPOSITION B UNIT

CALIFORNIA FORM 497

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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
2024-01-08	Republican Party of LA 66th AD Torrance, CA 90503 ID: 135612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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

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AREA CODE/PHONE NUMBER 424-772-8648	I.D. NUMBER (if applicable) 1457936			
STREET ADDRESS		Report No. _____	PROPOSITION B UNIT	
CITY STATE ZIP CODE Rancho Palos Verdes, CA 90275		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
		No. of Pages 2		

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: _____