

497 Contribution Report

Amounts may be rounded to whole dollars.

FEB 09 2024 497 CONTRIBUTION REPORT

NAME OF FILER Cruikshank for Supervisor 2024		Date of This Filing 02/09/2024 04:15	RECEIVED BY LOS ANGELES COUNTY 2024 FEB -9 PM 4:30 PROPOSITION 8 UNIT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 424-772-8648	I.D. NUMBER (if applicable) 1457936	Report No. 530		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY STATE ZIP CODE Rancho Palos Verdes, CA 90275	No. of Pages 2			

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
2024-02-09	Fariba M. Moghadam Torrance, CA 90504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housing Coordinator City of Carson	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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FEB 09 2024 *EM*

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RECEIVED BY
 LOS ANGELES COUNTY
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 PROPOSITION B UNIT

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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: _____