

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY FEB 13 2024
LOS ANGELES COUNTY 497 CONTRIBUTION REPORT

NAME OF FILER Southern California District Council of Laborers Issues PAC			Date of This Filing <u>02/13/2024</u>	Date Stamp 2024 FEB 14 AM 8:10	CALIFORNIA FORM 497 For Official Use Only
AREACODE/PHONE NUMBER (626) 350-6900	I.D. NUMBER (if applicable) 1358148		Report No. <u>41723</u>	PROPOSITION B UNIT	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Covina	STATE CA	ZIP CODE 91724	No. of Pages <u>1</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)
02/13/2024	Experts United for Homelessness & Housing Solutions A Coalition of Nonprofit Organizations and Housing Advocates (ID# 1463510) Los Angeles, CA 90017	Los Angeles County Homelessness Prevention, Reduction and Accountability Initiative Measure: TBD Los Angeles County	200,000.00	03/05/2024

Reason for Amendment: _____