

497 Contribution Report

Amounts may be rounded to whole dollars.

0218-4

NAME OF FILER Los Angeles County Federation of Labor AFL-CIO (Nonprofit 501(c)(5))			Date of This Filing _____	RECEIVED BY: _____ 2022 OCT -7 AM 9: 10/6/22 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only G11381
AREA CODE/PHONE NUMBER 213-452-6565	I.D. NUMBER (if applicable) 1392321		Report No. _____		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90006	No. of Pages _____		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/05/2022	Yes on Measure LA Committee for Quality Education and Student Success Sponsored by Labor Organizations and Educators Long Beach, CA 90814 FPPC #1452899	Los Angeles Community College District Safety, Repair, Job Training Measure LA Jurisdiction: Los Angeles Community College District	\$50,000.00	11/08/2022

SS

Reason for Amendment: _____



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NAME OF FILER Los Angeles County Federation of Labor AFL-CIO (Nonprofit 501(c)(5))		Date of This Filing 10/05/2022	RECEIVED BY LOS ANGELES COUNTY 2022 OCT -7 AM 9:17 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 213-452-6565	I.D. NUMBER (if applicable) 1392321	Report No. 100522A		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90006	No. of Pages 2	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

* 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

Reason for Amendment: _____