

497 Contribution Report

Amounts may be rounded to whole dollars.

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CAMPAIGN FINANCE

CALIFORNIA FORM 497
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NAME OF FILER
Yes on Measure LA Committee for Quality Education and Student Success, Sponsored by Labor Organizations and Educators

AREA CODE/PHONE NUMBER (213) 452-6565 **I.D. NUMBER (if applicable)** 1452899

STREET ADDRESS

CITY Los Angeles **STATE** CA **ZIP CODE** 90017

Date of This Filing 10/5/2022

Report No. 100522A

Amendment to Report No. (explain below)

No. of Pages 1

1. Contributions 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
10/04/2022	MAAS Companies, Inc. Irvine, CA 92612-2554	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$20,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/04/2022	Fadi Rassam Pasadena, CA 91105-2580	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Citadel CPM, Inc.	\$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