

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Arcadis U.S., Inc.		Date of This Filing 09/30/2022	RECEIVED BY LOS ANGELES COUNTY emailed: 9/30/22 2022 SEP 30 PM 5:16 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (720)344-3500	I.D. NUMBER (if applicable) 1315170	Report No. 2022LBUSD0924		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 2		
CITY	STATE CO	ZIP CODE 80129		

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
		<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 _____% Provide interest rate
		<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 _____% Provide interest rate
		<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 _____% 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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RECEIVED BY
LOS ANGELES COUNTY

NAME OF FILER Arcadis U.S., Inc.			Date of This Filing 09/30/2022	Date Stamp 2022 SEP 30 PM 5:17	CALIFORNIA FORM 497 For Official Use Only M 17485
AREA CODE/PHONE NUMBER (720)344-3500	I.D. NUMBER (if applicable) 1315170		Report No. 2022LBUSD09	CAMPAIGN FINANCE	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Highlands Ranch	STATE CO	ZIP CODE 80129	No. of Pages 2		

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)
09/30/2022	Citizens for the Future of Long Beach USD Schools c/o Lysa Ray Campaign Services, Inc. +	Yes on Q / Long Beach Unified School District	\$15,000.00	11/08/2022

Reason for Amendment: _____