

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Patrice Marshall McKenzie for Board of Education 2022			Date of This Filing <u>10.24.22</u>	RECEIVED BY ANGELES COUNTY no post mark OCT 25 AM 8:36 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only 021422
AREA CODE/PHONE NUMBER 310 686 6441	I.D. NUMBER (if applicable) 1450349		Report No. <u>1</u>		
STREET ADDRESS CITY STATE ZIP CODE Hawthorne CA 90250			<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <u>1</u>		

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
10/24/2022	Laborers local 300 Small Contributor Committee LA CA 90006 #950674	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <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

* 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: _____