

497 Contribution Report

Amounts may be rounded to whole dollars.

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CAMPAIGN FINANCE

CALIFORNIA FORM 497

For Official Use Only

NAME OF FILER Yes on Measure LA Committee for Quality Education and Student Success, Sponsored by Labor Organizations and Educators			Date of This Filing 10/7/2022
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1452899	Report No. 100522B	<input type="checkbox"/> Amendment to Report No. (explain below)
STREET ADDRESS			
CITY Los Angeles	STATE CA	ZIP CODE 90017	
			No. of Pages 2

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
10/05/2022	Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee Los Angeles, CA 90017-5864 ID: 1399573	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$44,832.00 <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

Notes and Memos

FORM/SCHEDULE	REFERENCE NUMBER (IF APPLICABLE)	TEXT
F497		Nonmonetary Contribution

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