

497 Contribution Report

Amounts may be rounded to whole dollars.

0218

NAME OF FILER Patrice Marshall McKenzie for Board of Education 2022			Date of This Filing 10/17/2022	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2022 OCT 18 AM 9:48 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. 1		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Hawthorne	STATE CA	ZIP CODE 90250	No. of Pages 1		

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
10/17/2022	ACT Political Pasadena CA 91107 #745724	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
10/17/2022	California Teamsters Public Affairs Council Public Affairs Fund Sacramento CA 95814 # 742500	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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>

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