

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY Date Stamp

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 10/21/2022

Report No. 102122A

Amendment to Report No. (explain below)

No. of Pages 1

2022 OCT 24 AM 9:31
CAMPAIGN FINANCE DISCLOSURE SECTION

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
10/20/2022	P2S, Inc. Long Beach, CA 90815-5247	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00 <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