

LCO1 - 0018-4

497 Contribution Report

PROP W

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

NAME OF FILER Environment California Non-profit 501(c)(4) for Measure W		Date of This Filing 10/22/2018	2018 OCT 23 AM Email 10/22/18 CAMPAIGN FINANCE CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 916-446-8062	I.D. NUMBER (if applicable) 1413438	Report No.	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	611236
CITY Sacramento	STATE CA	ZIP CODE 95814	
		No. of Pages 2	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/22/2018	Safe, Clean Water for LA County (ID# 1407942) c/o Jane Leiderman, Padilla & Associates Encino, California 91436	Measure W Los Angeles County	\$75,000	11/06/2018

Reason for Amendment: _____

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CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages 2	

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
		<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
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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