

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY
2022 MAY 18 PM 1:56
PROPOSITION B UNIT

497 CONTRIBUTION REPORT

NAME OF FILER COALITION OF WORKING CALIFORNIANS AND PUBLIC SAFETY IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022, SPONSORED BY UNIONS REPRESENTING CONSTRUCTION TRADES AND LAW ENFORCEMENT			Date of This Filing 05/18/2022 Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (415) 389-6800	I.D. NUMBER (if applicable) 1448203	Report No. 341		
STREET ADDRESS _____				
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
No. of Pages 1				

1. Contribution(s) 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
05/17/2022	SOUTHERN CALIFORNIA PIPE TRADES DISTRICT COUNCIL NO. 16 POLITICAL ACTION COMMITTEE Los Angeles, CA 90020 Committee ID # 760715	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		25,000.00 <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: _____
