

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY 497 CONTRIBUTION REPORT

NAME OF FILER Yes on Measure W Safe, Clean Water for LA County, A Coalition of Environmentalists, Business Leaders, Clean Water Advocates, and		Date of This Filing <u>09/25/2018</u>	Date Stamp LOS ANGELES CA CALIFORNIA FORM 497 2018 SEP 26 AM 9:52 CAMPAIGN FINANCE
AREA CODE/PHONE NUMBER	ID. NUMBER (if applicable) 1407942	Report No. <u>09/24-1</u>	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages <u>1</u>
CITY Encino	STATE CA	ZIP CODE 91436	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/24/2018	Laborers International Union of North America, Local 1309 Lakewood, CA 90712	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		11,500.00 <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: _____