

**497 Contribution Report**

Amounts may be rounded to whole dollars.

RECEIVED BY  
LOS ANGELES COUNTY  
Date Stamp  
2024 JAN -4 AM 9:54  
PROPOSITION B UNIT

497 CONTRIBUTION REPORT

**CALIFORNIA FORM 497**

For Official Use Only

NAME OF FILER  
Cruikshank for Supervisor 2024

AREA CODE/PHONE NUMBER  
424-772-8648

I.D. NUMBER (if applicable)  
1457936

STREET ADDRESS

CITY STATE ZIP CODE  
Rancho Palos Verdes, CA 90275

Date of This Filing 01/03/2024 05:13

Report No. 450

Amendment to Report No. \_\_\_\_\_  
(explain below)

No. of Pages 2

**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
2024-01-02	Carol Wynder Cypress, CA 90630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide Interest Rate
2024-01-02	William Wynder Cypress, CA 90630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	1,000.00 <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

