

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY
Date Stamp

NAME OF FILER LOS ANGELES COLLEGE FACULTY GUILD COPE		Date of This Filing 3/2/2024	2024 MAR -4 AM 9:01 CAMPAIGN FINANCE 3/2/24	CALIFORNIA FORM 497 For Official Use Only 6106927
AREA CODE/PHONE NUMBER (323) 851-0443	I.D. NUMBER (if applicable) 1227710	Report No. 030224A		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90068		
		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)
03/01/2024	Essential Workers in Support of Miguel Santiago for City Council 2024, Sponsored by Los Angeles County Federation of Labor, AFL-CIO Los Angeles, CA 90017-5864 ID: 1464669	Miguel Santiago City Council Member City: City of Los Angeles District No: 14	\$5,000.00	03/05/2024
03/01/2024	Sade Elhawary for Assembly 2024 Los Angeles, CA 90017-5864 ID: 1458935	Sade Elhawary State Assembly Person Assembly District District No: 57	\$1,000.00	03/05/2024

Reason for Amendment: _____

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STREET ADDRESS 3356 Barham Blvd.		<input type="checkbox"/> Amendment to Report No. (explain below)		
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		No. of Pages 2		

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
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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