

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Dr. Nyree Berry for College Trustee 2024			Date of This Filing 10/15/2024  Report No. 101524  <input type="checkbox"/> Amendment to Report No. _____ (explain below)  No. of Pages 1	Date Stamp <div>E-Filed 10/15/2024 13:33:42  Filing ID: 212310519</div>	CALIFORNIA FORM 497  For Official Use Only
AREA CODE/PHONE NUMBER (310)878-4131	I.D. NUMBER (if applicable) 1464706				
STREET ADDRESS					
CITY Inglewood	STATE CA	ZIP CODE 90301			

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
10/15/2024	Operating Engineers Local Union No. 12 Political Fund Pasadena, CA 91103 Committee ID # 743030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1,500.00  <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

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