

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Kelsey Iino for LACCD Trustee 2024			Date of This Filing 10/04/2024	Date Stamp <div>E-Filed 10/04/2024 16:36:23 Filing ID: 212247120</div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (323) 655-4065	I.D. NUMBER (if applicable) 1448396		Report No. LATE-20241002		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Encino	STATE CA	ZIP CODE 91436	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
10/02/2024	Coalition for L.A. Community College Reform to Support Vela Iino Henderson and Hoffman Sponsored by LA College Faculty Guild Los Angeles, CA 90017 Committee ID # 1315215	<div><input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		88,451.00 <div><input type="checkbox"/> Check if Loan _____% Provide interest rate</div>
		<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		<div><input type="checkbox"/> Check if Loan _____% Provide interest rate</div>
		<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		<div><input type="checkbox"/> Check if Loan _____% Provide interest rate</div>

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