

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Gary Martin For Water Board 2024</b>		Date of This Filing <b>9-18-24</b>	Date Stamp <b>RECEIVED BY LOS ANGELES COUNTY 2024 SEP 19 PM 3:18 CAMPAIGN FINANCE</b>	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>661-255-6472</b>	I.D. NUMBER (if applicable) <b>1463596</b>	Report No. <b>3</b>		
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. <b>1</b> (explain below)		
CITY <b>Valencia</b>	STATE <b>CA</b>	ZIP CODE <b>91355</b>	No. of Pages <b>1</b>	

## 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
9/9/24	LA/OC Building and Construction Trades Council PAC #822029  Los Angeles, CA 90026	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>\$1000.00</b> <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 code correction

\* 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