

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Briones for School Board 2022		Date of This Filing <u>11/10/2022</u>	RECEIVED BY LOS ANGELES COUNTY 2022 NOV 10 PM 1:11 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (626) 532-7230	I.D. NUMBER (if applicable) 1447179	Report No. <u>5</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <u>1</u>		
CITY El Monte	STATE CA	ZIP CODE 91732		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
11/10/2022	Southern CA District Council of Laborers PAC Small Contributor Committee ID# 1358150	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,500 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

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

