

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Arcadis U.S., Inc.		Date of This Filing 11/04/2022	Date Stamp FILED BY LOS ANGELES COUNTY <i>email: 11/4</i> 2022 NOV -4 PM 1:19 CAMPAIGN FINANCE DISCLOSURE SECTION M17485	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (720) 344-3500	I.D. NUMBER (if applicable) 1315170	Report No. 2022LACCD1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <u>2</u>		
CITY Highlands Ranch	STATE CO	ZIP CODE 80129		

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
		<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
		<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

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NAME OF FILER Arcadis U.S., Inc.		Date of This Filing 11/04/2022	RECEIVED BY LOS ANGELES COUNTY 2022 NOV -4 PM 1:15 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (702) 344-3500	I.D. NUMBER (if applicable) 1315170	Report No. 2022LACCD1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
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		No. of Pages 2		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
11/4/2022	Yes on Measure LA Committee for Quality Education and Student Success	Measure LA / Los Angeles Community College District	75,000	Nov. 8, 2022

Reason for Amendment: _____