497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER			Date of		Date Stamp CALIFORNIA 407		
Poindexter-Hornback for City Council 2024				10/01/2024		FORM 49/	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)		·····			For Official Use Only		
(714)540-2295 1468434		Report No. 24					
STREET ADDRESS			Amendme to Report No.		RECEIVED		
ITY STATE ZIP CODE		(explain below)		2071 607 0 0 1.15			
Hawthorne	CA 90250 No. of P		No. of Pages	1	2024 OCT -9 ₽ \$ 16		
1. Contribution				CITY CLERK DEPARTMENT			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOY (IF SELF-EMPLOYED, ENTER NAME OF BUSIN	ER AMOUNT ESS) RECEIVED	
10/01/2024 UA Journeymen & Apprentices Local #250 Gardena, CA 90248 Committee ID # 743959				☐ IND ☑ COM ☐ OTH		1,000.00	
				□ PTY □ SCC		Check if Loan % Provide interest rate	
	Southern CA Pipe T. Los Angeles, CA 900 Committee ID # 760°	rades District Council #16 020 715		☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00 Check if Loan % Provide interest rate	
				IND COM OTH PTY SCC		Check if Loan -% Provide interest rate	
Reason for Amendment:					*Contributor Codes IND – Individual COM – Recipient Committ OTH – Other (e.g., busine PTY – Political Party SCC – Small Contributor C		