

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Daisy Macias		Date of This Filing <u>9/25/24</u>	Date Stamp CITY CLERK'S OFFICE RCVD SEP 26 2024 8:58	CALIFORNIA FORM 497 For Official Use Only CITY CLERK'S OFFICE RCVD SEP 26 2024 8:58
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1473607	Report No. <u>6</u>		
STREET ADDRESS [REDACTED]		☐ Amendment to Report No. _____ (explain below)		
CITY Ontario	STATE CA	ZIP CODE 91764	No. of Pages <u>1</u>	

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
9/25/2024	Building a stronger California sponsored by western states regional council of carpenters ID#70189 533 S. Fremont Ave., 10th Fl. Los Angeles, CA 90071	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		4,000 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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 Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee