

497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | | |
|---|---|--|-----------------------|---|
| NAME OF FILER Yes on Measure LA Committee for Quality Education and Student Success | | Date of This Filing 9/15/2022 | Date Stamp | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (213) 452-6565 | I.D. NUMBER (if applicable) 1452899 | Report No. 091522A | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. (explain below) | | |
| CITY Long Beach | STATE CA | ZIP CODE 90814 | No. of Pages 1 | |

1. Contributions 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 |
|---------------|---|---|--|--|
| 09/14/2022 | Southern California I.B.E.W. - N.E.C.A. Labor Management Cooperation Committee Pasadena, CA 91103-3853 ID: 1250083 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$100,000. <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