

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY

NAME OF FILER Steve Veres for LA Community College Trustee 2022		Date of This Filing 10/28/2022	RECEIVED BY LOS ANGELES COUNTY Date Stamp 2022 OCT 31 AM 10:01 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1329702	Report No. 102822D		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90017		
		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
10/27/2022	United Nurses Association of California / Union of Health Care Professionals PAC (UNAC PAC) Sacramento, CA 95814-4602 ID: 1295768	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,500.00 <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