497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Working People supporting Hahn for Supervisor 2016 sponsored by the Los Angeles County Federation of Labor, AFL-CIO	**Date of This Filing** 10/05/2016

CALIFORNIA FORM 497

AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)* 1388881

Report No. 19254

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CAMPAIGN FINANCE

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STREET ADDRESS	☐ **Amendment to Report No.** _____ *(explain below)*
CITY STATE ZIP CODE	**No. of Pages** ___1___

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
10/04/2016	United Food & Commercial Workers Union Local 324 PAC Committee ID # 1306048	☐ IND ☐ COM ☐ OTH ☐ PTY ☒ SCC		7,000.00 ☐ 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

*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

Reason for Amendment: _____

FPPC Form 497 (Jan/2016)
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