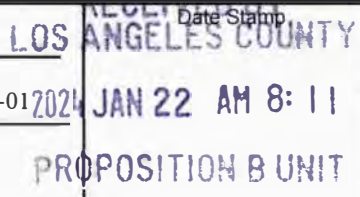



497 Contribution Report

Amounts may be rounded to whole dollars.

JAN 21 2024 

NAME OF FILER Chris Holden for Supervisor 2024		Date of This Filing 01/19/24		CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 626-864-5255	I.D. NUMBER (if applicable) 1458291	Report No. 2024-01-19-01		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Pasadena	STATE CA	ZIP CODE 91105	No. of Pages 1 of 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
01/19/24	International Longshoremen Workers Union Foremen's Local 94 Political Action Fund Long Beach, CA 90802 ID 1349650 	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500. <input type="checkbox"/> Check if Loan _____% Provide interest rate
01/19/24	Efren Martinez Los Angeles, CA 90001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Express Transportation Services	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <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