

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Cruikshank for Supervisor 2024		Date of This Filing 02/27/2024 07:27	RECEIVED BY LOS ANGELES COUNTY 2024 FEB 27 AM 8:24 PROPOSITION B UNIT	Date Stamp CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 424-772-8648	LD. NUMBER (if applicable) 1457936	Report No. 569 <input type="checkbox"/> Amendment to Report No. _____ (explain below) _____ No. of Pages 2		
STREET ADDRESS _____				
CITY STATE ZIP CODE Rancho Palos Verdes, CA 90275				

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
2024-02-26	Apartment Association of Greater Los Angeles PAC Los Angeles, CA 90071 ID: 811735	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <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

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RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
2024 FEB 27 AM 8:25
PROPOSITION B UNIT

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AREA CODE/PHONE NUMBER 424-772-8648	LD. NUMBER (if applicable) 1457936	
STREET ADDRESS		
CITY Rancho Palos Verdes, CA 90275	STATE	ZIP CODE

Date of This Filing 02/27/2024 07:27

Report No. _____

Amendment to Report No. _____
(explain below)

No. of Pages 2

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: _____