

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
 Yes on Measure LA Committee for Quality Education and Student Success, Sponsored by Labor Organizations and Educators

AREA CODE/PHONE NUMBER
 (213) 452-6565

I.D. NUMBER (if applicable)
 1452899

STREET ADDRESS

CITY
 Los Angeles

STATE
 CA

ZIP CODE
 90017

Date of This Filing 10/13/2022

Report No. 101322A

Amendment to Report No.
 (explain below)

No. of Pages 1

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 LOS ANGELES COUNTY
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 CAMPAIGN FINANCE

CALIFORNIA FORM 497
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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
10/12/2022	Laborers' International Union of North America Local 1309 Issues PAC Lakewood, CA 90712-4118 ID: 1414812	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00 <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