497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER			Date of	Date Stamp	CALIFORNIA	407
Ari Pe for Lakewood City Council 2024			This Filing		FORM	497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)		Report No. 1		For Official Use Only	
(213)489-4792	1458776		Report No			
STREET ADDRESS						
12501 Imperial Hwy. Ste. 200			Amendment to Report No			
CITY	STATE	ZIP CODE	(explain below)			
Norwalk	CA	90650	No. of Pages1			

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
02/21/2024	Laborers' Local 300 2005 W. Pico Blvd. Los Angeles, CA 90006 Committee ID # 950674	□ IND □ COM □ OTH □ PTY ፳ SCC		5,500.00
02/21/2024	Southern California District Council Of Laborers PAC 555 East Ocean Blvd. Ste. 420 Long Beach, CA 90802 Committee ID # 1358150	□ IND □ COM □ OTH □ PTY ፳ SCC		5,500.00
		□ IND □ COM □ OTH □ PTY □ SCC		☐ Check if Loan % Provide interest rate

*Contributor	Codes
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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: ____