497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

For Official Use Only

NAME OF FILER		Date of This Filing 09/26/2024	Date Stamp
REYES ENGLISH HAWTHORNE COUNCIL 2024			
AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*	Report No. 1	
[redacted]	1455575		
STREET ADDRESS		☐ Amendment to Report No. _____ (explain below)	RECEIVED
[redacted]			
CITY / STATE / ZIP CODE		No. of Pages 1	2024 SEP 27 A 11:28
Norwalk / CA / 90650			

CITY CLERK DEPARTMENT

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
09/26/2024	Hawthorne Police Officers Association PAC Sponsored by Hawthorne Police Officers Association [redacted] Inglewood, CA 90301 Committee ID # 1320711	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		2,500.00 ☐ 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: _____