

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Onward Culver City		Date of This Filing 10/14/2022	Date Stamp E-Filed 10/14/2022 08:30:29 Filing ID: 205150833	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310)923-6123	I.D. NUMBER (if applicable) 1433080	Report No. 10141		
STREET ADDRESS 		☐ Amendment to Report No. _____ (explain below)		
CITY Culver City	STATE CA	ZIP CODE 90232	No. of Pages 1	

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
10/13/2022	SEIU United Healthcare Workers West PAC Los Angeles, CA 90017 Committee ID # 747285	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		6,500.00 ☐ 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

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