1. Contributions Received

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/15/2023</td>
<td>UNITE HERE Local 11 (Nonprofit 501(c)(5)) 464 Lucas Ave Ste 201 Los Angeles, CA 90017-2074</td>
<td>□ IND  ✔ COM  ☐ OTH  ☐ PTY  ☐ SCC</td>
<td></td>
<td>$50,000.00</td>
</tr>
</tbody>
</table>

*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: ____________________________