

497 Contribution Report

Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

NAME OF FILER Citizens for the Future of Long Beach USD Schools, Yes on Q			Date of This Filing <u>08/30/2022</u> Report No. <u>22-5</u> <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <u>1</u>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (714) 540-2295	I.D. NUMBER (if applicable)			
STREET ADDRESS				
CITY Long Beach	STATE CA	ZIP CODE 90815		

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
08/30/2022	Linik Corp Valencia, CA 91355	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/30/2022	P2S Inc Long Beach, CA 90815	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> 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: _____