

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

|  |   |   |                              |   |                            |
|--|---|---|------------------------------|---|----------------------------|
| <b>NAME OF FILER</b><br>Gaylord for Long Beach City College Trustee 2024 |   | <b>Date of This Filing</b> <u>09/27/2024</u>  | <b>Date Stamp</b>            | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="color: red; margin: 0;">E-Filed<br/>09/27/2024<br/>16:32:57</p> <p style="color: red; margin: 0;">Filing ID:<br/>212202643</p> </div> | <b>CALIFORNIA FORM 497</b> |
| <b>AREA CODE/PHONE NUMBER</b><br><br>(562)983-0815                       | <b>I.D. NUMBER (if applicable)</b><br><br>1470381 | <b>Report No.</b> <u>09-27-D1</u>   |                              |   | For Official Use Only      |
| <b>STREET ADDRESS</b>  |   | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br><small>(explain below)</small> |                              |   |                            |
| <b>CITY</b><br><br>Long Beach  | <b>STATE</b><br><br>CA                            | <b>ZIP CODE</b><br><br>90802  | <b>No. of Pages</b> <u>1</u> |   |                            |

## 1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br><small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>                              | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br><small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED  |
|---------------|---|---|--|--|
| 09/25/2024    | Long Beach City College Faculty Association PAC<br>Long Beach, CA 90802<br>Committee ID # 880734<br><br><small>IN-KIND CONTRIBUTION</small> | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 16,094.50<br><br><input type="checkbox"/> Check if Loan<br><br>_____%<br>Provide interest rate |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  | <br><br><input type="checkbox"/> Check if Loan<br><br>_____%<br>Provide interest rate          |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  | <br><br><input type="checkbox"/> Check if Loan<br><br>_____%<br>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