## **497 Contribution Report**

## Amounts may be rounded to whole dollars.

								497 CC	NTRIBUT	ION REPORT	
NAME OF FILER Fred Arnold for College of the Canyons Trustee Area 3				Date of	Date of This Filing 09/30/2024		Date Stamp	CALIFO		497	
				This Filing _				FORM 43			
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable)		Report No. 09	Report No. 0927-282024		E-Filed 09/30/2024 18:26:42		For Official Use Only		
STREET ADDRESS				☐ Amendment to Report No.			Filing ID: 212214835				
CITY	TY STATE ZIP CODE		ZIP CODE	(explain below)							
Valencia		CA	91354	No. of Pages	2						
1. Contributi	ion(s) Received									_	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIB (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)				MOUNT CEIVED	
09/27/2024	Cheryl Choate San Jose, CA 95124			Retired N/A				1,000.00			
					☐ OTH ☐ PTY				☐ Ched	ck if Loan	
					SCC				Provide	% interest rate	
09/27/2024	Leonard Miller Newhall, CA 91321					Retired N/A	l			1,000.00	
					☐ OTH ☐ PTY				☐ Ched	ck if Loan	
			SCC				Provide interest rate				
09/27/2024	Larry Rasmussen Santa Clarita, CA	91350				Busines Spirit	s Owner		☐ Chec	5,000.00	
					SCC				 Provide	interest rate	
							*Contributor Codes IND – Individual COM – Recipient Cor OTH – Other (e.g., b			"Y or SCC)	
Reason for Amer	ndment:					-	SCC – Small Contribu	tor Committe	ee	J	

FPPC Form 497 (Feb/2019) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

## **497 Contribution Report**

## Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

							497 00	INTRIBUTION REPORT	
NAME OF FILER				Date of		Date Stamp	CALIFORNIA 497		
Fred Arnold for College of the Canyons Trustee Area 3				This Filing	09/30/2024		FOR	M 431	
AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)  1472234		I.D. NUMBER (if applicable	). NUMBER (if applicable)		27-282024		For 0	Official Use Only	
			Report No. 0927-282024						
STREET ADDRESS				☐ Amendmer to Report No.					
CITY		STATE	ZIP CODE	(explain below)					
Valencia		CA	91354	No. of Pages	2				
1. Contributi	on(s) Received			·					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF	AMOUNT RECEIVED		
09/27/2024	Darin Tsukashima Stevenson Ranch, C.	A 91381				Insurance and Financial Darin Tsukashima State F		1,000.00	
					☐ OTH ☐ PTY			☐ Check if Loan	
					SCC			Provide interest rate	
09/28/2024	Poole Shaffery Santa Clarita, CA	013555			☐ IND			2,250.00	
	banca Clarica, CA	713333			COM				
					X OTH			☐ Check if Loan	
					☐ PTY ☐ SCC			9/	
								Provide interest rate	
					☐ IND ☐ COM ☐ OTH			☐ Check if Loan	
					☐ PTY ☐ SCC			_	
								Provide interest rate	
						(+0, +1, +, 0, +			
						*Contributor Codes IND – Individual COM – Recipient Cor OTH – Other (e.g., b			
Reason for Amer	ndment:					SCC – Small Contribu	itor Committe	ee	