

497 Contribution Report

Amounts may be rounded to whole dollars.

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NAME OF FILER Associated Pomona Teachers Committee for Quality Leadership		Date of This Filing 08/30/2024	Date Stamp 2024 AUG 30 PM 4:11	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 909-541-5501	I.D. NUMBER (if applicable) 831359	Report No. 2 - 2024	CAMPAIGN FINANCE	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1	
CITY La Verne	STATE CA	ZIP CODE 91750		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
08/30/2024	Alfredo Camacho, Pomona, CA 91767 FPPC # 1426960	Alfredo Camacho - School Board TA 2	\$1680.00	11/05/2024
08/30/2024	Arturo Jimenez, Pomona, CA 91767 FPPC # 1429422	Arturo Jimenez - School Board TA 3	\$1680.00	11/05/2024

Reason for Amendment: _____