

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

|   |   |  |                              |   |
|---|---|--|------------------------------|---|
| <b>NAME OF FILER</b><br>CTAC (Claremont Faculty Association Political Action Committee) |   | <b>Date of This Filing</b> <u>10/07/2024</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/>10/07/2024<br/>19:22:58</p> <p style="color: red; margin: 5px 0 0 0;">Filing ID:<br/>212258902</p> </div> |
| AREA CODE/PHONE NUMBER<br><u>(909) 736-5533</u>   | I.D. NUMBER (if applicable)<br><u>1351318</u> | <b>Report No.</b> <u>3</u>   |                              |   |
| STREET ADDRESS  |   | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |                              |   |
| CITY<br><u>Claremont</u>  | STATE<br><u>CA</u>                            | ZIP CODE<br><u>91711</u>   | <b>No. of Pages</b> <u>2</u> |   |

CALIFORNIA FORM 497

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## 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   |
|---------------|--|---|--|---|
| 10/07/2024    | CTA (California Teacher's Association)<br>Burlingame, CA 94010   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 750.00<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            |  | <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            |  | <input type="checkbox"/> Check if Loan<br><br>_____%<br>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: \_\_\_\_\_

**Additional Comments**  
**Form 497 Contribution Report**

ADDITIONAL COMMENTS

**CALIFORNIA**  
**FORM** **497**

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NAME OF FILER

I.D. NUMBER

CTAC (Claremont Faculty Association Political Action Committee)

1351318

CTA ASSN FOR BETTER CITIZENSHIP Small Contributor Committee Check #104939