

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER El Monte Union Educators Association Political Action Committee			Date of This Filing 10/04/2024	Date Stamp RECEIVED BY LOS ANGELES CO 2024 OCT -7 PM 12:05 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (626) 337-7814	I.D. NUMBER (if applicable) 1243795		Report No. 1		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Irwindale	STATE Ca	ZIP CODE 91706	No. of Pages 1		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/04/2024	El Monte Union Educators Association Political Action Committee Irwindale Ca 91706 ID # 1243795	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$4702.99 <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
		<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

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

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RECEIVED BY

NAME OF FILER El Monte Union Educators Association Political Action Committee (PAC)		Date of This Filing 10/4/2024	RECEIVED BY LOS ANGELES COUNTY 2024 OCT -7 PM 12 CAMPAIGN FINANCE CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (626) 337-7814	I.D. NUMBER (if applicable) 1243795	Report No. 1	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Irwindale	STATE Ca	ZIP CODE 91706	
		No. of Pages 1	

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)
10/3/2024	Guzman For High School Board 2024 El Monte Ca 91732 FPPC# 1475601	Luis Guzman	\$4000.00	11/05/2025

Reason for Amendment: _____