

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Long Beach City College Faculty Association PAC			Date of This Filing <u>10/09/2024</u>	Date Stamp <div style="border: 1px solid red; padding: 5px; text-align: center; color: red;"> E-Filed 10/09/2024 17:26:22 Filing ID: 212276854 </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (562)983-0815	I.D. NUMBER (if applicable) 880734	Report No. <u>10-09-LBCC</u> <input type="checkbox"/> Amendment to Report No. _____ (explain below)			
STREET ADDRESS _____			No. of Pages <u>1</u>		
CITY Long Beach	STATE CA	ZIP CODE 90802			

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
10/08/2024	Gaylord for Long Beach City College Trustee 2024 (ID# 1470381) Long Beach, CA 90802	Dick Gaylord Community College Board: Long Beach Comm. College Dist. District 4	2,798.72	11/05/2024

Reason for Amendment: _____