

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

|                                                                   |                                               |                                                                                                 |                       |                                                                                                                                                                                                    |
|-------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>NAME OF FILER</b><br>Yes on GCC for Glendale Community College |                                               | <b>Date of This Filing</b> 10/01/2024                                                           | <b>Date Stamp</b>     | <div style="border: 2px solid black; padding: 5px; color: red; font-weight: bold;">             E-Filed<br/>10/01/2024<br/>16:20:27<br/><br/>             Filing ID:<br/>21222600           </div> |
| <b>AREA CODE/PHONE NUMBER</b><br>(916)285-5733                    | <b>I.D. NUMBER (if applicable)</b><br>1474256 | <b>Report No.</b> 404599-JD                                                                     |                       |                                                                                                                                                                                                    |
| <b>STREET ADDRESS</b>                                             |                                               | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br><small>(explain below)</small> |                       |                                                                                                                                                                                                    |
| <b>CITY</b><br>Sacramento                                         | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>95815                                                                        | <b>No. of Pages</b> 1 |                                                                                                                                                                                                    |

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                                                                               |
|---------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 10/01/2024    | HMC Architects<br>Ontario, CA 91764                                                                            | <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 |                                                                                                              | 5,000.00<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            |                                                                                                              | <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            |                                                                                                              | <br><br><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: \_\_\_\_\_