

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Outstanding Culver City Schools # Yes on Measure D</b>		Date of This Filing 9/26/2024	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2024 SEP 26 PM 3:05 CAMPAIGN FINANCE	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 310#79#827	I.D. NUMBER (if applicable) 1475391	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	No. of Pages 1	
CITY Culver City	STATE CA	ZIP CODE 90230		

## 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
9/25/24	CA Federation of Teachers - COPE Prop/Ballot Committee  Burbank, CA 91505	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,676.59  <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