

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY

NAME OF FILER Culver City Federation of Teachers		Date of This Filing _____	LOS ANGELES COUNTY Date Stamp 2024 OCT 15 AM 9:02 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310-842-4220 x4407	I.D. NUMBER (if applicable)	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Culver City	STATE CA	ZIP CODE 90230	No. of Pages _____	

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)
10/22/2024	Committee For Outstanding Culver City Schools - Yes on Culver City, CA 90232 FPCC 1475391	Culver City Unified School District Measure O	\$1,500	November 5, 2024

Reason for Amendment: _____