

497 Contribution Report

Amounts may be rounded to whole dollars.

10/15/24 Email
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NAME OF FILER Culver City Federation of Teachers		Date of This Filing _____	Date Stamp LOS ANGELES COU 2024 OCT 15 AM 9:02 CAMPAIGN FINANCE For Official Use Only M19678
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 Measure O 1 FPCC 1475391 Culver City, CA 90232	Culver City Unified School District Measure O	\$1,500	November 5, 2024

Reason for Amendment: _____

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