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CAMPAIGN FINANCE

fax 10/3/22

0218

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Sharyn Sigler, Treasurer, Association of Rowland Educators PAC		Date of This Filing 10/3/2022	Date Stamp	CALIFORNIA FORM 497 For Official Use Only G07105
AREA CODE/PHONE NUMBER 626-723-4477	ID NUMBER of application 1230317	Report No. 04		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (Indicate below)		
CITY City of Industry, CA	STATE CA	ZIP CODE 91748	No. of Pages 2	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (if committee, also enter ID number)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (if self-employed, enter name of business)	AMOUNT RECEIVED
9/30/2022	California Teacher's Association, ABC Grant (Association for Better Citizenship) Burlingame, CA 94010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1200.00 <input type="checkbox"/> Check if Loan <small>Print in amount box</small>
		<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 <small>Print in amount box</small>
		<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 <small>Print in amount box</small>

* 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: _____

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AREA CODE/PHONE NUMBER 626-723-4477	I.D. NUMBER of Applicant 1236317	Report No. 02		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY City of Industry, CA	STATE CA	ZIP CODE 91748	No. of Pages 2	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT OF CONTRIBUTION (AS ENTERED ON NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION IF APPLICABLE
	none			

Reason for Amendment: _____