NAME OF FILER Compton Unified Parents, Classified Employees & Teacher Schools in support of Measure AAA AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)		Amounts	may be rounded to w	RECEIVED BY				
			Date of This Filing		Date Stamp 2022 OCT 12 PM I2: CAMPAIGN FINAN	CALIFO FOR	ORNIA 107	
(213) 489-4792 STREET ADDRESS						UMITIMIZET FORM	٦	
CITY		STATE CA	ZIP CODE	Amendme to Report No. (explain below) No. of Pages				
1. Contribution	ı(s) Received							
DATE RECEIVED	FULL NAMI	ME, STREET ADDRESS AN (IF COMMITTEE, ALSO E	AND ZIP CODE OF CONTRIG	IBUTOR .	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF	MPLOYER F BUSINESS)	AMOUNT RECEIVED
10/12/2022	DLR Group				☐ IND			10,000.00
	Omaha, NE 68106				COM SOTH PTY SCC			☐ Check if Loan
								Provide interest rate
					IND COM OTH PTY SCC	-		☐ Check if Loan ———————————————————————————————————
					IND COM OTH PTY SCC			☐ Check if Loan
Reason for Amendm	nent:					*Contributor Codes IND – Individual COM – Recipient Co OTH – Other (e.g., b PTY – Political Party	business enti	**