

0218-4 1001

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY

497 CONTRIBUTION REPORT

**NAME OF FILER**  
Citizens for the Future of Long Beach USD Schools, Yes on Q

**AREA CODE/PHONE NUMBER** (714) 540-2295

**I.D. NUMBER (if applicable)**

**STREET ADDRESS**

**CITY** Long Beach **STATE** CA **ZIP CODE** 90815

**Date of This Filing** 08/25/2022

**Report No.** 22-1

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** 1

100 ANGELES COUNTY  
Date Stamp  
2022 AUG 25 AM 11:00  
CAMPAIGN FINANCE

**CALIFORNIA FORM 497**  
For Official Use Only  
611365

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/24/2022	Erickson - Hall Escondido, CA 92029	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25,000.00  <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

\*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: \_\_\_\_\_