

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER NUNEZ FOR SCHOOL BOARD 2024			Date of This Filing 10/16/2024  Report No. 5  <input type="checkbox"/> Amendment to Report No. _____ (explain below)  No. of Pages 1	Date Stamp  <div>E-Filed 10/16/2024 14:14:22  Filing ID: 212319595</div>	CALIFORNIA FORM 497  For Official Use Only
AREA CODE/PHONE NUMBER  (213) 489-4792	I.D. NUMBER (if applicable)  1473173				
STREET ADDRESS					
CITY  Norwalk	STATE  CA	ZIP CODE  90650			

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
10/15/2024	John Nunez Rosemead, CA 91770  Loan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	2,000.00  <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: \_\_\_\_\_  
\_\_\_\_\_