

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER KROESE FOR SCHOOL BOARD 2024			Date of This Filing 09/06/2024	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310)817-6679	I.D. NUMBER (if applicable) 1464961		Report No. 9624	<div>E-Filed 09/06/2024 18:30:15 Filing ID: 212051526</div>	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Inglewood	STATE CA	ZIP CODE 90301	No. of Pages 1		

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
09/06/2024	Teamsters Joint Council No. 42 Pomona, CA 91768 Committee ID # 1431068	<div><input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		5,000.00 <div><input type="checkbox"/> Check if Loan _____% Provide interest rate</div>
		<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		<div><input type="checkbox"/> Check if Loan _____% Provide interest rate</div>
		<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		<div><input type="checkbox"/> Check if Loan _____% Provide interest rate</div>

*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: _____
