

497 Contribution Report

Amounts may be rounded to whole dollars.

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SAN ANGELES COUNTY

497 CONTRIBUTION REPORT

NAME OF FILER Arturo Jimenez for Pomona School Board 2024			Date of This Filing 08/19/2024	Date Stamp 2024 AUG 20 AM 9:04	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (909) 938-5061	I.D. NUMBER (if applicable) 1429422		Report No. 8	CAMPAIGN FINANCE	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Covina	STATE CA	ZIP CODE 91722	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
08/19/2024	United Food and Commercial Workers International Union Washington, DC 20006-1598 Committee ID # 1247000	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00 <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: _____