497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER			Date of	Date Stamp	CALIFORNIA 497	
Arturo Jimenez for Pomona School Board 2024			This Filing09/06/2024		FORM	
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicabl	e)	Report No. 10	E-Filed 09/06/2024 12:38:18	For Official Use Only	
(909)938-5061	1429422					
STREET ADDRESS			Amendment to Report No	Filing ID: 212046962		
CITY	STATE	ZIP CODE	(explain below)			
Covina	CA	91722	No. of Pages1			

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
08/30/2024	Associated Pomona Teachers Committee for Quality Leadership La Verne, CA 91750 Committee ID # 831359 In-kind contribution	□ IND ▼ COM □ OTH □ PTY □ SCC		175.00
08/30/2024	Associated Pomona Teachers Committee for Quality Leadership La Verne, CA 91750 Committee ID # 831359 In-kind contribution	□ IND		1,680.00 ☐ Check if Loan <u>%</u> Provide interest rate
		□ IND □ COM □ OTH □ PTY □ SCC		Check if Loan

*Contributor Codes
IND – Individual
COM – Recipient Committee (of

COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party

SCC – Small Contributor Committee

Reason for Amendment: ____