

497 Contribution Report

Amounts may be rounded to whole dollars.

UCC

NAME OF FILER Yvette Romo		Date of This Filing 10/3/2024	Date Stamp RECEIVED BY LOS ANGELES CO 2024 OCT -3 PM 12:10 CITY OF INDUSTRY	CALIFORNIA FORM 497 * For Official Use Only
AREA CODE/PHONE NUMBER 626 7253-7446	I.D. NUMBER (if applicable) 1474856	Report No. 1		
STREET ADDRESS Rowland Heights		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Rowland Heights	STATE CA	ZIP CODE 91748	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
10/3/2024	Association of Rowland Educators Suite 100 City of Industry, CA. 91748 ID # 123 6317	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 7,000.00 <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

Reason for Amendment: _____

* 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