

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Outstanding Culver City Schools Yes on Measure O			Date of This Filing 10/13/2024	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310) 779-7827	I.D. NUMBER (if applicable) 1475391		Report No. 4	<div>E-Filed 10/13/2024 11:03:09 Filing ID: 212299132</div>	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Culver City	STATE CA	ZIP CODE 90232	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
10/12/2024	Culver city Federation of Teachers (Culver City Local 1343 A.F.T.) Culver City, CA 90230	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		1,500.00 <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>

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