

497 Contribution Report

Amounts may be rounded to whole dollars

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497 CONTRIBUTION REPORT

NAME OF FILER Nubia Flores for Long Beach School Board 2022			Date of This Filing <u>2022 MAR 15</u>	Date Stamp AM 10:51	CALIFORNIA FORM 497 For Official Use Only <u>021119</u> <u>011601</u>
AREA CODE/PHONE NUMBER <u>(213) 489-4792</u>	I.D. NUMBER (if applicable) <u>1442904</u>		Report No. <u>1</u> <u>CAMPAIGN FINANCE</u>	<u>3/14/22 FAX</u>	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages <u>1</u>	
CITY <u>Long Beach</u>	STATE <u>CA</u>	ZIP CODE <u>90802</u>			

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
03/12/2022	Teachers Association of Long Beach Long Beach, CA 90807 Committee ID # 782038	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00 <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

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