

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

NAME OF FILER Mountain View Teachers Association PAC		Date of This Filing 9/26/22	Date Stamp RECEIVED BY LOS ANGELES COUN 2022 SEP 26 AM 8:47 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (562) 822-8400	I.D. NUMBER (if applicable) 891814	Report No. 1		
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Whittier	STATE CA	ZIP CODE 90604	No. of Pages 1 of 3	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
		<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
		<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: _____

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U+M

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NAME OF FILER <i>Mountain View Teachers Association PAC</i>			Date of This Filing <i>9/26/22</i>	RECEIVED BY LOS ANGELES COUNTY Date Stamp <i>2022 SEP 26 AM 8:48</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>(562) 822-8400</i>	I.D. NUMBER (if applicable) <i>891814</i>		Report No. <i>1</i>		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		No. of Pages <i>2 of 3</i>
CITY <i>Whittier,</i>	STATE <i>CA</i>	ZIP CODE <i>90604</i>	CAMPAGN FINANCE		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
<i>9/9/22</i>	<i>Veronica Sifuentes PAC# Pending</i> <i>El Monte, CA 91732</i>	<i>Veronica Sifuentes</i>	<i>\$ 560⁰⁰</i>	<i>11/8/22</i>
<i>9/9/22</i>	<i>Adam Caranza PAC#1321025</i> <i>El Monte, CA 91732</i>	<i>Adam Caranza</i>	<i>\$ 560⁰⁰</i>	<i>11/8/22</i>
<i>9/11/22</i>	<i>Veronica Sifuentes PAC# Pending</i> <i>El Monte, CA 91732</i>	<i>Veronica Sifuentes</i>	<i>\$ 175⁰⁰</i>	<i>11/8/22</i>
<i>9/11/22</i>	<i>Adam Caranza PAC#1321025</i> <i>El Monte, CA 91732</i>	<i>Adam Caranza</i>	<i>\$ 175⁰⁰</i>	<i>11/8/22</i>

Reason for Amendment: _____

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NAME OF FILER
Mountain View Teachers Association PAC

AREA CODE/PHONE NUMBER
(562) 822-8400

I.D. NUMBER (if applicable)
891814

STREET ADDRESS

CITY STATE ZIP CODE
Whittier, CA 90604

Date of This Filing **9/26/22**

Report No. **1**

Amendment to Report No. _____
(explain below)

No. of Pages **3 of 3**

DATE STAMP
2022 SEP 26 AM 8:48

COUNTY
LOS ANGELES

CAMPAIGN FINANCE

CALIFORNIA FORM **497**

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2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
9/23/22	Veroniza Sifuentes PAC# Pending El Monte, CA 91732	Veroniza Sifuentes	\$1,500 ⁰⁰	11/8/22
9/23/22	Adam Caranza PAC#1321025 El Monte, CA. 91732	Adam Caranza	\$1,500 ⁰⁰	11/8/22
9/23/22	Veronica Sifuentes PAC# Pending El Monte, CA 91732	Veronica Sifuentes	\$2,575 ⁵⁰	11/8/22
9/23/22	Adam Caranza PAC# 1321025 El Monte, CA 91732	Adam Caranza	\$2,575 ⁵⁰	11/8/22

Reason for Amendment: _____