

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY  
LOS ANGELES COUNTY  
Date Stamp

497 CONTRIBUTION REPORT

**NAME OF FILER**  
Compton Unified Parents, Classified Employees & Teachers for Great Schools in support of Measure AAA

**AREA CODE/PHONE NUMBER** (213) 489-4792

**I.D. NUMBER (if applicable)** 1448200

**STREET ADDRESS**

**CITY** Norwalk **STATE** CA **ZIP CODE** 90650

**Date of This Filing** 10/31/2022

**Report No.** 103122-1

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** 1

2022 OCT 31 PM 4:09  
CAMPAIGN FINANCE DISCLOSURE SECTION

**CALIFORNIA FORM 497**  
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## 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
10/28/2022	Arcadis IBI Group Los Angeles, CA 90013	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,618.32 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/31/2022	Cummings Management Group, Inc. Murrieta, CA 92562	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00 <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

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