

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Vandegrift for School Board Murrieta Valley USD 2024 TA3			Date of This Filing 9/28/2024	Date Stamp	CALIFORNIA FORM 497 For Official Use Only 2024 SEP 30 PM 2:22
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1469055		Report No. 2		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. N/A (explain below)		
CITY Murrieta	STATE CA	ZIP CODE 92563	No. of Pages 1		

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
Sept. 28, 2024	Charles F Vandegrift [REDACTED] Murrieta, CA 92562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1099.00 <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