

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Excellence For Culver City Schools in Support of Measure AA		Date of This Filing 09/22/2026	Date Stamp E-Filed 09/22/2026 07:44:16 Filing ID: 217472073	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (805) 448-9470	I.D. NUMBER (if applicable) 1490402	Report No. 211		
STREET ADDRESS 		☐ Amendment to Report No. _____ (explain below)		
CITY Santa Barbara	STATE CA	ZIP CODE 93101	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
09/21/2026	Culver City Federation of Teachers Culver City, CA 90230 Committee ID # 1475067	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		2,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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