

497 Contribution Report

Amounts may be rounded to whole dollars.

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NAME OF FILER South Bay United Teachers Political Action Committee			Date of This Filing 11/07/2022	RECEIVED BY LOS ANGELES COUNTY email: 11/8/22 2022 NOV -8 PM 1:14 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only G02480
AREA CODE/PHONE NUMBER 310-921-2500	I.D. NUMBER (if applicable) 831541		Report No. 1		
STREET ADDRESS 3551 Voyager Street Suite 105			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Torrance	STATE CA	ZIP CODE 90503	No. of Pages 2		

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
		<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

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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LOS ANGELES COUNTY

NAME OF FILER South Bay United Teachers Political Action Committee			Date of This Filing <u>11/07/2022</u>	Date Stamp 2022 NOV -8 PM 1:15	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310-921-2500	I.D. NUMBER (if applicable) 831541		Report No. <u>1</u>	CAMPAIGN FINANCE DISCLOSURE SECTION	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Torrance	STATE CA	ZIP CODE 90503	No. of Pages <u>2</u>		

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)
11/07/2022	Linda Kurt for PVPUSD 2022 (Palos Verdes Peninsula Unified School District) Rolling Hills Estates, California 90274 Campaign I.D. #1453701	Linda Kurt School Board of Trustees	\$3,500.00	11/08/2022

Reason for Amendment: _____