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CAMPAIGN FINANCE

9/6/22 EMAIL

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Teachers Association of Paramount Fund for Quality schools		Date of This Filing 9/6/2022	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 562-263-4905	I.D. NUMBER (if applicable) 0000980491	Report No.		
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1	
CITY Paramount	STATE CA	ZIP CODE 90723		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
9/6/2022	California Teachers Association Burlingame CA 94010	Marlie Garcia Bridges Alicia Anderson Paramount Unified Board of	\$2,800	Nov. 8, 2022

Reason for Amendment: Name of recipient is wrong