

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Teacher's Association of Paramount Fund for Quality Schools			Date of This Filing <u>4/26.2022</u>	Date Stamp 2022 APR 26 PM 1:37 CAMPAIGN FINANCE	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 type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Cerritos	STATE CA	ZIP CODE 90703	No. of Pages <u>1</u>		4/26/22 EMAIL

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)
4/25/2022	CruzPUSD2022 Paramount CA 90723 #1445760	Edie Cruz Paramount Unified School District Board of Education	\$5,500	June 7, 2022

Reason for Amendment: _____