

497 Contribution Report

Amounts may be rounded to whole dollars.

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NAME OF FILER Compton Education Association Political Action Committee			Date of This Filing 12/20/23	Date Stamp JAN 23 PH 4:38	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310-638-8576	I.D. NUMBER (if applicable) 870699		Report No. 2	CAMPAIGN FINANCE	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below) 1		003551
CITY Compton	STATE CA	ZIP CODE 90221	No. of Pages 1		

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)
12/20/23	California Teachers Association Burlingame, CA 94010	Sandra Moss Compton Unified School Board	116.67	March 5, 2024
12/20/23	California Teachers Association Burlingame, CA 94010	Michael Hooper Compton Unified School Board	116.67	March 5, 2024
12/20/23	California Teachers Association Burlingame, CA 94010	Omar Spry Compton Unified School Board	116.67	March 5, 2024

Reason for Amendment: _____