

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Teachers Association of the Norwalk La Mirada Area Educational Improvement Fund Political Committee		Date of This Filing <u>09/30/2024</u>	Date Stamp	<div style="border: 2px solid red; padding: 5px; color: red; font-weight: bold;"> E-Filed 09/30/2024 10:49:09 Filing ID: 212208925 </div>	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (562)868-6251	I.D. NUMBER (if applicable) N/A	Report No. <u>4</u>			
STREET ADDRESS 		<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY Norwalk	STATE CA	ZIP CODE 90650	No. of Pages <u>3</u>		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Jose Rios				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Board of Education District 3	DISTRICT NO. 3	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
08/15/2024	PAC Candidate interviews	73.04
09/05/2024	Joint mailers	1,181.04
09/05/2024	PAC Meeting with team and candidates	90.51
09/05/2024	Overnight postage	10.15

Reason for Amendment: _____

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DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
09/05/2024	Voter data	116.67
09/18/2024	Mailers	6,505.42

Reason for Amendment: _____

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CALIFORNIA FORM 496

NAME OF FILER

Teachers Association of the Norwalk La Mirada Area Educational Improvement Fund Political Committee

I.D. NUMBER (If applicable)

N/A

3. Contributions of \$100 or More 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	INTEREST RATES
08/19/2024	Teachers Association of the Norwalk La Mirada Area Educational Improvement Fund Political Committee Norwalk, CA 90650 Committee ID# N/A	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,700.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
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		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

****Contributor Codes**

- IND – Individual
- COM – Recipient Committee (other than PTY or SCC)
- OTH – Other
- PTY – Political Party
- SCC – Small Contributor Committee