

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Teachers Association of Paramount Fund for Quality Schools</i>		Date of This Filing <i>9/4/24</i>	Date Stamp <i>2024 SEP -5 PM 2:5</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>562 2963-4905</i>	I.D. NUMBER (if applicable) <i>0000980491</i>	Report No. _____		
STREET ADDRESS _____		Amendment to Report No. _____ (explain below) <i>1</i>	<i>ATM</i>	
CITY <i>Paramount</i>	STATE <i>CA</i>			ZIP CODE <i>90723</i>

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)
<i>9/4/2024</i>	<i>Cruz PUSD 2024 Campaign CA 90723 ID# 1445760</i>	<i>Paramount Unified Board of Education Trustee area #3</i>	<i>\$2,000</i>	<i>Nov. 5, 2024</i>
<i>9/4/2024</i>	<i>Martinez for School Board 2024 CA 90723 ID# 1473308</i>	<i>Paramount Unified Board of Education Trustee area #2</i>	<i>\$2,000</i>	<i>Nov 5, 2024</i>

Reason for Amendment: _____