

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

9/19/24

497 CONTRIBUTION REPORT

NAME OF FILER <i>Teachers Association of Paramount</i> <small>fund for quality schools</small>		Date of This Filing <i>9/19/24</i>	Date Stamp <i>RECEIVED SANTA BARBARA COUNTY 2024 SEP 20 PM 3:11</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>562-263-4905</i>	I.D. NUMBER (if applicable) <i>0000980491</i>	Report No. _____	<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	
STREET ADDRESS		No. of Pages <i>1</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 OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
<i>9/18/24</i>	<i>De Mogan Picture Pasadena CA 91101</i>	<i>Paramount Unified Board of Education trustee area #2 and #3 Edie Cruz & Diane Martinez</i>	<i>\$17,300</i>	<i>11/5/2024</i>

Reason for Amendment: _____