

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Torrance Teachers Association Fund for Quality Education			Date of This Filing <u>09/26/2024</u>	Date Stamp <div style="border: 1px solid red; padding: 5px; text-align: center; color: red;"> E-Filed 09/26/2024 10:17:44 Filing ID: 212170347 </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310) 320-8200	I.D. NUMBER (if applicable) 1278484	Report No. <u>2-2024</u>			
STREET ADDRESS _____			<input checked="" type="checkbox"/> Amendment to Report No. <u>2-2024</u> (explain below)		
CITY Torrance	STATE CA	ZIP CODE 90501	No. of Pages <u>1</u>		

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>
09/20/2024	Dave Zygielbaum Torrance, CA 90504		100.00	

Reason for Amendment: Change Transaction Type Description to CTB