

# 497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

NAME OF FILER United Teachers of Pasadena Public Education Improvement Fund		Date of This Filing 8/28/24	Date Stamp 2024 AUG 29 AM 8	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (626) 798-0928	I.D. NUMBER (if applicable) 1283410	Report No. 23031	CAMPAIGN FINANCE	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Pasadena	STATE CA	ZIP CODE 91104	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)
8/20/24	PUSD Families Supporting Public Schools ID# 1472114	PUSD Families Supporting Public Schools Parcel Measure EE	\$966	11/5/24
8/28/24	PUSD Families Supporting Public Schools ID# 1472114	PUSD Families Supporting Public Schools Parcel Measure EE	\$2,287.50	11/5/24

Reason for Amendment: \_\_\_\_\_