

497 Contribution Report

Amounts may be rounded to whole dollars.

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CAMPAIGN FINANCE

CALIFORNIA FORM 497
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NAME OF FILER United Teachers of Pasadena Public Education Improvement Fund			Date of This Filing <u>9/4/24</u>
AREA CODE/PHONE NUMBER (626) 798-0928	I.D. NUMBER (if applicable) 1283410		Report No. <u>23033</u>
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <u>1</u>
CITY Pasadena	STATE CA	ZIP CODE 91104	

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)
9/3/24	PUSD Families Supporting Public Schools ID# 1472114	PUSD Families Supporting Public Schools Parcel Measure EE	\$4,452.50	11/5/24
9/4/24	PUSD Families Supporting Public Schools ID# 1472114	PUSD Families Supporting Public Schools Parcel Measure EE	\$4,600	11/5/24

Reason for Amendment: _____