

497 Contribution Report

Amounts may be rounded to whole dollars.

0218
LCOZ

NAME OF FILER Bellflower Teachers Association Fund for Quality Schools		Date of This Filing 10-18-2022	RECEIVED BY LOS ANGELES COUNTY	CALIFORNIA FORM 497 For Official Use Only 607110
AREA CODE/PHONE NUMBER 562 924 9311	I.D. NUMBER (if applicable) 1236020	Report No. 1	2022	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Cerritos	STATE CA	ZIP CODE 90706	No. of Pages 1	

OCT 19 AM 8:53
email: 10/19/22
CAMPAIGN FINANCE
DISCLOSURE SECTION

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10-06-22	California Teachers Association Association For Better Citizenship Sm Contributor Committee Burlingame, CA 94010 F.P.P.C. Id # 741941	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		5500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10-06-22	California Teachers Association Association For Better Citizenship Sm Contributor Committee Burlingame, CA 94010 F.P.P.C. Id # 741941	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		5500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

* Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee