Recipient Committee Campaign Statement Cover Page		章 点	Date Stamp RECEIVED BY ANGELES COUNTY	CALIFORNIA 460 FORM
	Statement covers period from 10/23/22	Date of election if applicable: (Month, Day, Year) 20	3 JAN 24 AM 10: 21	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/22	Nov. 8, 2022	AMPAIGN FINANCE	
1. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
O State Candidate Election Committee O Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored Uso Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	☐ Speci	terly Statement ial Odd-Year Report
Small Contributor Committee	Primarily Formed Candidate/ Officeholder Committee		·	
3. Committee Information), NUMBER	Treasurer(s)	* -	
Teachers Association of Paira STREET ADDRESS (NO DO BOY) C. Paramount CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	723562-263-4905	MAILING ADDRESS NAME OF TREASURER MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS		DDE AREA CODE/PHONE 90723 SloZ - 263 4 %
CITY STATE ZIP CO	DE AREA CODE/PHONE	СІТУ	STATE ZIP CO	DDE AREA CODE/PHONE
OPTIONAL: FAX / E-MAILADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ess	
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on I I B ZOZ 3 Executed on Date Executed on Date		nowledge the information contained	herein and in the attached sch	
Executed onDate	BySi	gnature of Controlling Officeholder, Candidate, S	State Measure Proponent	- The same of the
Executed on	By ———————Si	gnature of Controlling Officeholder, Candidate, S	State Measure Proponent	FPPC Form 460 (Jan/2016))

FPPC Advice: 🗸 👙 (966/275-3772) www.fppc.ca.gov

Campaign Disclo	sure S	tatement
Summary Page		

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM

Statement covers period

from .

SEE INSTRUCTIONS ON REVERSE	through _	12/31/22 Page 2 of 3
NAME OF FILER LEVES Association of Paramound Fund for	Quality Scho	I.D. NUMBER
Contributions Received Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 \$ 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$	\$ 10, 229, 12 \$ 8 \$ 8	1/1 through 6/30
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE 8. Schedule E, Line 4 5 , 217, 46 5 , 217, 46 5 , 217, 46 5 , 217, 46 5 , 217, 46 5 , 217, 46 6 Schedule E, Line 3 6 Schedule F, Line 3 7 Schedule C, Line 3	s	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse \$ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$	from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule	E
Payments	Made

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period

SCHEDULE E **CALIFORNIA FORM**

I.D. NUMBER

NAME OF FILER Paramount Fund

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

campaign paraphernalia/misc.

campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

candidate filing/ballot fees

FND fundraising events

independent expenditure supporting/opposing others (explain)* IND

LEG legal defense

LIT campaign literature and mailings MBR member communications

MTG meetings and appearances

OFC office expenses

petition circulating PET

phone banks PHO

POL polling and survey research

postage, delivery and messenger services

professional services (legal, accounting)

PRT print ads RAD radio airtime and production costs

RFD returned contributions

campaign workers' salaries

t.v. or cable airtime and production costs

candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DESCRIPTION OF PAYMENT	
r usuwi a co	CMP	digital add - social medica	\$4,000.00
Gret thru Alameda CA 94501	CMP	text blast	\$400.72
Getthru Alameda CA 94501	CMP	text blost	\$ 763.12

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

2. Unitemized payments made this period of under \$100..... 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$

FPPC Form 460 (Jan/2016))