

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER La Cañada Teachers Association Committee for Quality Education			Date of This Filing _____	RECEIVED BY LOS ANGELES COUNTY 2022 SEP 27 AM 9 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 818-434-9170	I.D. NUMBER (if applicable) 1288350		Report No. 12020		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Glendale	STATE CA	ZIP CODE 91208	No. of Pages 2		

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>
09/24/2022	Joe Radabagh La Canada, CA 91011 FPPC # 1446774	Joe Radabagh La Canada, CA 91011	\$999.99	11/03/2022
09/24/2022	Octavia Thuss La Canada, CA. 91011 FPPC # 1452507	Octavia Thuss La Canada, CA. 91011	\$999.99	11/03/2022

Reason for Amendment: _____

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NAME OF FILER La Cañada Teachers Association Committee for Quality Education			Date of This Filing 10/13/2020	Date Stamp RECEIVED BY LOS ANGELES CO 2022 SEP 27 AM 9:57 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only
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STREET ADDRESS _____			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
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1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
		<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
		<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
		<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