

497 Contribution Report

Amounts may be rounded to whole dollars.

4ce

NAME OF FILER <i>Teachers Assn of Paramount Fund</i>		Date of This Filing <i>10/6/2022</i>	Date Stamp <i>RECEIVED BY LOS ANGELES COUNTY 2022 OCT -7 AM 10:27 CAMPAIGN FINANCE</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>562-263-4905</i>	I.D. NUMBER (if applicable) <i>0000980491</i>	Report No. _____		
CITY <i>Paramount</i>		STATE <i>CA</i>	ZIP CODE <i>91723</i>	
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below) <i>1</i>		
		No. of Pages <i>1</i>		

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
<i>10/6</i>	<i>California Teacher Assn. for Better Citizens Burlingame CA 94010 FPC # 741941</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		<i>3,800</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<i>10/6</i>	<i>California Teacher Assn For Better Citizens Burlingame CA 94010 FPC # 741941</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		<i>2,500</i> <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