

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER
Teachers Association of Paramount Fund for Quality Schools

AREA CODE/PHONE NUMBER: **562-263-4905** I.D. NUMBER (if applicable): **0000980491**

STREET ADDRESS

CITY: **Paramount** STATE: **CA** ZIP CODE: **90723**

Date of This Filing: **9/28/2022**

Report No. _____

Amendment to Report No. _____ (explain below)

No. of Pages: **1**

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CALIFORNIA FORM 496
 For Official Use Only

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Marcie Garcia Bridges				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Paramount Unfied School District Board	DISTRICT NO. -	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
9/27/2022	Payment made to J and Z Strategies for Campaign mailer for two endorsed candidates	\$9,036

Reason for Amendment _____