

5723

497 Contribution Report

Amounts may be rounded to whole dollars.

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NAME OF FILER South Bay United Teachers Political Action Committee		Date of This Filing 02-02-23	LOS ANGELES COUNTY 2023 FEB -2 PM 2:38 CAMPAIGN FINANCE	FORM CALIFORNIA For Official Use Only GOZ480
AREA CODE/PHONE NUMBER 310-921-2500	I.D. NUMBER (if applicable) 831541	Report No. 01		
STREET ADDRESS		Amendment Report No. (explain below)		
CITY Torrance	STATE CA	ZIP CODE 90503		
		No. of Pages 2 of 2		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
02-01-23	Raymur Flinn for School Board ID# 1450710 Redondo Beach, CA 90278	Redondo Beach Unified School District Board of Trustees	2700.00	03-07-23
02-01-23	Byung Cho for SchoolBoard 2023 ID#1450431 Redondo Beach, CA 90278	Redondo Beach Unified School District Board of Trustees	2700.00	03-07-23

Reason for Amendment: _____

CLEAR FORM

PRINT FORM

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NAME OF FILER South Bay United Teachers Political Action Committee			Date of This Filing 02-01-23	Date Stamp RECEIVED BY LOS ANGELES CO 2023 FEB -2 PM 2:38 CAMPAIGN FINANCE DISCLOSURE SECTION For Official Use Only GO2480
AREA CODE/PHONE NUMBER 310-921-2500	I.D. NUMBER (if applicable) 831541		Report No. 01	
STREET ADDRESS			<input checked="" type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Torrance	STATE CA	ZIP CODE 90503	No. of Pages 1 of 2	

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

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PRINT FORM