

497 Contribution Report

Amounts may be rounded to whole dollars.

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NAME OF FILER Compton Education Association Political Action Committee			Date of This Filing 2/15/24	Date Stamp FEB 15 PM 2:26	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310-638-8576	I.D. NUMBER (if applicable) 870699		Report No. 9	CAMPAIGN FINANCE	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Compton	STATE CA	ZIP CODE 90221	No. of Pages 1		603551

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)
2/15/24	Print and copy Gardena, CA 90248	Omar Spry for Compton School Board of trustees	496.13	March 5, 2024

Reason for Amendment: _____