

# Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period from <u>1 July 2021</u> through <u>31 December 2021</u>	Date of election if applicable: (Month, Day, Year) _____
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Date Stamp <b>RECEIVED LOS ANGELES COUNTY 2022 FEB -2 PM 1:42 CAMPAIGN FINANCE</b>	SHORT FORM <b>CALIFORNIA FORM 450</b>
Page <u>1</u> of <u>3</u>	For Official Use Only

## 1. Type of Recipient Committee:

- Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
- Primarily Formed Candidate/ Officeholder Committee

## 2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) \_\_\_\_\_  
(Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report

## 3. Committee Information

I.D. NUMBER  
**931652**

COMMITTEE NAME  
**EDUCATORS FOR BETTER SCHOOLS - ISSUES  
WHITTIER SECONDARY EDUCATION ASSOCIATION**

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY <b>Whittier</b>	STATE <b>CA</b>	ZIP CODE <b>90605</b>	AREA CODE/PHONE <b>562/698-8121</b>
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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
\_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS  
\_\_\_\_\_

## Treasurer(s)

NAME OF TREASURER  
**Virginia Glasscock**

MAILING ADDRESS  
\_\_\_\_\_

CITY <b>Whittier</b>	STATE <b>CA</b>	ZIP CODE <b>90605</b>	AREA CODE/PHONE <b>562/698-8121</b>
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NAME OF ASSISTANT TREASURER, IF ANY  
\_\_\_\_\_

MAILING ADDRESS  
\_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS  
\_\_\_\_\_

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the

Executed on <u>1-28-2022</u> DATE	By _____ Treasurer
Executed on _____ DATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR
Executed on _____ DATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent
Executed on _____ DATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

**Recipient Committee  
Campaign Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SHORT FORM

Statement covers period from <u>1 July 2021</u> through <u>31 December 2021</u>	<b>CALIFORNIA FORM</b>	<b>450</b>
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NAME OF COMMITTEE

EDUCATORS FOR BETTER SCHOOLS = ISSUES / WHITTIER SECONDARY EDUCATION ASSOCIATION

I.D. NUMBER

931652

**Expenditures Made**

1. Expenditures of \$100 or more made this period .....	\$	<u>0.00</u>
2. Expenditures under \$100 made this period (Not itemized.) .....		<u>14.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$	<u>14.00</u>
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>		<u>0.00</u>
5. Total expenditures made from previous statement ..... <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	<u>64.80</u>
6. TOTAL EXPENDITURES MADE TO DATE ..... <i>Add Lines 3 + 4 + 5</i>	\$	<u>78.80</u>

**Contributions Received**

7. Monetary contributions received this period.....	\$	<u>0.00</u>
8. Non-monetary contributions received this period.....		<u>0.00</u>
9. Total contributions received from previous statement ..... <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	<u>1411.50</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... <i>Add Lines 7 + 8 + 9</i>	\$	<u>1411.50</u>

**Current Cash Statement**

11. Beginning cash balance ..... <i>Previous Summary Page, Line 15</i>	\$	<u>20413.35</u>
12. Cash receipts this period..... <i>Line 7 above</i>		<u>0.00</u>
13. Miscellaneous increases to cash .....	\$	<u>0.00</u>
14. Cash expenditures this period..... <i>Line 3 above</i>		<u>14.00</u>
15. ENDING CASH BALANCE THIS PERIOD ..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	<u>20399.35</u>

**Recipient Committee  
Campaign Statement – Short Form**

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Statement covers period  
from 1 July 2021  
through 31 December 2021

SHORT FORM

**CALIFORNIA  
FORM 450**

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**5. Payments Made** *(If more space is needed, use additional copies of this page for continuation sheets.)*

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
N/A			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
N/A			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
N/A			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
<b>SUBTOTAL \$</b>					

\* Required only for payments which are contributions or independent expenditures.