| Recipient Committee Campaign Statement Cover Page | Statement covers period from 1/01/2024 | Date of election if applicable: (Month, Day, Year) | Date Stamp RECEIVED US ANGELES 2024 AUG -1 F | BY FO | FORNIA 460 ORM of |
|--|--|--|--|-------------------------------|---------------------------------|
| SEE INSTRUCTIONS ON REVERSE | through <u>6/30/2024</u> | 11/05/2024 | CAMPAIGN F | THANCE C | >07110 |
| State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee | rimarily Formed Ballot Measure committee Controlled Sponsored Iso Complete Part 6) Crimarily Formed Candidate/ | 2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b Correction to account b | t Ermination) | Quarterly State Special Odd-Y | |
| Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Bellflower Teachers Association Fund for Quality Sch | ools | NAME OF TREASURER Andy Nguyen MAILING ADDRESS | | | |
| STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP COL | DE AREA CODE/PHONE | Cerritos | STATE CA | 90703 | AREA CODE/PHONE 562-525-4557 |
| CETTY STATE ZIP COL CETTIOS CA 90703 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX | 3 562-525-4557 | Valyssa Roberts | ER, IF ANY | | |
| OPTIONAL: FAX / E-MAIL ADDRESS | DE AREA CODE/PHONE | Cerritos OPTIONAL: FAX/E-MAILADDRI voiceofBTA@gmail.com | STATE CA ESS | ZIP CODE 90703 | AREA CODE/PHONE 562-525-4557 |
| I. Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of Control of C | California tha | knowledge the information contained | Treasurer oponent or Responsible Officer | | true and complete. I |
| Executed onDate | By | ignature of Controlling Officeholder, Candidate, ignature of Controlling Officeholder, Candidate, | | FPF | PC Form 460 (Jah/2016)) |

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM from <u>1-01-2024</u> through 6-30-2024 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Bellflower Teachers Association Fund for Quality Schools 1236020

| Contributions Received | TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | CALENDAR YEAR TOTAL TO DATE | Running in Both the State Primary and General Elections |
|---|---|--|--|
| 1. Monetary Contributions | 0 | \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ | 20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$ |
| 7. Loans Made Schedule H, Line 3 | \$ \frac{4200.00}{0} \$ \frac{0}{0} \$ \frac{0}{0} \$ \$ \frac{0}{0 | \$ \frac{0}{0} \\ \$ \frac{0}{0} \\ \f | Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) |
| Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. | \$ <u>20353.37</u> 11.68 \$ <u>20366.73</u> | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being | *Amounts in this section may be different from amounts reported in Column B. |
| 17. LOAN GUARANTEES RECEIVED | \$ | filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any). | FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772 |

| Schedule E | |
|---------------|--|
| Payments Made | |

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)*

CNS campaign consultants

Amounts may be rounded to whole dollars.

MBR member communications

OFC office expenses

MTG meetings and appearances

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | SCHEDULE E |
|-------------------------|----------------|
| Statement covers period | CALIFORNIA 460 |
| from 1/01/2024 | FORM TOO |
| through 6/30/2024 | Page 3 of 5 |
| | I.D. NUMBER |
| | 1236020 |

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Bellflower Teachers Association Fund for Quality Schools 1230020

| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | | | | |
|--|--|--|--|--|
| 2. Unitemized payments made this period of under \$100\$ _ | | | | |
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)\$ | | | | |
| Schedule E Summary | 4200.00 | | | |
| * Payments that are contributions or independent expenditures must also be summarized on Sche | dule D. SUBTOTAL \$ 4200.00 | | | |
| | | | | |
| | | | | |
| Burlingame, CA 94011-0921 | | | | |
| CTA | LIT Joint Mailer from 2022 election - check reissued due to being lost 4200.00 | | | |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT AMOUNT PA | | | |
| IND independent expenditure supporting/opposing others (explain)* POS postage, deli | | | | |

| Schedule | i A | mounts may be rounded | SCHEDULE I | | |
|------------------|---|-----------------------|---------------------------|---|--|
| Miscellan | eous Increases to Cash | to whole dollars. | Statement covers period | CALIFORNIA 460 | |
| , | | | from <u>01-01-2024</u> | | |
| CEE INCTRIBUTE | ONS ON REVERSE | | through <u>06-30-2024</u> | Page 4 of 5 | |
| NAME OF FILER | | | | I.D. NUMBER | |
| Bellflower Tea | achers Association Fund for Quality Schools | | | 1236020 | |
| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER L.D. NUMBER) | DES | SCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH | |
| 1/31/2024 | First Financial Credit Union | Interest | | 2.09 | |
| | City of Industry, CA 91716 | | | | |
| 2/29/2024 | First Financial Credit Union | Interest | - | 1.96 | |
| | City of Industry, CA 91716 | | • | | |
| 3/31/2024 | First Financial Credit Union | Interest | | 2.09 | |
| | City of Industry, CA 91716 | | · · | | |
| 4/30/2024 | First Financial Credit Union | Interest | | 2.02 | |
| | City of Industry, CA 91716 | , | | | |
| 5/31/2024 | First Financial Credit Union | Interest | | 1.84 | |
| | City of Industry, CA 91716 | | | | |
| Attach add | litional information on appropriately labeled continuation sheets. | | SUBTOTA | L\$ 10.00 | |
| Schedule | l Summary | | | · · · · · · · · · · · · · · · · · · · | |
| 1. Itemized in | ncreases to cash this period, | | \$ | _ | |
| 2. Unitemized | d increases to cash of under \$100 this period | | \$ | _ | |
| 3. Total of all | interest received this period on loans made to others. (Schedu | ule H, Column (e).) | \$ | _ | |
| | ellaneous increases to cash this period. (Add Lines 1, 2, and 3 Page, Line 14.) | | TOTAL \$ 10.00 | FPPC Form 460 (Jan/2016)) | |
| | | | FPPC Advice: adv | rrrc roini 460 (Jan/2016)) rice@fppc.ca.gov (866/275-3772) | |

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| Schedule Miscellan | I eous Increases to Cash | Amounts may be rounded to whole dollars. | Statement covers period from 01-01-2024 through 06-30-2024 | CALIFORNIA 460 FORM Page 5 of 5 |
|---|--|--|--|---|
| NAME-OF FILER | | · . | through | I.D. NUMBER |
| DATE RECEIVED | FULL NAME AND ADDRESS OF | | DESCRIPTION OF RECEIPT | 1236020 AMOUNT OF INCREASE TO CASH |
| 6/30/2024 | First Financial Credit Union | Interest | | 1.68 |
| | City of Industry, CA 91716 | | | |
| | ė. | | | |
| | | | | |
| | | | · | |
| | | | | |
| - | | | | |
| | | | | |
| | litional information on appropriately labeled continua | tion sheets. | SUBTOTA | AL \$ 1.68 |
| Itemized in Unitemized Total of all | ncreases to cash this periodd increases to cash of under \$100 this period | others. (Schedule H, Column (e).) | \$ | _ |
| 1. Total misco Summary | ellaneous increases to cash this period. (Add L Page, Line 14.) | ines 1, 2, and 3. Enter here and on the | | FPPC Form 460 (Jan/2016)) dvice@fppc.ca.gov (866/275-3772) |

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