## Recipient Committee Campaign Statement Cover Page

Executed on \_\_\_

COVER PAGE

Date Stamp RECEIVED BY

	from1/1/2024	(Month, Day, Year)  2024 JUL -3 AN	111: 09	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through6/30/2024	CAMPAIGNE	MANOR	177.624
1. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:		,
State Candidate Election Committee  ○ Recall (Also Complete Part 5)  ☑ General Purpose Committee  ⑤ Sponsored ○ Small Contributor Committee	rimarily Formed Ballot Measure ommittee ) Controlled ) Sponsored too Complete Part 6) rimarily Formed Candidate/ fficeholder Committee	<ul> <li>□ Preelection Statement</li> <li>☑ Semi-annual Statement</li> <li>□ Termination Statement</li> <li>(Also file a Form 410 Termination)</li> <li>□ Amendment (Explain below)</li> </ul>		erly Statement
S COMMITTED INTORMATION	NUMBER 301574	Treasurer(s)	113.0 1.73. 3.77. 5.77.	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Citrus College Faculty Association Political Actio	n Committee	David Ryba MAILING ADDRESS		
STDEET ANNDESS (NIU DU BUA)	<del></del>	CITY	STATE ZIP COD	E AREA CODE/PHONE
		Glendora	CA 91741	626.914-8761
Glendora CA 91741		NAME OF ASSISTANT TREASURER, IF ANY		1 1-
Glendora CA 91741  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	626.914-8761	MAILING ADDRESS		
CITY STATE ZIP COD		CITY	STATE ZIP COD	E AREA CODE/PHONE
Azusa CA 91702	626-774-6200			9 ' "
OPTIONAL: FAX / E-MAIL ADDRESS  DRYBA@CITRUSCOLLEGE.EDU		OPTIONAL: FAX / E-MAIL ADDRESS	,	
4. Verification				
4. Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of (		nowledge the information contained herein and	in the attached sche	dules is true and complete. I
7/1/2024 Date	Ву	Signature of Treasurer or Assistant Treasurer		
Executed on	BySignature of Control	ing Officeholder, Candidate, State Measure Proponent or Resp	ponsible Officer of Sponsor	
Executed onDate	BySic	nature of Controlling Officeholder, Candidate, State Measure F	Proponent	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period 1/1/2024 from. 6/30/2024 through . I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Citrus College Faculty Association Political Action Committee 1301574

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
Monetary Contributions	\$884.40	\$ 884.40	General Elections  1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	0.00	\$ 884.40 0.00 \$ 884.40	20. Contributions Received \$ \$  21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made	\$ 0.00 \$ 0.00 0.00	\$ 0.00 0.00 \$ 0.00 0.00 0.00 \$ 0.00	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	0.00 0.00	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 Schedule B, Part 2  Cash Equivalents and Outstanding Debts	s	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above	0.00	any).	FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov

Schedule A	ŀ
Monetary Contributions Receive	d

Amounts may be rounded to whole dollars,

SCHEDULE A

CALIFORNIA 460

Statement covers period

,				from1/1/	/2024	FORM 40U
	NS ON REVERSE			through6/3	30/2024	Page3 of3
Citrus Colle	ege Faculty Association Political <sub>į</sub> Action Committee					D. NUMBER 301574
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE
1/25/2024	Citrus College Faculty Association Glendora, CA 91741	☐IND ☐COM ØOTH ☐PTY ☐SCC		147.40	147.40	
3/20/2024	Citrus College Faculty Association  Glendora, CA 91741	☐IND ☐COM ☑OTH ☐PTY ☐SCC		298.80	442.20	
5/2/2024	Citrus College Faculty Association Glendora, CA 91741	☐IND ☐COM ØOTH ☐PTY ☐SCC		147.40	589.60	
6/11/2024	Citrus College Faculty Association Glendora, CA 91741	☐IND ☐COM ØOTH ☐PTY ☐SCC		147.40	737.00	
6/30/2024	Citrus College Faculty Association Glendora, CA 91741	☐IND ☐COM ☑OTH ☐PTY ☐SCC	·	147.40	884.40	
			SUBTOTAL \$	884.40	3 1 2 2 3 1	
C. Amount received this period – itemized monetary contributions.  (Include all Schedule A subtotals.)			884.40	*Contributor Codes IND — Individual COM — Recipient Committee (other than PTY or SCC) OTH — Other (e.g., business entity)		
3. Total mone	etary contributions received this period.  1 and 2. Enter here and on the Summary Page, Col			204.40	PTY - P	olitical Party mall Contributor Committee  FPPC Form 460 (Jan/2016)