

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.

7/26/24

SHORT FORM

CALIFORNIA FORM **450**

Statement covers period
from 1/1/2024
through 6/30/2024

Date of election if applicable:
(Month, Day, Year)

RECEIVED BY
LOS ANGELES COUNTY
2024 JUL 30 PM 12:58
CAMPAIGN FINANCE

Page 1 of 3

For Official Use Only

605170

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
931834

COMMITTEE NAME

Covina Unified Education Association - Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>San Dimas</u>	<u>CA</u>	<u>91773</u>	<u>909) 592-5806</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Calie Smejkal

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Pasadena</u>	<u>CA</u>	<u>91107</u>	<u>209)450-5184</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 and belief the foregoing is true and complete.

ein is true and complete. I certify

Executed on 07/24/2024
DATE

By _____

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

_____ RESPONSIBLE OFFICER OF SPONSOR

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period
from 1/1/2024
through 6/30/2024

**CALIFORNIA
FORM 450**

Page 2 of 3

NAME OF COMMITTEE

Covina Unified Education Association - Political Action Committee

I.D. NUMBER

931834

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ 769.50
2. Expenditures under \$100 made this period (Not itemized.).....	50.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$ 819.50
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>	0
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>	\$ 0
6. TOTAL EXPENDITURES MADE TO DATE..... <i>Add Lines 3 + 4 + 5</i>	\$ 819.50

Contributions Received

7. Monetary contributions received this period.....	\$ 3150.00
8. Non-monetary contributions received this period.....	0
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>	\$ 0
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE..... <i>Add Lines 7 + 8 + 9</i>	\$ 3150.00

Current Cash Statement

11. Beginning cash balance..... <i>Previous Summary Page, Line 15</i>	\$ 8290.50
12. Cash receipts this period..... <i>Line 7 above</i>	3150.0
13. Miscellaneous increases to cash	\$ 0
14. Cash expenditures this period..... <i>Line 3 above</i>	819.50
15. ENDING CASH BALANCE THIS PERIOD..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ 10621.00

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

Statement covers period
from 1/1/2024
through 6/30/2024

SHORT FORM

CALIFORNIA FORM 450

Page 3 of 3

I.D. NUMBER
931834

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Covina Unified Education Association - Political Action Committee

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*
3/22/2024	First Financial Credit Union West Covina, CA 91791	banking error correction	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	769.50	Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL				\$769.50	

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