

**Recipient Committee
Campaign Statement – Short Form**

Type or print in ink.

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 Jan. 1, 2024
through June 30, 2024

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

(007/31/2024)
Date Stamp

**RECEIVED BY
LOS ANGELES COUNTY
2024 AUG -2 PM 3:02
CAMPAIGN FINANCE**

**CALIFORNIA
FORM 450**

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For Official Use Only
G00335

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
- Supplemental Pre-election
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
744843

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

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Whittier,	CA	90605	562/698-8121

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
			EXT. 1262

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
VIRGINIA GLASSCOCK

MAILING ADDRESS
WHITTIER SECONDARY EDUCATION ASSOCIATION

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Whittier,	CA	90605	562/698-8121

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
			EXT 1260

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement under penalty of perjury under the laws of the State of California that the foregoing

is herein is true and complete. I certify

Executed on July 29, 2024 By _____
DATE

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>Jan. 1, 2024</u> through <u>June 30, 2024</u>	CALIFORNIA FORM 450
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NAME OF COMMITTEE EDUCATORS FOR BETTER SCHOOLS -ISSUES/ WHITTIER SECONDARY EDUCATION ASSOCIATION	I.D. NUMBER 744843
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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>50.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD <i>Add Lines 1 + 2</i>	\$ <u>50.00</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>0.00</u>
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$ <u>50.00</u>

Contributions Received

7. Monetary contributions received this period	\$ <u>2,960.00</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>0.00</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$ <u>2,960.00</u>

Current Cash Statement

11. Beginning cash balance <i>Previous Summary Page, Line 15</i>	\$ <u>28,508.52</u>
12. Cash receipts this period <i>Line 7 above</i>	<u>2,960.00</u>
13. Miscellaneous increases to cash	\$ <u>0.00</u>
14. Cash expenditures this period <i>Line 3 above</i>	<u>50.00</u>
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>31,418.52</u>

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I.D. NUMBER 744843	

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

EDUCATORS FOR BETTER SCHOOLS -ISSUES/ WHITTIER SECONDARY EDUCATION ASSOCIATION

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					Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
N/A					Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
N/A					Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
SUBTOTAL \$					

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