Recipient Committee Campaign Statement – Short Form	Type or print in ink.		Date Stamp	CALI F	FORNIA 4.50
ÉÉ INSTRUCTIONS ON REVERSÉ	Statement covers period	Date of election if applicable:	ECEIVED BY	Y IINTY Page.	1 , 3
or use by recipient committees that have not received a contribution or other receipt that must be itemized, have not	from Jan 1, 2024	Date of election if applicable: (Month, Day, Year) : (5)		'	For Official Use Only
eceived or made loans, and have no outstanding accrued expenses.	through June 30, 2024		UG -2 PM	G	05/66
. Type of Recipient Committee:		2. Type of Statement	PAIGN FINA	MUL	
□ Ballot Measure Committee ○ Primarily Formed ○ Controlled ○ Sponsored ○ Sponsored		☐ Pre-election Statement ☐ Quarterly Statement ☐ Special Odd-year Report ☐ Termination Statement ☐ Supplemental Pre-election Statement - Attach Form 495			
Primarily Formed Candidate/ Officeholder Committee		Amendment (Explain) (Also check type of statemen	nt you are amending)		
3. Committee Information	I.D. NUMBER 931652	Treasurer(s)			
COMMITTEE NAME	100.002	NAME OF TREASURER			
EDUCATORS FOR BETTER SCHOOLS - ISSU	ES	VIRGINIA GLASSCOCK			
WHITTIER SECONDARY EDUCATION ASSOC		MAILING ADDRESS			
		WHITTIER SECONDARY	EDUCATION A	ASSOCIATION	1
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	Whitti		90605 562/	698-8121×1260
Whittier, CA 90605-2798	562/698-8121	NAME OF ASSISTANT TREASURER.	, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS	••••		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	07177	ZIP CODE	ADEA CODERNAME
5,712	EXT. 1262	CITY	STATE	ZIF CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	1202	OPTIONAL: FAX/E-MAIL ADDRESS			
. Verification I have used all reasonable diligence in preparing and reunder penalty of perjury under the laws of the State of Executed on University 29, 2024	eviewing this statement :			ein is true and c	omplete. I certify
Executed on	Ву				
DATE	_	OFFICEHOLDER, CANDIDATE, STATE MEASURE F	PROPONENT, OR RESE	ONSIBLE OFFICER OF	FSPONSOR
Executed on	BySIGNATURI	E OF CONTROLLING OFFICEHOLDER, CANDIDAT	TE, STATE MEASURE F	ROPONENT	
Executed on	Ву				
DATE		E OF CONTROLLING OFFICEHOLDER, CANDIDAT	TE, STATE MEASURE P	ROPONENT	

FPPC Form 450 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Recipient Committee

Type or print in ink.
Amounts may be rounded

}	
Statement covers period	SHORT FORM
from Jan. 1, 2024	FORM 120
through June 30, 2024	Page 2 of 3
CIATION	I.D. NUMBER
	931652
	\$0.00
	67.46
Add Lines 1 + 2	\$ 67.46
From Line 8 Below	^ - ~
Previous Summary Page, Line 6	\$
Add Lines 3 + 4 + 5	\$ 67.46
reconstruction in CAN	taking interest (1994) (1994) interest interest interest interest interest interest interest interest interest
	\$0.00
	0.00
. Previous Summary Page, Line 10	\$
Add Lines 7 + 8 + 9	sO.OO
ı	20 00 = 0
. Previous Summary Page, Line 15	\$ 20, 235, <u>27</u>
Line 7 above	<u> </u>
	- IN IN)

Campaign Statement	to whole dollars.	from Jan. 1, 2024	FORMS 450
Summary Page		through June 30,2024	Page 2 of 3
NAME OF COMMITTEE		4	I.D. NUMBER
EDUCATORS FOR BETTER SCHOOLS -ISSUES/ WHITTIE	931652		
Expenditures Made		and the Prior secure and the Charlest and the Charlest and a state of the Charlest and the	THE REAL PROPERTY AND ADDRESS OF THE PROPERTY
Expenditures of \$100 or more made this period			
2. Expenditures under \$100 made this period (Not itemized.)			
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD		Add Lines 1 + 2	
4. Nonmonetary Adjustment		From Line 8 Below	
5. Total expenditures made from previous statement		Previous Summary Page, Line 6	\$0.00
6. TOTAL EXPENDITURES MADE TO DATE		Add Lines 3 + 4 + 5	s <u>67.46</u>
Contributions Received			
7. Monetary contributions received this period			
8. Non-monetary contributions received this period			
9. Total contributions received from previous statement (If this is the first statement for the calendar year, enter zero.		Previous Summary Page, Line 10	\$ <u>0.00</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE		Add Lines 7 + 8 + 9	\$ <u>0.00</u>
Current Cash Statement	ر مورون دورون و دورون و دورون و دورون		
11. Beginning cash balance	•••••	Previous Summary Page, Line 15	<u>\$ 20, 235, 27</u>
12. Cash receipts this period		Line 7 above	0,00
13. Miscellaneous increases to cash			\$
14. Cash expenditures this period			107.46
15. ENDING CASH BALANCE THIS PERIOD			s 20, 1107, 81

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

Amounts may be rounded to whole dollars.

		SHORT FORM
Ì	Statement covers period	CATEORINA MARIOTENADA
	from Jan. 1, 2024	FORM 4500
	through June 30, 2024	Page 3 of 3
		I.D. NUMBER
A	TION	931652

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 L.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
					SOther
			Support Oppose Contribution Ind. Exp.		\$
	N/A				Calendar Year
					\$Other
			Support Oppose Contribution Ind. Exp.		\$
	N/A				Calendar Year
					\$Other
			Support Dppose Ind. Exp.		\$
<u> </u>			SUBTOTAL \$,	

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