Recipient Committee				COVER PAGE
Campaign Statement Cover Page	·	0S	RECEIVED BY	CALIFORNIA 460
	Statement covers period	Date of election if applicable?	JUL 22 PM 2: 10	Page Or
	from January 1, 2024	(Month, Day, Year)	OOF 55 LW 5: 18	For Official Use Only
ì	1	l chi	PAIGN FINANCE	
SEE INSTRUCTIONS ON REVERSE	through June 30, 2024		THE PROPERTY OF	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
O State Candidate Election Committee O Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Commit <b>tee</b> Controlled Consored	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termin Amendment (Explain below	Special Specia	erly Statement al Odd-Year Report
✓ General Purpose Committee	Also Complete Part 6)	Amendment (Explain below	)	:.
Sponsored	Primarily Formed Candidate/			
Small Contributor Committee Committee Political Party/Central Committee	Officeholder Committee Also Complete Part 7)			
2. Committee Information	D. NUMBER	Treasurer(s)		
	299569	ii/_		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
D. La J. J. Was about P. J. continue D. C.		Betina Hatcher		· · · · · · · · · · · · · · · · · · ·
Palmdale Teachers Education PAC		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP COL	DE AREA CODE/PHONE
·		Palmdale 1	CA 93551	(661)583-5304
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER; II	FANY	,
Palmdale CA 9355				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	ζ	MAILING ADDRESS		
JATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP COL	DE AREA CODE/PHONE
Palmdale CA 935	51	<u></u>		
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
		bmhatcher16a@yahoo.com		
Verification     I have used all reasonable diligence in preparing and reviewing	ng this statement and to the best of my kr	nowledge the information contained here	ein and in the attached sche	dules is true and complete. I
certify under penalty of perjury under the laws of the State of				
Executed on 18 July 2024	Ву	<del></del>		
Everyted on	By			
Executed onDate	Signature of Control	ling Officeholder, Candidate, State Measure Proposer	nt or Responsible Officer of Sponsor	
Executed onDate	BySig	nature of Controlling Officeholder, Candidate, State	feasure Proponent	
Executed on	By ————————————————————————————————————	nature of Controlling Officeholder, Candidate, State N	Measure Proponent	

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

COVER PAGE

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Palmdale Teachers Education PAC

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period CAL

from January 1, 2024

SUMMARY PAGE
CALIFORNIA 460

through June 30, 2024

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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
1. Monetary Contributions	\$\frac{0}{0}	\$ \$ \$	20. Contributions Received \$ 0
Expenditures Made  6. Payments Made	\$\frac{56.00}{0}\$ \$\frac{56.00}{0}\$ \$\frac{0}{56.00}\$ \$\frac{0}{56.00}\$ \$\$\frac{76,520.11}{0}\$ \$\$\frac{0}{0}\$	\$\$  To calculate Column B, add amounts in Column A to the corresponding	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)
15. Cash Payments		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 filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	reported in Column B.  FPPC Form 460 (Jan/2016)
13. Outstanding Debts And Line 2 + Line 9 in Column B above	Ψ		FPPC Advice: advice@fppc.ca.gov (866/275-3772