

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.

Date Stamp
9/14/24 (1)

CALIFORNIA FORM 450

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RECEIVED
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2024 SEP 16 PM 3:59

Statement covers period
from 7/1/24
through 9/6/24

Date of election if applicable:
(Month, Day, Year)
11/5/24

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

CAMPAIGN FINANCE

3. Committee Information

I.D. NUMBER
1301562

COMMITTEE NAME

Beverly Hills Education Association PAC

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Beverly Hills	CA	90212	323-687-6470

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

Marla Weiss

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Beverly Hills	CA	90212	323-687-6470

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 under penalty of perjury under the laws of the State of California that the foregoing

information contained herein is true and complete. I certify

Executed on 9/6/24 DATE By _____

Executed on 9/6/24 DATE By _____
SIGNATURE OF CO

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

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

TREASURER

TREASURER, OR RESPONSIBLE OFFICER OF SPONSOR

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>7/1/24</u> through <u>9/6/24</u>	CALIFORNIA FORM 450
	Page <u>2</u> of <u>4</u>
NAME OF COMMITTEE	I.D. NUMBER
Beverly Hills Education Association PAC	1301562

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ 2939.44
2. Expenditures under \$100 made this period (Not itemized.)	0
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$ 2939.44
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>	\$ 2939.44

Contributions Received

7. Monetary contributions received this period.....	\$ 0
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>	\$ 0

Current Cash Statement

11. Beginning cash balance..... <i>Previous Summary Page, Line 15</i>	\$ 28729
12. Cash receipts this period..... <i>Line 7 above</i>	0
13. Miscellaneous increases to cash	\$ 0
14. Cash expenditures this period..... <i>Line 3 above</i>	2939.44
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ 25789.44

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NAME OF COMMITTEE

Beverly Hills Education Association PAC

I.D. NUMBER

1301562

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*
9/5/24	California Teachers Association (CTA) Burlingame, CA 94010	Request for Voter Data	Amanda E. Stern School Board Beverly Hills USD	175.00	Calendar Year \$ <u>175.00</u> Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.		
9/5/24	California Teachers Association (CTA) Burlingame, CA 94010	Request for Voter Data	Dela Peykar Ronen School Board Beverly Hills USD	175.00	Calendar Year \$ <u>175.00</u> Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.		
9/5/24	California Teachers Association (CTA) Burlingame, CA 94010	Postcards/Labels/Stamps Mailer	Amanda E. Stern School Board Beverly Hills USD	1294.72	Calendar Year \$ <u>1294.72</u> Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.		
SUBTOTAL \$				944.72	

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

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			 <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 \$				1294.72	

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