

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

RECEIVED BY  
LOS ANGELES COUNTY

CALIFORNIA  
2001/02  
FORM **460**

Page 1 of 10  
For Official Use Only

Statement covers period  
from 7/1/2024  
through 9/21/2024

Date of election if applicable:  
(Month, Day, Year)  
11/5/2024

Date Stamp  
2024 SEP 27 PM 3:54  
CAMPAIGN FINANCE

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees- Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall  
*(Also Complete Part 5)*
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored  
*(Also Complete Part 6)*
  - Primarily Formed Candidate/ Officeholder Committee  
*(Also Complete Part 7)*

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
*(Also file a Form 410 Termination)*
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER  
1227710

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
LOS ANGELES COLLEGE FACULTY GUILD COPE

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90068	(323) 851-0443

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90017	(213) 452-6565

OPTIONAL: FAX/E-MAIL ADDRESS

(213) 452-6575 / [pcdfilings@kaufmanlegalgroup.com](mailto:pcdfilings@kaufmanlegalgroup.com)

**Treasurer(s)**

NAME OF TREASURER  
Sharon Hendricks

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90068	(323) 851-0443

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/26/2024  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

**Recipient Committee  
Campaign Statement  
Cover Page-Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Candidate/Officeholder Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	7/1/2024	
through	9/21/2024	Page <u>3</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
LOS ANGELES COLLEGE FACULTY GUILD COPE

I.D. NUMBER  
1227710

**Contributions Received**

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$136,374.50	\$381,432.50
2. Loans Received..... Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+2	\$136,374.50	\$381,432.50
4. Nonmonetary Contributions..... Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$136,374.50	\$381,432.50

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	_____	_____
21. Expenditures Made	_____	_____

**Expenditures Made**

	Column A	Column B
6. Payments Made..... Schedule E, Line 4	\$1,800.00	\$49,900.00
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$1,800.00	\$49,900.00
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$2,257.00	\$2,257.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$4,057.00	\$52,157.00

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made \*  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yyyy)	Total to Date
_____	_____

**Current Cash Statement**

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$473,078.05
13. Cash Receipts..... Column A, Line 3 above	\$136,374.50
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$63.25
15. Cash Payments..... Column A, Line 8 above	\$1,800.00
16. ENDING CASH BALANCE...Add Lines 12+13+14, then subtract Line 15	\$607,715.80

To calculate Column B, add amounts in Column A to the corresponding 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).

\*Amounts in this section may be different from amounts reported in schedule B.

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$0.00
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents..... See instructions on reverse	\$0.00
19. Outstanding Debts..... Add Line 2+Line 9 in Column B above	\$2,257.00

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	7/1/2024	
through	9/21/2024	
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NAME OF FILER  
LOS ANGELES COLLEGE FACULTY GUILD COPE

I.D. NUMBER  
1227710

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL** \$0.00

**Schedule A Summary**

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$0.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$136,374.50
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	<b>TOTAL</b> \$136,374.50

\*Contributor Codes  
 IND- Individual  
 COM- Recipient Committee  
 (other than PTY or SCC)  
 OTH- Other (e.g., business entity)  
 PTY- Political Party  
 SCC- Small Contributor Committee

**Schedule C  
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period from <u>7/1/2024</u> through <u>9/21/2024</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
LOS ANGELES COLLEGE FACULTY GUILD COPE

I.D. NUMBER  
1227710

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/31/2024	Los Angeles College Faculty Guild Los Angeles, CA 90068-1404	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Memo: \$250.00 Legal Treasury Fees and Expenses Paid by	\$0.00	\$0.00	
08/20/2024	Los Angeles College Faculty Guild Los Angeles, CA 90068-1404	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Memo: \$2251.50 Legal Treasury Fees and Expenses Paid by	\$0.00	\$0.00	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

\$0.00

**Schedule C Summary**

1. Amount received this period -itemized nonmonetary contributions.

(Include all Schedule C subtotals.)..... \$0.00

2. Amount received this period -unitemized nonmonetary contributions of less than \$100.....

\$0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL**

\$0.00

\*Contributor Codes  
IND- Individual  
COM- Recipient Committee (other than PTY or SCC)  
OTH- Other (e.g., business entity)  
PTY- Political Party  
SCC- Small Contributor Committee

FPPC Form 460 (Jan/2016)

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

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Amounts may be rounded to whole dollars.

SCHEDULE D

Statement covers period	<b>CALIFORNIA FORM 460</b>
from 7/1/2024	
through 9/21/2024	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
LOS ANGELES COLLEGE FACULTY GUILD COPE

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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/28/2024	Nyree Berry Board of Education Other: El Camino Community College District District No: 4  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$500.00	\$500.00	
07/19/2024	Karla Griego Board of Education Other: Los Angeles Unified School District District No: 5  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,300.00	\$1,300.00	

<b>SUBTOTAL</b>	\$1,800.00
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**Schedule D Summary**

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....	\$1,800.00
2. Unitemized contributions and independent expenditures made this period of under \$100.....	\$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.).....	<b>TOTAL</b> \$1,800.00

**Schedule E  
Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	7/1/2024	
through	9/21/2024	Page 7 of 10

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LOS ANGELES COLLEGE FACULTY GUILD COPE

I.D. NUMBER  
1227710

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.        | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants                | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)* | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations                     | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees        | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events                  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure             | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense                       | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings    | PRT print ads                                 | WEB information technology costs (Internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dr. Nyree Berry for College Trustee 2024 Inglewood, CA 90301-1764 ID: 1464706	CTB		\$500.00
Karla Griego for LAUSD School Board 2024 - General Covina, CA 91722-3222 ID: 1468231	CTB		\$1,300.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$1,800.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$1,800.00
2. Unitemized payments made this period of under \$100.....	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL</b> \$1,800.00

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	7/1/2024	
through	9/21/2024	Page 8 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
LOS ANGELES COLLEGE FACULTY GUILD COPE

I.D. NUMBER  
1227710

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.        | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants                | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)* | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations                     | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees        | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events                  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure             | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense                       | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings    | PRT print ads                                 | WEB information technology costs (Internet, e-mail)           |

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD, (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Kaufman Legal Group, APC  Los Angeles, CA 90017-5864	PRO	\$0.00	\$2,257.00	\$0.00	\$2,257.00

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	<b>SUBTOTALS</b>	\$0.00	\$2,257.00	\$0.00	\$2,257.00
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**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	<b>INCURRED TOTALS</b>	\$2,257.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	<b>PAID TOTALS</b>	\$0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	<b>NET</b>	\$2,257.00 <small>(May be a negative number)</small>



**Schedule I  
Miscellaneous Increases to Cash**

Amounts may be rounded to whole dollars.

SCHEDULE I

Statement covers period from <u>7/1/2024</u> through <u>9/21/2024</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
LOS ANGELES COLLEGE FACULTY GUILD COPE

I.D. NUMBER  
1227710

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
07/31/2024	United Business Bank Walnut Creek, CA 94596-9803	Interest	\$31.39
08/30/2024	United Business Bank Walnut Creek, CA 94596-9803	Interest	\$31.86

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$63.25

**Schedule I Summary**

1. Itemized increases to cash this period.....	\$63.25
2. Unitemized increases to cash of under \$100 this period.....	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e)).	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	<b>TOTAL</b> \$63.25

## Notes and Memos

FORM/SCHEDULE	REFERENCE NUMBER (IF APPLICABLE)	TEXT
F460		Los Angeles College Faculty Guild COPE serves as the intermediary for all unitemized contributions.