

6E24

# Recipient Committee Campaign Statement Cover Page

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2024 SEP 26 AM 11:34  
CAMPAIGN FINANCE  
9/24/24 (1)

**CALIFORNIA FORM 460**  
Page 1 of 5  
For Official Use Only  
**608502**

Statement covers period  
from July 1, 2024  
through September 26, 2024

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

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  
1278484

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Torrance Teachers Association Fund For Quality Education

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Torrance CA 90501 310-320-8200

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
jshankle@torranceteachers.org

**Treasurer(s)**

NAME OF TREASURER  
Carlos Awandter

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Torrance CA 90501 310-320-8200

NAME OF ASSISTANT TREASURER, IF ANY  
Julie Shankle

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Torrance CA 90501 310-320-8200

OPTIONAL: FAX / E-MAIL ADDRESS  
jshankle@torranceteachers.org

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the I certify under penalty of perjury under the laws of the State of California that the foregoing contained herein and in the attached schedules is true and complete. I

Executed on 9/23/24 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

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from July 1, 2024  
through September 26, 2024

**CALIFORNIA  
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torrance Teachers Association Fund for Quality Education

I.D. NUMBER

1278484

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>0</u>	\$ <u>5,570</u>
2. Loans Received ..... Schedule B, Line 3	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>0</u>	\$ <u>5,570</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>0</u>	\$ <u>5,570</u>

**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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>2,500</u>	\$ <u>2,500</u>
7. Loans Made ..... Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>2,500</u>	\$ <u>2,500</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>2,500</u>	\$ <u>2,500</u>

**Expenditure Limit Summary for State  
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
<u>  </u> / <u>  </u> / <u>  </u>	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>21,143.29</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>0</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>0</u>
15. Cash Payments ..... Column A, Line 8 above	<u>2,500</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>18,643.29</u>

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

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 Column B.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ 0

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from <u>July 1, 2024</u> through <u>September 26, 2024</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER <u>1278484</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torrance Teachers Association Fund for Quality Education

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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 0
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 0

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

Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period from <u>July 1, 2024</u> through <u>September 26, 2024</u>	<b>CALIFORNIA FORM 460</b>
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Torrance Teachers Association Fund for Quality Education

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
<u>9/26/24</u>	<u>Dave Zygielbaum for Torrance School Board 2024 FPPC # 1473260</u>	<input checked="" type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	<u>campaign committee contribution of \$2400. non monetary contribution of voter data (\$100)</u>	<u>\$ 2,500.00</u>	<u>\$ 2,500.00</u>	<u>\$ 2,500.00</u>
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL \$</b>						<u>2,500.00</u>

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 2,500.00
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL.. \$ 2,500.00

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>July 1, 2024</u> through <u>September 26, 2024</u>	<b>CALIFORNIA FORM 460</b>
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**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 supporting/opposing others (explain)*	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
<u>Dave Zygielbaum for Torrance School Board 2024</u> <u>Torrance, CA 90504</u> <u>FPPC # 1473260</u>	<u>CTB</u>	<u>Campaign Committee Contribution of \$2,400</u>	<u>2,400.00</u>
<u>Dave Zygielbaum for Torrance School Board 2024</u> <u>Torrance, CA 90504</u> <u>FPPC # 1473260</u>	<u>CTB</u>	<u>non-monetary contributing member/voter data</u>	<u>100.00</u>

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

**SUBTOTAL \$** 2,500

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ <u>2,500</u>
2. Unitemized payments made this period of under \$100.....	\$ <u>0</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ <u>0</u>
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> <u>2,500</u>