| Campaign Statement Cover Page | Type or print in ink. | | Date Stamp | CALIFORNIA 460 | | |
|---|---|--|---|---|--|--|
| (Government Code Sections 84200-84216.5) | Statement covers period from10-18-2020 | Date of election if applicable: (Month, Day, Year) 2021 | ANGELES COLOTY 3/11/22 (1) MAR 15 AN II: 56 | Page1 of5 | | |
| SEE INSTRUCTIONS ON REVERSE | through 12-31-2020 | 11-03-2020 CA | MPAIGN FINANCE | | | |
| 1. Type of Recipient Committee: All Committees - C | omplete Parts 1, 2, 3, and 4. | 2. Type of Statement: | | | | |
| State Candidate Election Committee Recall (Also Complete Part 5) | Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Parl 6) | ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te | Spector Support State | terly Statement sial Odd-Year Report blemental Preelection ement - Attach Form 495 | | |
| | Primarily Formed Candidate/ | Amendment (Explain be | , | Sahadula A Communica | | |
| O Small Contributor Committee | Officeholder Committee (Also Complete Part 7) | of original Semi-annua | nount, lines 2 and 3 on 5 | schedule A Summary, | | |
| | D. NUMBER 1301562 | Treasurer(s) | | - | | |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) | | NAME OF TREASURER | | | | |
| Beverly Hills Education Association PAC | | Mark Frenn MAILING-ADDRESS | % -1 -2 -1 -4 | | | |
| STREET ADDRESS (NO P.O. BOX) | | Los Angeles | STATE ZIP CO | | | |
| Beverly Hills CA 9021 | 2 (323) 493-8556 | NAME OF ASSISTANT TREASUR | ER, IF ANY | | | |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. | BOX | MAILING ADDRESS | | | | |
| CITY STATE ZIP C | AREA CODE/PHONE | CITY | STATE ZIP C | ODE AREA CODE/PHONE | | |
| OPTIONAL: FAX / E-MAIL ADDRESS | | OPTIONAL; FAX / E-MAIL ADDRE | ESS | | | |
| Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californ | g this statement and to the best of mν kno ia that the foregoing is trι | owledge the information contained here | ein and in the attached schedu | les is true and complete. I certify | | |
| Executed on | Ву _ | Assistant Ti | reasurer | · | | |
| Executed on | Ву _ | asure Prop | onent or Responsible Officer of Sponsor | | | |
| Executed on | Ву | Signature of Controlling Officeholder, Candidate, Sta | ste Measure Proponent | | | |
| Executed on | Ву | Signature of Controlling Officeholder, Candidate, Sta | ite Measure Proponent | EDDC Form 460 (Innuary/05 | | |

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period 10-18-2020 from _ 12-31-2020 through. I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Beverly Hills Education Association PAC 1301562

| Contributions Received 1. Monetary Contributions | \$ Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) 4,472 0 4,472 0 | \$ | Column B CALENDAR YEAR TOTAL TO DATE 10,810 0 10,810 0 | 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 \$\$ |
|--|---|--|--|---|
| 4. Nonmonetary Contributions | \$ 4.470 | \$ | 10,810 | 21. Expenditures Made \$ \$ |
| Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE Schedule E, Line 3 Add Lines 8 + 9 + 10 | \$ 0 690 0 0 | \$ \$ | 10,821 0 10,821 0 0 10,821 | 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) // |
| Current Cash Statement 12. Beginning Cash Balance | 24,822 4,472 0 690 28,604 | 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 | | *Amounts in this section may be different from amounts reported in Column B. |
| 17. LOAN GUARANTEES RECEIVED | \$ 0 | for car | first report being filed this calendar year, only ry over the amounts in Lines 2, 7, and 9 (if y). | FPPC Form 460 (January/05 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772 |

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

| SCHEDULE A |
|------------|
|------------|

Statement covers period

10-18-2020 from 12-31-2020 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Beverly Hills Education Association PAC 1301562 AMOUNT PER ELECTION IF AN INDIVIDUAL, ENTER CUMULATIVE TO DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME PERIOD (IF REQUIRED) (JAN, 1 - DEC, 31) OF BUSINESS) California Teachers Association COM 3,000 10-30-2020 3,000 Burlingame, CA 94010 (FPPC I.D. #741941) □ PTY SCC COM □ OTH □ PTY □ SCC СОМ □ OTH □ PTY SCC □сом □ OTH PTY SCC □ COM □ OTH □ PTY □scc SUBTOTAL\$ 3,000 Schedule A Summary *Contributor Codes IND - Individual 1. Amount received this period – itemized monetary contributions. 3.000 COM - Recipient Committee (Include all Schedule A subtotals.)\$ (other than PTY or SCC) 1,472 OTH - Other (e.g., business entity) 2. Amount received this period – unitemized monetary contributions of less than \$100\$ PTY - Political Party SCC-Small Contributor Committee 3. Total monetary contributions received this period. 4,472 FPPC Form 460 (January/05)

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

Type or print in ink.

Amounts may be rounded to whole dollars.

| · | SCHEDULE I |
|------------------------|-----------------|
| Statement covers perio | CALIFORNIA 4 CO |
| from10-18-2020 | FORM 46U |
| through12-31-2020 | Page 4 of 5 |
| | I.D. NUMBER |
| | 1301562 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Beverly Hills Education Association PAC

through 12-31-2020

Page 4 of 5

I.D. NUMBER

1301562

| Bovolly 1 IIII | io Eddodiio II / Ioooo idaa ii I / Io | | | | | |
|----------------|---|--|------------------------------|-----------------------|---|--|
| 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) |
| 10-23-2020 | Noah Margo School Board Beverly Hills Unified School District ✓ Support ☐ Oppose | | | 230 | 2,837 | |
| 10-23-2020 | Dr. Amanda Stern School Board Beverly Hills Unified School District | Monetary Contribution Nonmonetary Contribution Independent Expenditure | | 230 | 2,838 | |
| 10-23-2020 | ✓ Support ☐ Oppose Mary Wells School Board Beverly Hills Unified School District ✓ Support ☐ Oppose | ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure | | 230 | 2,838 | |
| | | | SUBTOTAL \$ | 690 | | |

TOTAL \$ 690

Schedule E (Continuation Sheet) Payments Made

Type or print in ink. Amounts may be rounded to whole dollars.

| | | SCHEDOLE E (CON | IT., |
|-------------------------|------------|-----------------|------|
| Statement covers period | | CALIFORNIA ACC | 7 |
| from | 10-18-2020 | FORM 400 | 4 |
| through | 12-31-2020 | Page5 of5 | , |
| | | I.D. NUMBER | |

| rayments made | | Irom | |
|--|--|---|---|
| SEE INSTRUCTIONS ON REVERSE | | through 12-31-2020 | Page5 of5 |
| NAME OF FILER Beverly Hills Education Association PAC | | | I.D. NUMBER 1301562 |
| IND independent expenditure supporting/opposing others (explain)* POS postage, del | munications d appearances ises lating | RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, ar TRS staff/spouse travel, lodging, | n costs duction costs nd meals and meals and meals es of the same candidate/sponsor |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
| Carol Courneya Beverly Hills, CA 90212 | СМР | | 690 |
| | | | |
| | | | |
| | | | |
| | | | |

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

SUBTOTAL \$

690