**Recipient Committee** Campaign Statement

Executed on ..

Executed on \_

FORM Cover Page Page\_1 Date of election if applicable: Statement covers period (Month, Day, Year) For Official Use Only 2021 JAN -4 PM 2: 27 from 10/18/20 CAMPAIGN FINANCE 11/3/2020 through 12/31/20 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement Quarterly Statement O State Candidate Election Committee Semi-annual Statement Committee Special Odd-Year Report O Recall Controlled Termination Statement (Also file a Form 410 Termination) (Also Complete Part 5) Sponsored Amendment (Explain below) (Also Complete Part 6) General Purpose Committee
Sponsored
Small Contributor Commit Primarily Formed Candidate/ Small Contributor Committee Officeholder Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1243795 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER El Monte Union Educators Association PAC Donald Quick MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY AREA CODE/PHONE ZIP CODE W. Covina CA 91790 (626) 242-3133 CITY ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Richard Goodwell Irwindale CA 91706 (626) 357-7814 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE CA 91001 (626) 372-4939 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS emuea1pac@gmail.com Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my know 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 corr Executed on 1/2/2021 Executed on \_\_ Signature of Controlling Officeholder, Candidate, Stats Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

2020 - 3 COVER PAGE

CALIFORNIA

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## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 10/18/20	CALIFORNIA 460
through 12/31/20	Page 2 of 6
	I.D. NUMBER
	1243795

El Monte Union Educators Association PAC			1243795
Contributions Received  1. Monetary Contributions	COlumn A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE  9,086.66	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections  1/1 through 6/30 7/1 to Date
Loans Received Schedule B, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2  4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0 0 \$ 0	9,086.66 0 9,086.66	20. Contributions Received \$\$  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 4  Schedule E, Line 3  Add Lines 6 + 7  Schedule C, Line 3	\$ 4,359.51 0 \$ 4,359.51 0 0 \$ 4,359.51	\$ 8,606.19 0 \$ 8,606.19 0 0 8,606.19	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  2. Beginning Cash Balance	\$ 16,356.26 0 0 4,359.51 \$ 11,996.75	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	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts  18. Cash Equivalents See Instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 In Column B above	\$ <u>0</u> \$ <u>0</u>	any).	FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-377

Supportin	of Expenditures  ng/Opposing Other  es, Measures and Committees	Amounts may b		Statement cover	rs period	CALIFO FOR	RNIA 460
	ONS ON REVERSE			through 12/31/20		Page 3	of 6
NAME OF FILER						1.D. NUMB 124379	
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	CUMULATIV CALENDA (JAN. 1 - I	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
10/19/20	Maria Morgan School Board El Monte Union High School District	Monetary Contribution Nonmonetary Contribution Independent	LIT	\$1,345.00	\$3,208.7	78	
	Support Doppose	Expenditure					
10/24/20	Maria Morgan School Board El Monte Union High School District	☐ Monetary Contribution  Nonmonetary Contribution	Robocall	\$429.22	\$3,638.0	00	
	Support Doppose	Independent Expenditure					
10/31/20	Maria Morgan School Board El Monte Union High School District	Monetary Contribution  Nonmonetary Contribution		\$250.00	\$3,899.6	57	
,	Support Oppose	Independent Expenditure					
		- Herbit	SUBTOTA	L \$ 2,024.22			

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## Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

	SCHEDULE D (CONT.		
from 10/18/20 through 12/31/20	FORM 460		
	Page 4 of 6		
	I.D. NUMBER 1243795		

NAME OF FILER
EI Monte Union Educators Association PAC

NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE

NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE

TYPE OF PAYMENT (IF REQUIRED)

Monetary LIT

S1,345.00 \$3,208.78

DATE	MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	(IF REQUIRED)	PERIOD	(JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
0/19/20	Carlos Salcedo School Board El Monte Union High School District  Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	LIT	\$1,345.00	\$3,208.78	
10/24/20	Carlos Salcedo School Board El Monte Union High School District  Support Oppose	Monetary Contribution Nonmonetary Contribution Independent	Robocall	\$429.22	\$3,638.00	
10/31/20	Carlos Salcedo School Board El Monte Union High School District  Support Oppose	Expenditure  Monetary Contribution  Nonmonetary Contribution  independent Expenditure		\$250.00	\$3,899.67	
10/24/20	Yes on 15: Schools and Communities First sponsored by a coalition of labor groups and social justice organizations representing families, students, and essential workers (ID 1403098)  Support  Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Robocall	\$111.28	\$706.98	
			SUBTOTAL	L \$ 2,135.50	,	

Schedule E Payments Made	Amounts may be to whole do			Statement covers period from 10/18/20	The second secon	FORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER EI Monte Union Educators Association PAC				through 12/31/20	- Page	JMBER
CODES: If one of the following codes accurately described ampaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  EIL candidate filing/ballot fees  fundralsing events independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli	munication d appearance ses lating urvey resea very and me	s xes rch	radio airtime and production returned contributions sal two or campaign workers' salaries two or cable airtime and production trace candidate travel, lodging, a staff/spouse travel, lodging transfer between committee voter registration web	n costs duction cos nd meals , and meals es of the sa	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE	OR DI	ESCRIPTION OF PAYMENT		AMOUNT PAID
Ford Printing & Mailing		LIT				\$2,764.63
Irwindale, CA 91706						
Stones' Phones			Robocall			\$969.72
Rancho Mirage, CA 92270						
Morgan for High School Board 2020 (FPPC # 1429919)		СТВ		*3		\$250.00
Long Beach, CA 90802						
* Payments that are contributions or independent expenditures must als	o be summarized on Sche	dule D.		s	UBTOTAL	\$ 3,984.35
Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E Summary)	dule E subtotals.)				\$	4,234.35 125.16
Unitermized payments made this period of under \$100     Total interest paid this period on leans. (Enter amount to	from Schodulo P. Dav	+ 1. Colu	mn (a) )		\$.	0
<ol> <li>Total interest paid this period on loans. (Enter amount f</li> <li>Total payments made this period. (Add Lines 1, 2, and</li> </ol>						
			, -30, 00.		FPP	C Form 460 (Jan/2016)) .ca.gov (866/275-3772)

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Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period 10/18/20 from	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 12/31/20	- Page 6 of 6
NAME OF FILER EI Monte Union Educators Association PAC		Otherwise describe the	1.D. NUMBER 1243795
CODES: If one of the following codes accurately described and the comparison paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  civic donations  FIL candidate filing/ballot fees  fundraising events independent expenditure supporting/opposing others (explain)*  legal defense  LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO print ads	RAD radio airtime and product returned contributions SAL campaign workers' salari t.v. or cable airtime and p. TRC candidate travel, lodging. TRS staff/spouse travel, lodging.	es roduction costs , and meals ng, and meals tees of the same candidate/sponsor

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Carlos G. Salcedo for School Board 2020 (FPPC # 1429921) Long Beach, CA 90802	СТВ	4.5	\$250.00

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

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**SUBTOTAL \$ 250.00**