Ca	ampaign Statement over Page			Date Stamp	CALIFORNIA 460
		Statement covers period from 07/04/2021	Date of election if applicable (Month, Day, Year)	RECEIVED BY ANGELES COMMETY 3/10/220	Page 1 of 2 For Official Use Only
EE	INSTRUCTIONS ON REVERSE	through 12/31/2021	07/20/2021	22 MAR 14 PM 2: 41	
. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.			2. Type of Statement:		
	O State Candidate Election Committee O Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored No Complete Part 6	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	t Speci	erly Statement al Odd-Year Report
	General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Candidate/ Officeholder Committee Nac Complete Part 7)	<u> </u>		
3.		261207	Treasurer(s)	,	
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
	Teachers Association of the Norwalk-La Mirada Area Educational Improvement Fund Political Action Commitee		Taira Divine	.'	<del></del>
	STREET ADDRESS (NO P.O. BOX)		Norwalk	STATE ZIP CO	
	CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		0 000 000 0001
	Norwalk CA 9065	562 868-6251			
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
	CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ESS	
	staff@tri-cityed.org	<u></u>			
l.	Verification	I and a second			
I have used all reasonable diligence in preparing and reviewing this statement and to  certify under penalty of perjury under the laws of the State of California that the foregi					
	62 1.1819				
	Executed on Date	Ву	Signature of Treasurer or Assistant	t Treasurer	
,	Executed onDate	By Signature of Control	ing Officeholder, Candidate, State Measure Pr	oponent or Responsible Officer of Sponso	<del></del> .
	Executed onDate	BySig	nature of Controlling Officeholder, Candidate,	State Measure Proponent	
	Executed on	Ву	A Controlling Office bell	1	
	Date	Sig	nature of Controlling Officeholder, Candidate,	State Measure Proponent	

FPPC Form 460 (Jan/2016))

COVER PAGE

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

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 460 from 07/04/2021

SEE INSTRUCTIONS ON REVERSE		th	nrough <u>12/31/2021</u>	Page of
NAME OF FILER				I.D. NUMBER
Teachers Association of the Norwalk-La Mirada Area Educational Improv	ement Fund Political Act	ion Commitee		1261207
Contributions Received  1. Monetary Contributions	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		nmary for Candidates he State Primary and
2. Loans Received	0	\$ 0 0 0 0	20. Contributions Received \$_0	\$\frac{0}{368.72} \\$ \$\frac{0}{0}\$
7. Loans Made	\$ \frac{0}{0} \\ \$ \frac{0}{0} \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\	\$\frac{7,368.72}{0}\$ \$\frac{7,368.72}{0}\$ \[ \frac{0}{0}\$ \] \[ \frac{7}{7,368.72}\$	Candidates  22. Cumula	Summary for State  tive Expenditures Made* to Voluntary Expenditure Limit)  Total to Date  \$\frac{7,368.72}{}
If this is a termination statement, Line 16 must be zero.  17. LOAN GUARANTEES RECEIVED	\$\frac{56,761.00}{0} \text{0} \text{0} \text{56,761.00}  \$\frac{0}{56,761.00}  \$\frac{0}{0} \$\fr	To calculate Column E add amounts in Colum A to the corresponding amounts from Column of your last report. So amounts in Column A be negative figures the should be subtracted previous period amou this is the first report to filed for this calendary only carry over the amfrom Lines 2, 7, and 9 any).	*Amounts in this section reported in Column B.  *Amounts in this section reported in Column B.	# 0  may be different from amounts  FPPC Form 460 (Jan/2016  dvice@fppc.ca.gov (866/275-377

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