écipient Committee Type or print in ink. ampaign Statement – Short Form			Date Stamp	california 450
or use by recipient committees that have not received a contribution or other receipt that must be itemized, have not eceived or made loans, and have no outstanding accrued expenses.	Statement covers period from 01/01/2022 through 06/30/2022	202	RECEIVED BY ANGELES COUN JUL 11 PM 2: 4	For Official Use Only
○ Primarily Formed Sp	al Purpose Committee onsored nall Contributor Committee	2. Type of Statement Pre-election Statement Semi-annual Statement Termination Statement Amendment (Explain) (Also check type of statement	nt Quant Spe t Sup	arterly Statement ecial Odd-year Report oplemental Pre-election tement - Attach Form 495
3. Committee Information COMMITTEE NAME Associated Pomona Teachers Committee for Questional Street Address (NO P.O. BOX)	831359 sality Leadership	NAME OF TREASURER Eduardo A. Perez MAILING ADDRESS		
CITY STATE ZIP CO La Verne CA 9175 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	909-541-5501	La Verne NAME OF ASSISTANT TREASURER	STATE ZIPC CA 9179	
CITY STATE ZIP CO		MAILING ADDRESS	STATE ZIP C	ODE AREA CODE/PHONE
optional: FAX / E-MAIL ADDRESS office@pomonateachers.com		optional: FAX / E-MAIL ADDRESS eperez2468@yahoo.com		
I have used all reasonable diligence in preparing and reunder penalty of perjury under the laws of the State of			on contained herein is tr	rue and complete. I certify
Executed onDATE Executed on	By	SIGNATURE <u>DE TREASU</u> RER OR ASSISTA		
Executed on	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT			
Executed on	BySIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT			

SHORT FORM

SHORT FORM **Recipient Committee** Type or print in ink. Statement covers period Amounts may be rounded CALIFORNIA **Campaign Statement** to whole dollars. 01/01/2022 **FORM Summary Page** 06/30/2022 through_ NAME OF COMMITTEE I.D. NUMBER Associated Pomona Teachers Committee for Quality Leadership 831359 **Expenditures Made** 0.00 0.00 0.00 0.00 4. Nonmonetary Adjustment From Line 8 Below 0.00 (If this is the first statement for the calendar year, enter zero.) 0.00 **Contributions Received** 4725.10 7. Monetary contributions received this period 0.00 8. Non-monetary contributions received this period..... 0.00 (If this is the first statement for the calendar year, enter zero.) 4725.10 **Current Cash Statement** 57326.95

13. Miscellaneous increases to cash

4725.10

62052.05

0.00

0.00