		572	3	SHORT FOR	м
,	24 F		For Officia	of 2 Use Only 368	
i e e e e		Quarterly	Statemen dd-year R		
you are am	ending)				-
					_
IF ANY	CA	ZIP CODE 91505		EA CODE/PHON B) 846-1304	ĪĒ
8	STATE	ZIP CODE	ARI	EA CODE/PHON	ĪĒ

Recipient Committee Campaign Statement - Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

1. Type of Recipient Committee:

□ Ballot Measure Committee

□ Primarily Formed Candidate/ Officeholder Committee

□ Primarily Formed

☐ Controlled

☐ Sponsored

3.

orm		RECE VALUE Stamp	0
eived a have not accrued	Statement covers period from January 01, 2023 through June 30, 2023	Date of election if applicable: (Month, Day, Year) LOS ANGE 3 7/2/23 7023 JUL 24 PM 1: 55 G10368	<u> </u>
☐ Spo	al Purpose Committee onsored all Contributor Committee	2. Type of Statement: SCLOS Pre-election Statement	_
	I.D. NUMBER 13446833	Treasurer(s)	
		NAME OF TREASURER	

Committee Information I.D. NUMBER 13446833			Treasurer(s)				
COMMITTEE NAME				NAME OF TREASURER			
				Jerome Mullady			
Burbank Teachers Fund for Children i	in Public	Education		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		.1				ZIP CODE	AREA CODE/PHONE
				Burbank	CA	91505	(818) 846-1304
CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY			
Burbank	CA	91505	(818) 846-1304				
MAILING ADDRESS (IF DIFFERENT) NO. AND	STREET	OR P.O. BOX		MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHON
OPTIONAL: FAX / E-MAIL ADDRESS		·		OPTIONAL: FAX / E-MAIL ADDRESS			

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the heat of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California th

Executed on July 19, 2023	,	By RER OR ASSIS	STANT TREASURER
Executed on		By	E PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR
Executed on	í	BySIGNATURE OF CONTROLLING OFFICEHOLDER, CANDID	DATE, STATE MEASURE PROPONENT
Executed onDATE		By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDID	DATE, STATE MEASURE PROPONENT

D = -11 =4	Amounts may be rounded		SHORT FORM
Recipient Committee Campaign Statement Summary Page	to whole dollars.	Statement covers period	CALIFORNIA 450
Summary Fage		through	Page of
NAME OF COMMITTEE			I.D. NUMBER
Burbank Teachers Fund for Children in Public Education		l.	13446833
Expenditures Made			s 0.00
Expenditures of \$100 or more made this period		ľ	
2. Expenditures under \$100 made this period (Not itemized.)			
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD		ì	
4. Nonmonetary Adjustment		From Line 8 Belo	
5. Total expenditures made from previous statement (If this is the first statement for the calendar year, enter zero.)	Pr	revious Summary Page, Line	6 \$ 0.00
6. TOTAL EXPENDITURES MADE TO DATE		Add Lines 3 + 4 +	5 \$ 28.75
Contributions Received			
7. Monetary contributions received this period			\$
8. Non-monetary contributions received this period			0.01
9. Total contributions received from previous statement(If this is the first statement for the calendar year, enter zero.)	Pre		0.00
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE		Add Lines 7 + 8 +	9 \$ 1,999.01
Current Cash Statement			
11. Beginning cash balance	Pre	evious Summary Page, Line	15 \$
12. Cash receipts this period		Line 7 abo	ve 1,999.01
13. Miscellaneous increases to cash		•	
14. Cash expenditures this period.		4	
	Add Lines 11 +	(13 025 91