Date Stamp

COVER PAGE

Recipient Committee Campaign Statement

C	ecipient Committee ampaign Statement over Page			Date Stamp	CALIFORNIA 460			
		Statement covers period from 07/01/2022	Date of election if applicable: (Month, Day, Year)	2022 SEP	Page of Columbia			
SE	E INSTRUCTIONS ON REVERSE	through <u>09/24/2022</u>	11/08/2022	CAMPAI	CN FINANGE			
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.			2. Type of Statement:		(70245)			
O State Candidate Election Committee Com O Recall (Also Complete Part 5)		Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	☐ Spectrumination)	orterly Statement cial Odd-Year Report			
	✓ General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)						
3.	Committee information	D. NUMBER 331359	Treasurer(s)					
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER					
	Associated Pomona Teachers for Quality Leadership	Eduardo A. Perez						
	STREET ADDRESS (NO P.O. BOX)		CITY La Verne	STATE ZIP C				
	CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE					
	La Verne CA 9175 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS					
	CITY STATE ZIP CC	DE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE			
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL ADDRE	282				
	office@pomonateachers.com		eduardoperezapt@gmail.c					
Į.	Verification		outure to por outupe - Millerio					
	I have used all reasonable diligence in preparing and review	ng this statement and to the best of my k	nowledge the information contained	herein and in the attached sci	hedules is true and complete. I			
	certify under penalty of perjury under the laws of the State of	California that the foregoing is tr						
	Executed on 09/21/2022	Ву						
	Executed onDate	By — Signature of Control	Iling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of Spons	sor			
	Executed on	By —————————Sig	gnature of Controlling Officeholder, Candidate, S	state Measure Proponent				
	Executed onDate	By ————————————————————————————————————	gnature of Controlling Officeholder, Candidate, S	state Measure Proponent	TDDG Form 400 (los foot 6)			

FPPC Form 460 (Jan/2016))

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

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE		tinough =	
NAME OF FILER Associated Pomona Teachers for Quality Leadership			I.D. NUMBER 831359
Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ \begin{array}{c} 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0	* Column B	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 \$\$ 21. Expenditures Made \$\$ \$
Expenditures Made 6. Payments Made	\$\frac{5,640}{0}\$ \$\frac{5,640}{0}\$ \frac{0}{0}\$ \$\frac{0}{5,640}\$	\$\frac{5,640}{0}\$ \$\frac{5,640}{0}\$ 0 0 0 5,640	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	\$ \frac{62,052.05}{0} \\ 0 \\ 5,640.00 \\ \$ \frac{56,412.05}{0} \\ \$ \frac{0}{0} \\ \$ \frac	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 any).	*Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts	\$ 0		FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be rounded to whole dollars.		Statement covers period from 07/01/2022		CALIFORNIA 460	
SEE INSTRUCT	IONS ON REVERSE			through <u>09/24/202</u>	2	Page 1	of
Associated P	omona Teachers for Quality Leadership					831359	BER
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)
09/21/2022	Lisa Nashua, Pomona School Board, Trustee Area 1	☐ Monetary Contribution ✓ Nonmonetary Contribution		\$1,880		·	
	☑ Support ☐ Oppose	Independent Expenditure					
09/21/2022	Roberta Perlman, Pomona School Board, Trustee Area 4	☐ Monetary Contribution ✓ Nonmonetary Contribution		\$1,880			
	☑ Support ☐ Oppose	Independent Expenditure					
09/21/2022	Patricia Tye, Pomona School Board, Trustee Area 5	☐ Monetary Contribution ✓ Nonmonetary Contribution		\$1,880			
	☑ Support ☐ Oppose	Independent Expenditure	· · ·				
<u> </u>		•	SUBTOTAL	\$ 5,640		· · · · · · · · · · · · · · · · · · ·	
	D Summary contributions and independent expenditures made	e this period. (Include	all Schedule D subtotals.)			\$_5	,640
	ed contributions and independent expenditures ma						
	tributions and independent expenditures made thi						,640

	A					SCHEDULE
Schedule E	Amounts may be rounded to whole dollars.			Statement covers period	CALIFORNIA 460	
Payments Made				from <u>07/01/2022</u>	FO	RM 400
SEE INSTRUCTIONS ON REVERSE				through 09/24/2022	Page _	1 of
NAME OF FILER			-		I.D. NUN	MBER
Associated Pomona Teachers for Quality Leadership					83135	9
CODES: If one of the following codes accurately described accurately des	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si	munications d appearances es ating urvey researd very and mes	s h senger services	wise, describe the payment. RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the candidate travel, lodging, and staff/spouse travel, lodging, a TSF transfer between committees voter registration WEB information technology costs	uction costs I meals nd meals of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
California Teachers Association Burlingame, CA 94010		LIT	CTA - joint mailer	program - postcards		\$5,040
California Teachers Association Burlingame, CA 94010		POS	CTA - joint mailer postcards	program - postage and delivery o	f	\$600
* Payments that are contributions or independent expenditures must also	be summarized on Sche	dule D.		SUE	STOTAL S	\$ \$5,640
Schedule E Summary						
1. Itemized payments made this period. (Include all Schedu	ıle E subtotals.)				\$_	55.640
2. Unitemized payments made this period of under \$100	,				s)
3. Total interest paid this period on loans. (Enter amount from	om Schedule B. Par	t 1. Colum	n (e).)	,	s ()
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Summ	ary Page, Column A	Line 6.) TO	TAL S	55,640
Ti Total paymonto mado uno ponodi (rad emoo 1, 2, and o.	Enter Hore and on	a.o outilitie	a., . ago, oolaliii.	, 10	.AL V _	