9/29/22(D) 02/8 cover page

Statement Cover Page	10-	airlant Cammittae			/	. /	COVER PAGE
Statement Code Sections 84200-84216.5 Statement Code Sections Statement Cod				_	/ Date Stamp		
Statement Code Sections 84200-94216.5) Statement covers period from 9701/3071 Introduction of the property of the proper							•
SEE NETRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees — Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Committee Controlled State Candidate Election Committee Controlled Sponsored Primarily Formed Ballot Measure Committee Committee Controlled Sponsored Primarily Formed Ballot Measure Committee Controlled Sponsored Controlled Committee Controlled Controlled Committee Controlled Contr		•					
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Type of Recipient Committee: All Committees: Complete Parts 1, 2, 3, and 4.			from _07/0// 7072	(Worth, Day, Year)		<u>-</u>	
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State Canoniste Election Committee OR Security (Controlled Controlled Sponsored (Also file a Form 410 Termination)	1.	Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	2022 OCT 2	DM E. 0/	
State Canoniste Election Committee OR Security (Controlled Controlled Sponsored (Also file a Form 410 Termination)		Officeholder, Candidate Controlled Committee	Primarily Formed Ballot Measure	Preelection Statement	2022 UC1 -3	T Quarterly S	tatement
Committee Comm				Semi-annual Statement	CAMBAICAE	- Special Od	d-Year Report
Committee Comm		0	•		CAMPAIGNE	Supplemen	ital Preelection
General Purpose Committee Sponsored Sponsored Sponsored Small Contributor Committee Millon Number 1272694 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Santa Clarita Valley Teachers Association PAC STREET ADDRESS (NO P.O. BDX) CITY STATE ZIP CODE Santa Clarita MAILING ADDRESS C/O Reich Adell & Cvitan 3550 Wilshire Blvd., Ste 2000 CITY STATE ZIP CODE AREA CODE/PHONE Santa Clarita MAILING ADDRESS C/O Reich Adell & Cvitan 3550 Wilshire Blvd., Ste 2000 CITY STATE ZIP CODE AREA CODE/PHONE Santa Clarita MAILING ADDRESS C/O Reich Adell & Cvitan 3550 Wilshire Blvd., Ste 2000 CITY STATE ZIP CODE AREA CODE/PHONE Santa Clarita MAILING ADDRESS C/O Reich Adell & Cvitan 3550 Wilshire Blvd., Ste 2000 CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS (FECI) 255-6404 (Fi / ' h 6/9-64 W et S(Oh F + + y). Co L 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the heat of my browdednes the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoin Date By Signature of Corecoling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor				(Also file a Form 410 T	ermination)		
Small Contributor Committee Committee Information I.D. NUMBER 1272894 I.D. NUMBER 1272894 I.D. NUMBER 1272894 I.D. NUMBER 1272894 I.D. NUMBER I.D.		X General Purpose Committee		☐ Amendment (Explain b	elow)		
3. Committee Information I.D. NUMBER 1272894		O -1					
3. Committee Information LD. NUMBER 1272894 Treasurer(s)		O official contributor contributor					
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I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoin Executed on			/.				
Executed on			are this statement and to the best of my kno	wledge the information contained be	rein and in the attached	echedules is f	rue and complete. I certify
Executed on						and a contract of the contract	rue and complete. Feeling
Executed on							
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on		Executed on					
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on		Date					
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Executed on		Date	Signature of Con	and any Officeriology, Oct. Industry, State measure Pro	And in the Shoulding Citical Of	- ponson	
Date Significantly entry in the internal and		Executed on	Ву	Signature of Controlling Officeholder Caprildate S	State Measure Proponent		
				and a solution of solution of solitions of			
Executed on By		Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	tate Measure Proponent		FPPC Form 460 (Jan/2016)
Date of the African State of t		Date		Signature of Controlling Officeholder, Candidate, S	www.wieasure r-roponent		FPPC Form 460 (Jan/2016)

NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	ON AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	SUF	PPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	O STREET) CITY STATE ZIP	Identify the controlling of	ficeholder, candidate, o	or state measure prop	onent, if a
		NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PROPONENT		
	d in this Statement: List any committees strolled by you or are primarily formed to receive half of your candidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO. IF AN	Y
COMMITTEE NAME	I.D. NUMBER				
		7 Primarily Formed Con			
NAME OF TREASURER	CONTROLLED COMMITTEE?	officeholder(s) or candidate(s		Committee List name ee is primarily formed.	mes of
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDR			s) for which this committe	sought or held	
COMMITTEE ADDRESS STREET ADDR	☐ YES ☐ NO	officeholder(s) or candidate(s	candidate Office	SOUGHT OR HELD SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDR	YES NO	officeholder(s) or candidate(s	CANDIDATE OFFICE S CANDIDATE OFFICE S	SOUGHT OR HELD SOUGHT OR HELD SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT
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Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

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Statement covers period		CALIFORNIA 460		
from	07/01/2022	FORM TOO		
through _	09/24/2022	Page3 of8		
		I.D. NUMBER		
		1272894		

Santa Clarita Valley Teachers Association PAC Calendar Year Summary for Candidates Column A Column B **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1/1 through 6/30 7/1 to Date 0.00 0.00 2. Loans Received Schedule B, Line 3 20. Contributions 0.00 0.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ Received 0.00 0.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 0.00 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ 0.00 **Expenditures Made Expenditure Limit Summary for State** 12,376.95 Candidates 7. Loans Made Schedule H, Line 3 0.00 22. Cumulative Expenditures Made* 12,376.95 (If Subject to Voluntary Expenditure Limit) 0.00 189.00 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Total to Date Date of Election (mm/dd/yy) 0.00 0.00 12,565.95 **Current Cash Statement** To calculate Column B. add 0.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 9,554.45 Column A may be negative 61,882.35 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. 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 Cash Equivalents and Outstanding Debts any). 189.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016)

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

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

	SCHEDULE [
Statement covers period	CALIFORNIA 160
from07/01/2022	FORM. TOU
through09/24/2022	Page4 of8
	I.D. NUMBER
	1070001

Santa Clarita Valley Teachers Association PAC

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Santa Clari	ta Valley Teachers Association PAC				12726	74
· 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/12/2022	Rachelle Haddoak School Board Newhall School District District 2 X Support Oppose	Monetary Contribution X Nonmonetary Contribution Independent Expenditure	Mailer	1,330.00	4,302.72	
09/12/2022	Rachelle Haddoak School Board Newhall School District District 2 X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Voter Data	175.00	4,302.72	
09/23/2022	Rachelle Haddoak School Board Newhall School District District 2 X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Doorhangers and Yard Signs	2,797.72	4,302.72	
			SUBTOTAL \$	4,302.72		

Schedule	D Summary
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1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$ 8,605.45
2. Unitemized contributions and independent expenditures made this period of under \$100	\$ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	\$ 8,605.45

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

Amounts may be rounded to whole dollars.

 SCHEDULE D (CONT.)

 Statement covers period
 CALIFORNIA FORM
 460

 through
 09/24/2022
 Page
 5
 of
 8

						rage_	
NAME OF FILER						I.D. NUM	BER
Santa Clari	ta Valley Teachers Association PAC					127289	94
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	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
09/12/2022	Donna Robert School Board Newhall School District District 1 X Support Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	Mailer	1,330.00	4	,302.73	
09/12/2022	Donna Robert School Board Newhall School District District 1 X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Voter Data	175.00	4	,302.73	
09/23/2022	Donna Robert School Board Newhall School District District 1 X Support Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	Doorhangers and Yard Signs	2,797.73	4	,302.73	
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL S	4,302.73			

Schedule E	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from07/01/2022	FORM 400
SEE INSTRUCTIONS ON REVERSE		through09/24/2022	Page6 of8
NAME OF FILER			I.D. NUMBER
Santa Clarita Valley Teachers Association PAC			1272894
CODES: If one of the following codes accurately descr	ribes the payment, you may enter the code	e. Otherwise, describe the payment.	
CMP campaign paraphernalia/misc.	MBR member communications MTG meetings and appearances	RAD radio airtime and production	costs

Santa Clarita Valley Teachers Association PAC							
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.							
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meetings an OFC office exper PET petition circuphone banks POL polling and POS postage, del	lating	RAD radio airtime and production of returned contributions SAL campaign workers' salaries t.v. or cable airtime and production of the candidate travel, lodging, and transfer between committees VOT voter registration WEB information technology costs	uction costs meals and meals of the same candidate/sponsor			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID			
California Teachers Association	California Teachers Association CTB Voter Data 350.00						
Burlingame, CA 94010							

California Teachers Association	CTB	Voter Data	350.00
Burlingame, CA 94010			
California Teachers Association	СТВ	Mailer	2,660.00
Burlingame, CA 94010			
Feathers Signs & Printing	CTB	Doorhangers and Yard Signs	5,595.45
Valencia, CA 91355			

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

* SUBTOTAL\$ 8,605.45

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	9,554.45
2. Unitemized payments made this period of under \$100	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	9,554.45

Schedule E (Continuation Sheet) **Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

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Statement covers period	CALIFORNIA 160				
from07/01/2022	FORM TOU				
through09/24/2022	Page7 of8				
	I.D. NUMBER				
	1272894				

Santa Clarita Valley Teachers Association PAC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

	,				, ,
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
СТВ	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OF	R DESCRIPTION OF PAYMENT		AMOUNT PAID
Reich Adell & Cvitan	PRO				67.50
Los Angeles, CA 90010				.	
Reich Adell & Cvitan	PRO	\neg			112.50
Los Angeles, CA 90010					
S.E. Owens & Company	PRO	\neg			409.00
Oakland, CA 94607					
S.E. Owens & Company	PRO				360.00
Oakland, CA 94607					
* Payments that are contributions or independent expenditures must also be summarized	on Schedule	D.	•	SUBTOTAL \$	949.00

Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE	Amounts may be round to whole dollars.	ded	Statement cover from07/01/ through09/24/	2022 F0	FORNIA 460		
NAME OF FILER Santa Clarita Valley Teachers Association PAC				I.D. NUI 12728			
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc. CNS campaign consultants CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* EG legal defense LEG legal defense LTC campaign paraphemalia/misc. MBR member communications MBR member communications MBR member communications MBR member communications MER member communications MER member communications MER payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs returned contributions campaign workers' salaries returned contributions re							
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
S.E. Owens & Company Oakland, CA 94607	PRO	189.00	0.00	0.00	189.00		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 189.00\$	0.00	0.00	189.00		
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)							
Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	ter the difference here and			NET \$ _	0.00 Nay be a negative number		