Campaign Statement Cover Page			Pate Stamp RECEIVED BY OS ANGELES COUNT	CALIFORNIA 460
	Statement covers period from 7/1/22	Date of election if applicable: (Month, Day, Year)	2023 JAN 25 PM 4: 39	For Official Lies Only
SEE INSTRUCTIONS ON REVERSE	through 9/24/22		CAMPAIGN FINANCE	
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	<u> </u>	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Iso Complete Part 6) rimarily Formed Candidate/ Officeholder Committee Iso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	nt Special Spe	erly Statement al Odd-Year Report
3. Committee Information COMMITTIEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Whither Elementary Teachers Associate School Board Political Action Committee STREET ADDRESS (NO P.O. BOX)	NUMBER 890700 fron mittee	Treasurer(s) NAME OF TREASURER Zoila Fatro MAILING ADDRESS	da STATE ZIP COI	DE AREA CODE/PHON
STATE ZIP CO	(562) 693-8411	NAME OF ASSISTANT TREASUR		<i>(67)</i> (613 - 871)
OPTIONAL: FAX/E-MAIL ADDRESS WETACTA 1 @ Ven zon net	DE AREA CODE/PHONE	OPTIONAL: FAX/E-MAILADDR	STATE ZIP COI	DE AREA CODE/PHON
4. Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of penjury under the laws of the State of Executed on Date Executed on Date	California that the foregoing is true and By By Signature of Contro	lling Officeholder, Candidaté, State Measure P	roponent or Responsible Officer of Sponso	s true and complete. I
Executed on	Ву		Chair Manager Barrers	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Date

Date

Executed on ...

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Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA 460

Statement covers period

	•		•	
SEE INSTRUCTIONS ON REVERSE		1	through <u>9/24/22</u>	Page 2 of 5
NAME OF FILER Writter Hamentary Teachers Association Se	chool Board PA			1.D. NUMBER 890700
1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$	\$ 6,000 \$ 6,000 \$ 6,000	Running in Both th General Elections 1/1 th 20. Contributions Received \$ 21. Expenditures	mmary for Candidates te State Primary and through 6/30 7/1 to Date \$\$
Expenditures Made 6. Payments Made	\$ 31000 \$ 31000 \$ 0 \$ 31000	\$ 3,000 \$ 3,000 \$ 3,000	22. Cumulati	Summary for State ve Expenditures Made* o Voluntary Expenditure Limit) Total to Date \$
Current Cash Statement 12. Beginning Cash Balance	\$ 615.21 6000 0 3,000 \$ 3,615.21	To calculate Column add amounts in Colu A to the correspondi amounts from Colum of your last report. Samounts in Column be negative figures the should be subtracted previous period amounts is the first report	*Amounts in this section r reported in Column B. A may that d from ounts. If	may be different from amounts
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ O	filed for this calenda only carry over the a	r year, amounts	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\sim	from Lines 2, 7, and any).		FPPC Form 460 (Jan/2016 vice@fppc.ca.gov (866/275-3772

Schedule . Monetary	A Contributions Received		its may be rounded whole dollars.	Statement cov	ers period	CALIFORNIA 460	
· .				from		FOF	RM
SEE INSTRUCTIO	ONS ON REVERSE			through 4/24	122	Page	3 ₀₁ 5
NAME OF FILER	Elementary Teachers Association	ion Scho	of Board PAC			1.D. NUME	97 <i>0</i> 0
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
0/8/22	White CA 90602	□IND □COM ☑OTH □PTY □SCC		6,000	6,000		•
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		IND COM. OTH PTY SCC					
			SUBTOTAL	6,000			
Amount re- (Include all Amount re-	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.) ceived this period – unitemized monetary contribution		1	6,000	IND - COM OTH PTY	other that Other (e.g. Political P	t Committee an PTY or SCC) g., business entity)
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	lumn A, Line 1	.)TOTAL \$	6,000		FPPC F	form 460 (Jan/2016)

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Scneaule							SCHEDULE D
Summary of Expenditures Supporting/Opposing Other		Amounts may be rounded to whole dollars.		Statement covers period		CALIFORNIA 460	
	es, Measures and Committees			from 7/1/22		FOR	RM FOO
- Janaiaat	, modednos una committos			through 9124	122	Page	t of 5
SEE INSTRUCTION	DNS ON REVERSE					I.D. NUMB	
Whitie	r Elementam Teachers Associat	ion School Box	and PAC			890	700
DATE	NAME OF CAND PATE, 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)
9/13/22	Unda Small for School Board 2022 Disdrict 5 ID# 1455019	Monetary Contribution Nonmonetary	2	3,000	2	9	
		Contribution Independent	37.0	3,00	3,000		
	⊠ Support ☐ Oppose	Expenditure Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		☐ Monetary Contribution					
		Nonmonetary Contribution					
	Support Dppose	Independent Expenditure					
			SUBTOTAL	\$ 3,000	en room on the constant of		
Schedule	D Summary						
	contributions and independent expenditures mad	de this period. (Include	e all Schedule D subtotals.)		\$ _	3,000
	ed contributions and independent expenditures n					\$_	
	ributions and independent expenditures made th						3,800

Schedule E	
Payments M	lade

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/22

CALIFORNIA 460

Page 5 of 5

SEE INSTRUCTIONS ON REVERSE		through	Page 5 of 5		
NAME OF FILER			i.D. NUMBER		
Whittier Elementary Teachers Association School &	poord PAC		890700		
CODES: If one of the following codes accurately describes the payment, y CMP campaign paraphernalia/misc. 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)* MBR member con meetings an office expension office expension office expension office expension office expension of the following codes accurately describes the payment, y member con meetings an office expension of the following codes accurately describes the payment, y member con meetings an office expension of the following codes accurately describes the payment, y member con meetings an office expension of the following codes accurately describes the payment, y member con meetings an office expension of the following codes accurately describes the payment, y member con meetings an office expension of the following codes accurately describes the payment, y member con meetings an office expension of the following codes accurately describes the payment, y member con meetings an office expension of the following codes accurately describes the payment, y member con meetings an office expension of the following codes accurately describes the payment, y member con meetings an office expension of the following codes accurately describes the payment, y member con meetings and office expension of the following codes accurately describes the payment of the following codes accurately describes the paym	rou may enter the code. munications d appearances ses llating	RAD radio airtime and production c RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and staff/spouse travel, lodging, ar	ction costs meals nd 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		
Unda Small for School Board 2002 Whittier, 94 90601 FD # 1455019	CTB 2	差	3,000		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. * SUBTOTAL \$ 3,000					
Schedule E Summary					
1. Itemized payments made this period. (Include all Schedule E subtotals.)					
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)					
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on	the Summary Page, Co	olumn A, Line 6.) TO1	AL \$ 3, 600		

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