

**Recipient Committee  
Campaign Statement  
Cover Page**

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CAMPAIGN FINANCE

**CALIFORNIA FORM 460**

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For Official Use Only

Statement covers period  
from 9/25/22  
through 12/31/22

Date of election if applicable:  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee         |
| <input type="radio"/> State Candidate Election Committee              | <input type="radio"/> Controlled   |
| <input type="radio"/> Recall  | <input type="radio"/> Sponsored  |
| <small>(Also Complete Part 5)</small>                                 | <small>(Also Complete Part 6)</small>                                      |
| <input checked="" type="checkbox"/> General Purpose Committee         | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="radio"/> Sponsored                                       | <small>(Also Complete Part 7)</small>                                      |
| <input type="radio"/> Small Contributor Committee                     |  |
| <input type="radio"/> Political Party/Central Committee               |  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement                | <input type="checkbox"/> Quarterly Statement     |
| <input checked="" type="checkbox"/> Semi-annual Statement     | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement                |  |
| <small>(Also file a Form 410 Termination)</small>             |  |
| <input checked="" type="checkbox"/> Amendment (Explain below) |  |
| <u>updating cover dates</u>                                   |  |

**3. Committee Information**

I.D. NUMBER  
890700

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Whittier Elementary Teachers Association  
School Board Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Whittier CA 90602 (562) 693-8411

CITY STATE ZIP CODE AREA CODE/PHONE  
Wetacta1@verizon-net

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Zoila Estrada

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Whittier, CA 90602 (562) 693-8411

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Wetacta1@verizon-net

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/24/23  
Date

By \_\_\_\_\_

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from 9/25/22  
through 12/31/22

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Whittier Elementary Teachers Association School Board PAC

I.D. NUMBER  
890700

## Contributions Received

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3    | \$ <del>6,000</del>  | \$ <del>6,000</del>                        |
| 2. Loans Received..... Schedule B, Line 3            | \$ 0   | \$ 0                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | \$ 0   | \$ 6,000                                   |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$ 0   | \$ 0                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 0   | \$ 6,000                                   |

## 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

|  | Column A | Column B |
|--|----------|----------|
| 6. Payments Made..... Schedule E, Line 4                   | \$ 2,000 | \$ 5,000 |
| 7. Loans Made..... Schedule H, Line 3                      | \$ 0     | \$ 0     |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$ 2,000 | \$ 5,000 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$ 0     | \$ 0     |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | \$ 0     | \$ 0     |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10      | \$ 2,000 | \$ 5,000 |

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

## Current Cash Statement

|  |            |
|--|------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16             | \$ 3615.21 |
| 13. Cash Receipts..... Column A, Line 3 above                              | \$ 0       |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | \$ 0       |
| 15. Cash Payments..... Column A, Line 8 above                              | \$ 2,000   |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 1615.21 |

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0

## Cash Equivalents and Outstanding Debts

|  |      |
|--|------|
| 18. Cash Equivalents..... See instructions on reverse            | \$ 0 |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ 0 |

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.

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

Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period  
from 9/25/22  
through 12/31/22

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Whittier Elementary Teachers Association School Board PAC

I.D. NUMBER

890700

| 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) |
|----------------|---|--|---------------------------|---------------------------------|---|------------------------------------|
| <u>11/7/22</u> | <u>Norma Rodarte<br/>Rodarte WUSD School Board 2022<br/>District 3<br/>ID# 1456327</u>              | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | <u>2,000</u>                    | <u>2,000</u>  |                                    |
|                | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                                 |   |                                    |
|                |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                                 |   |                                    |
|                | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                                 |   |                                    |
|                |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                                 |   |                                    |
|                | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                                 |   |                                    |
|                |   |  |                           | <b>SUBTOTAL \$</b> <u>2,000</u> |   |                                    |

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 2,000
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL** .. \$ 2,000

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>9/25/22</u><br>through <u>12/31/22</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|   | Page <u>4</u> of <u>4</u>      |
|   | I.D. NUMBER<br><u>890700</u>   |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Whittier Elementary Teachers Association School Board 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                                    |
| CTB 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                             | CODE OR    | DESCRIPTION OF PAYMENT | AMOUNT PAID  |
|---|------------|------------------------|--------------|
| <u>Rodarte WCCSD School Board 2022</u><br><u>1 Whittier, CA 90606</u><br><br><u>ID# 1456327</u> | <u>CTB</u> |                        | <u>2,000</u> |
|   |            |                        |              |
|   |            |                        |              |

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

**SUBTOTAL \$** 2,000

**Schedule E Summary**

- |  |                              |
|--|------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ <u>2,000</u>              |
| 2. Unitemized payments made this period of under \$100   | \$ <u>0</u>                  |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ <u>0</u>                  |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$</b> <u>2,000</u> |