**Recipient Committee** 

C	ampaign Statement over Page overnment Code Sections 84200-84216.5)			RECEIVED STATES COUNTY FORM 4					
	E INSTRUCTIONS ON REVERSE	from	07/01/2021  12/31/2021	Date of election if applicable: (Month, Day, Year) 127 FEB - 1  CAMPAIGN	Page 1 of 9  For Official Use Only				
1.	Type of Recipient Committee: All Committee  Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Committe Contr Spon (Also Comple	Formed Ballot Measure see colled ssored sete Part 6) Formed Candidate/ der Committee	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	[	Suppleme	Statement dd-Year Report ntal Preelection - Attach Form 495		
3.	Committee Information	I.D. NUMB 743686		Treasurer(s)	***************************************				
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMM Political Action Council of Educators, including United Teachers Los Angeles		y teachers unions,	NAME OF TREASURER Hector Perez-Roman MAILING ADDRESS					
	STREET ADDRESS (NO P.O. BOX)		-	CITY	STATE	ZIP CODE	AREA CODE/PHONE		
	CITY STATE	ZIP CODE	AREA CODE/PHONE	Los Angeles NAME OF ASSISTANT TREASURER, IF ANY	CA	90010	(213)487-5560		
	Los Angeles CA	90010	(213)487-5560	Cecily Myart-Cruz					
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OF	VG. F332/01/21	(213)467-3360	MAILING ADDRESS					
	CITY STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE		
	Los Angeles CA	90010		Los Angeles	CA	90010	(213)487-5560		
	OPTIONAL: FAX / E-MAIL ADDRESS (213)368-6231 / swong@utla.net			OPTIONAL: FAX / E-MAIL ADDRESS					
4.	Verification I have used all reasonable diligence in preparing and reunder penalty of perjury under the laws of the State of C  Executed on	California that the	e foregoing is true and correct.  By	controlling Officeholder, Candidate, State Measure Proponent or Responsion of Controlling Officeholder, Candidate, State Measure Proponent or Responsion of Controlling Officeholder, Candidate, State Measure Proponent or Responsion of Controlling Officeholder, Candidate, State Measure Proponent or Responsion of Controlling Officeholder, Candidate, State Measure Proponent or Responsion of Controlling Officeholder, Candidate, State Measure Proponent or Responsion of Controlling Officeholder, Candidate, State Measure Proponent or Responsion of Controlling Officeholder, Candidate, State Measure Proponent or Responsion of Controlling Officeholder, Candidate, State Measure Proponent or Responsion of Controlling Officeholder, Candidate, State Measure Proponent or Responsion of Controlling Officeholder, Candidate, State Measure Proponent or Responsion of Controlling Officeholder, Candidate, State Measure Proponent or Responsion of Controlling Officeholder, Candidate, State Measure Proponent or Responsion of Controlling Officeholder, Candidate, State Measure Proponent of Controlling Officeholder, Candidate, Candidate, State Measure Proponent of Controlling Officeholder, Candidate, C	onsible Officer o		true and complete. I certify		
				A STATE OF THE STA			FPPC Form 460 (Jan/2016		

1/31/22 PM COVERPAGE

## Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	PAG	E-PART2
CALIF	ORNIA DRM	4	160
Page _	2	of _	9

Officeholder or Candidate Controll	6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND ST	TREET) CITY STATE ZIP		Identify the controlling o	fficeholder, c	andidate, or state meas	ure proponent, if any
			NAME OF OFFICEHOLDER, CA	ANDIDATE, OR P	ROPONENT	
Related Committees Not Included in not included in this statement that are control contributions or make expenditures on behalf	lled by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Ca officeholder(s) or candidate			
COMMITTEE ADDRESS STREET ADDRESS			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
CITY STATI	E ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	S (NO P.O. BOX)					
CITY STAT	E ZIP CODE AREA CODE/PHONE		Att	ach continuat	ion sheets if necessary	

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statem	ent covers period	CALIFORNIA 460
from	07/01/2021	FORM 400
through _	12/31/2021	Page3 of9
		I.D. NUMBER
31		242525

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Political Action Council of Educators, sponsored by teachers unions, including United Teachers Los Angeles Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 523,855.60 1,185,776.56 1/1 through 6/30 7/1 to Date -83,744.47 71,808.59 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ \_\_\_\_ 440,111.13 1,257,585.15 Received 4. Nonmonetary Contributions ...... Schedule C. Line 3 0.00 21. Expenditures Made Expenditures Made **Expenditure Limit Summary for State** Candidates 22. Cumulative Expenditures Made\* \$ 40,438.25 (If Subject to Voluntary Expenditure Limit) Date of Flection Total to Date (mm/dd/yy) 0.00 \$ 40,438.25 Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 665,585.63 To calculate Column B. add amounts in Column A to the 440,111.13 13. Cash Receipts ...... Column A, Line 3 above corresponding amounts \*Amounts in this section may be different from amounts 93,658.44 from Column B of your last reported in Column B. report. Some amounts in 22,130.47 Column A may be negative 1,177,224.73 figures that should be 16. ENDING CASH BALANCE ....... Add Lines 12 + 13 + 14, then subtract Line 15 \$ \_\_\_\_ 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 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_\_\_ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 

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www.fppc.ca.gov

Monetary Contributions Received			ts may be rounded whole dollars.	Statement coverage from07/01/2		CALIFORNIA 460	
SEE INSTRUCTIO	ONS ON REVERSE			through12/31/2	021	Page4 of9	
NAME OF FILER Political A	ction Council of Educators, sponsored by teachers	unions, inc	luding United Teachers Los	Angeles		1.D. NUM	
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 D CALENDAR YEA (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)
08/19/2021	Stacey Moore Culver City, CA 90230	⊠IND □COM □OTH □PTY □SCC	Teacher Los Angeles Unified School District	100.00	10	00.00	
11/17/2021	William Taxerman Venice, CA 90291	IND □ COM □ OTH □ PTY □ SCC	Retired	500.00	50	00.00	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL\$	600.00			
Amount re (Include al	A Summary received this period – itemized monetary contributions. If Schedule A subtotals.)			600.00 523,255.60	IND-Ir COM- OTH- PTY-I	(other the Other (e Political f	nt Committee nan PTY or SCC) e.g., business entity)

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523,855.60

3. Total monetary contributions received this period.

Schedule B – Part 1 Loans Received	Amo		Statement cov		CALIFORNIA 460			
Loans Neceived		to whole dollars.			from07/0	1/2021	FORM	700
SEE INSTRUCTIONS ON REVERSE					through12/3	1/2021	Page5	of _9
NAME OF FILER							I.D. NUMBER	
Political Action Council of Educators,	sponsored by teachers un	nions, includir	ng United Tea	chers Los Ar	ngeles		743686	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIO TO DATE
United Teachers Los Angeles	N/A			PAID				CALENDAR YEA
Los Angeles, CA 90010				\$0_00	\$0.00	2 19% RATE	\$400,000.00	\$O_O
†   IND   COM   OTH   PTY   SCC		\$0.00	\$0.00	\$0.00	04/30/2020 DATE DUE	\$0.00	04/13/2015 DATE INCURRED	s
United Teachers Los Angeles	N/A			X PAID				CALENDAR YEA
Los Angeles, CA 90010				\$ _83_744_47	\$71,808_59	6_25% RATE	\$750,000.00	\$O_O
†   IND   COM   OTH   PTY   SCC		\$ 155.553.06	\$0.00	\$0.00	05/22/2017 DATE DUE	\$3,777_84	05/05/2017 DATE INCURRED	\$
				☐ PAID				CALENDAR YEA
				\$	\$	RATE %	s	\$
				FORGIVEN		15.112		PER ELECTION
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	0.00	83,744.47	\$ 71,808.59	\$ 3,777.84		1
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		NOTE A
Loans received this period				\$	0.00			(1)
(Total Column (b) plus unitemized loan	s of less than \$100.)					1 333	ontributor Codes	
2. Loans paid or forgiven this period				\$	83,744.47		D – Individual DM – Recipient Co	mmittee

\*Amounts forgiven or paid by another party also must be reported on Schedule A. \*\* If required.

Enter the net here and on the Summary Page, Column A, Line 2.

(Include loans paid by a third party that are also itemized on Schedule A.)

(Total Column (c) plus loans under \$100 paid or forgiven.)

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PTY - Political Party

(other than PTY or SCC) OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

Schedule E
<b>Payments Made</b>

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from07/01/2021	FORM 40U
through12/31/2021	Page _6 of9
	I.D. NUMBER
Angeles	743686

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Political Action Council of Educators, sponsored by teachers unions, including United Teachers Los Angeles

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

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)

CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Optical Err, Not PACE member	666.80
PACE retreat	100.88
Optical Err, Not PACE member	1,025.00
	Optical Err, Not PACE member  PACE retreat

SUBTOTAL\$

1,792.68

## Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars. SCHEDULE E (CONT.)

Staten	nent covers period	CALIFORNIA 160
from	07/01/2021	FORM 400
through_	12/31/2021	Page of9
		I.D. NUMBER
Angeles		743686

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Political Action Council of Educators, sponsored by teachers unions, including United Teachers Los Angeles

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

CMP campaign paraphernalia/misc. RAD radio airtime and production costs MBR member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs PET FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals fundraising events polling and survey research POL 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 VOT voter registration

campaign literature and mailings PRT print ads

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) HSG Campaigns Service Fee 10,000.00 Pasadena, CA 91101 James Stewart Parliamentary Services 250.00 Panorama City, CA 91402 East Area Progressive Democrats Contribution 250.00 Los Angeles, CA 90050 Secretary of State Annual Fee 50.00 Sacramento, CA 95814 HSG Campaigns Consulting Fee 6,000.00 Pasadena, CA 91101 SUBTOTAL \$ \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. 16,550.00

	eous Increases to Cash	Amounts may be rounded to whole dollars.	Statement covers period  from07/01/2021  through12/31/2021	CALIFORNIA 460 FORM Page 8 of 9
NAME OF FILER	NS ON REVERSE			I.D. NUMBER
Political Ac	ction Council of Educators, sponsored by teachers unions,	, including United Teachers Los	a Angeles	743686
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
07/30/2021	Comerica Los Angeles, CA 90012	Interest		6,12
08/31/2021	Comerica Los Angeles, CA 90012	Interest		6.80
09/30/2021	Comerica Los Angeles, CA 90012	Interest		7.15
10/29/2021	Comerica Los Angeles, CA 90012	Interest		8.16
11/30/2021	Comerica Los Angeles, CA 90012	Interest		8.65
Attach add	ditional information on appropriately labeled continuation sheets.		SUBTOTAL	\$ 36.92
<ol> <li>Itemized i</li> <li>Unitemize</li> <li>Total of al</li> </ol>	I Summary increases to cash this period	chedule H, Column (e).)	\$93,611.7	77

## Schedule I (Continuation Sheet) Miscellaneous Increases to Cash

SCHEDULE I (CONT.)

Miscellaneous Increases to Cash  EEINSTRUCTIONS ON REVERSE		Amounts may be rounded to whole dollars.	Statement covers period  from07/01/2021  through12/31/2021	CALIFORNIA 460 FORM of 9
AME OF FILER Political Action Council of Educators, sponsored by teachers unions, including United Teachers Los Angeles				I.D. NUMBER 743686
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	DESCRIPTION OF RECEIPT  Interest	
12/31/2021	Comerica : Los Angeles, CA 90012	Interest		

9.75

Attach additional information on appropriately labeled continuation sheets.