Campaign Statement Cover Page			1	CALIFORNIA 460	
	Statement covers period from 7/01/2023	Date of election if applicable: (Month, Day, Year)	RECEIVED BY LOS ANGELES CO 2024 JAN 16 PM 12	For Official Use Only	
EE INSTRUCTIONS ON REVERSE	through 12/31/2023		CAMPAIGN FINA	NCE TOO	
. Type of Recipient Committee: All Committees - Con	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	• •		
O State Candidate Election Committee O Recall (Also Complete Part 5) ✓ General Purpose Committee O Sponsored	Primarily Formed Ballot Measure Committee Controlled Sponsored Uso Complete Part 6) Primarily Formed Candidate/	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	ermination)	rly Statement I Odd-Year Report	
X	Officeholder Committee				
Committee information	268405	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	200100	NAME OF TREASURER			
El Segundo Teachers Association Political Action Co. (ESTA-PAC)	mmittee	Judy Munger MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)	***************************************	Rolling Hills Estates	STATE ZIP COD CA 90274		
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		310-771-0013	
Rolling Hills Estates CA 9027 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		Daphne Moote			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP COD	E AREA CODE/PHONE	
		Los Angeles	CA 90066	310-710-6994	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS		
Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of		knowledge the information contained	herein and in the attached sched	dules is true and complete. I	
Executed on	Ву	reasurer or Assistan	t Treasurer	_	
Executed onDate	By ——Signature of Contr	olling Utticeholder, Candidate, State Measure Pr	roponent or Responsible Officer of Sponsor	_	
Executed onDate	Ву	nature of Controlling Officeholder, Candidate, State Measure Proponent			
Executed on	Bys	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	EDDC Form 460 (lon/2016)\	

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

S/24 COVER PAGE

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2023	CALIFORNIA 460		
through 12/31/2023	Page _2 of _2		
	I.D. NUMBER		
	1268405		

El Segundo Teachers' Association PAC			1268405
Contributions Received 1. Monetary Contributions	0	Column B CALENDAR YEAR TOTAL TO DATE \$ 0 0 0	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 \$ 0 \$ 0
4. Nonmonetary Contributions	0	\$\frac{0}{0}\$	Received \$\$ \$\$ 21. Expenditures
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 8. Schedule E, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	0	\$\frac{341.85}{0}\$ \$\frac{341.85}{0}\$ \$\frac{0}{0}\$ \$\frac{341.85}{341.85}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse		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			FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772