Campaign Statement Cover Page			Date Stamp	CALIFO	PRNIA 460
	Statement covers period from 7/1 /202 3	Date of election if applicable: (Month, Day, Year)	,	2024 MAN 29	Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2023			CAMPAINIC	308716
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.		2. Type of Statement:			
O State Candidate Election Committee O Recall (Also Complete Part 5)	rimarily Formed Ballot Measure ommittee Controlled Sponsored Iso Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	rmination)	Quarterly Statem Special Odd-Yea	
Small Contributor Committee O Political Party/Central Committee	rimarily Formed Candidate/ ifficeholder Committee tso Complete Part 7)				
3. Committee Information	12 83410	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
UNITED TEACHERS OF PADADENA	A PAC	MAILING ADDRESS	ood		
STREET ANNRESS (NO PO ROX)		Monrovia	STATE	21P CODE 91016	AREA CODE/PHONE 676-622-1545
Pasadeva CA 91 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	104 626-798-0928	NAME OF ASSISTANT TREASURE			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS		
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of	ng this statement and to California that the foreç		ınd in the attac	ched schedules is tru	ue and complete. I
Executed on	Ву _				,
Executed onDate	By Signature of Control	illing Officeholder, Candidate, State Measure Pro	oponent or Responsible Office	r of Sponsor	
Executed onDate	BySignature	gnature of Controlling Officeholder, Candidate, S	State Measure Proponent		
Executed onDate	. By Si	ignature of Controlling Officeholder, Candidate, State Measure Proponent			

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

www.fppc.ca.gov

COVER PAGE

Campaign Disclosure Statement **Summary Page**

Amounts may be rounded to whole dollars.

0.00

0.00

Statement covers period from 7/1/2 02 3	CALIFORNIA 460		
through 12/31/2023	Page 2 of 2		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

eachers of Pasadever Column A **Contributions Received** TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) 0.00 1. Monetary Contributions...... Schedule A, Line 3 000 2. Loans Received Schedule B. Line 3 000 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 0.0റ Nonmonetary Contributions..... Schedule C, Line 3 0.00 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made** 0,00 6. Payments Made...... Schedule E, Line 4 0.00 7. Loans Made...... Schedule H, Line 3 000 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ 6.00 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Ø.O∂ 10. Nonmonetary Adjustment...... Schedule C, Line 3 0.00 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 **Current Cash Statement** 10 8 777, 50 12. Beginning Cash Balance Previous Summary Page, Line 16 0.00 0,00 14. Miscellaneous Increases to Cash Schedule I, Line 4 0.00 15. Cash Payments Column A, Line 8 above 108777.50 16. ENDING CASH BALANCEAdd 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 \$

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

Cash Equivalents and Outstanding Debts

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).

Column B

CALENDAR YEAR

O.00

0.00

0

0,00

0,00

27,90

Calendar Year Summary for Candidates Running in Both the State Primary and **General Elections**

> 1/1 through 6/30 7/1 to Date

12 83410

I.D. NUMBER

20. Contributions ,0,00 Received

0.00

21. Expenditures Made

00.00

SUMMARY PAGE

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)

Total to Date

*Amounts in this section may be different from amounts reported in Column B.

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