COVER PAGE **Recipient Committee CALIFORNIA Campaign Statement FORM** Cover Page (Government Code Sections 84200-84216.5) Date of election if applicable: Statement covers period (Month, Day, Year) 01/01/2023 SEE INSTRUCTIONS ON REVERSE 06/30/2023 through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report O Controlled Termination Statement Supplemental Preelection (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) Statement - Attach Form 495 (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1448200 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Compton Unified Parents, Classified Employees & Teachers for Great Tana McCoy Schools MAILING ADDRESS 1800 W. Poplar St. STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 1800 W. Poplar St. CA 90220 (310)930-6341 Compton NAME OF ASSISTANT TREASURER, IF ANY AREA CODE/PHONE CITY STATE ZIP CODE Christopher Thomas 90220 (310) 930-6341 Compton MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 80 Lime Ave., #7 CITY AREA CODE/PHONE STATE ZIP CODE CITY STATE ZIP CODE AREA CODE/PHONE (562) 712-6656 Long Beach CA 90802 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS ChrisThomasAD70@yahoo.com 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and to 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 Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Executed on

Recipient Committee Campaign Statement Cover Page — Part 2

	COVERF	AGE	-PART2
	ORNIA ORM	4	60
Page _	2	of _	8

Officeholder or Candidate Controlled Co	mmittee	6.	Primarily Formed Ballo	ot Measure C	ommittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	11	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling off	iceholder, cand	idate, or state measure	proponent, if any
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PROF	PONENT	
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of you	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 Candificeholder(s) or candidate(s	didate/Officel	holder Committee is primarily for	List names of med.
COMMITTEE ADDRESS STREET ADDRESS (NO P	O. BOX)		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE 2	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P	O. BOX)			1		
CITY STATE 2	ZIP CODE AREA CODE/PHONE		0.44	ch continuation		

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

CALIFORNIA

1448200

SUMMARY PAGE

Statement covers period **FORM** 01/01/2023 from _ 06/30/2023 Page ___3 ___ of __8 through _ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Compton Unified Parents, Classified Employees & Teachers for Great Schools

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 1. Monetary Contributions Schedule A, Line 3 \$ 0.00 1/1 through 6/30 7/1 to Date 1,000.00 2. Loans Received Schedule B. Line 3 0.00 20. Contributions 0.00 1,000.00 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ ___ Received 0.00 Nonmonetary Contributions Schedule C, Line 3 0.00 21. Expenditures Made 1,000.00 0.00 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ **Expenditures Made Expenditure Limit Summary for State** Candidates \$ 9,030.67 22. Cumulative Expenditures Made* 9,030.67 (If Subject to Voluntary Expenditure Limit) 0.00 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 0.00 Date of Election Total to Date (mm/dd/vv) 0.00 0.00 10. Nonmonetary Adjustment Schedule C, Line 3 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ______24,030.67 To calculate Column B. add amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 9,030.67 15. Cash Payments Column A, Line 8 above Column A may be negative figures that should be 15,000.00 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 18. Cash Equivalents See instructions on reverse \$ _____ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 1,000.00 FPPC Form 460 (Jan/2016)

Schedule E Payments Made	Amounts may l to whole d			Staten	01/01/2023	CALIF	ORNIA 460
SEE INSTRUCTIONS ON REVERSE				through	06/30/2023	Page	5 of8
NAME OF FILER						I.D. NUI	MBER
Compton Unified Parents, Classified Employees & Teachers	for Great School	ols				14482	00
CODES: If one of the following codes accurately describes 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)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearances ases lating	ger services	RAD radii RFD retu SAL cam TEL t.v. c TRC cand TRS staff TSF tran- VOT vote	o airtime and proc rned contributions paign workers' so or cable airtime and didate travel, lodgi f/spouse travel, lo sfer between contraggistration	duction costs s alaries nd production cost ing, and meals odging, and meals	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESC	RIPTION OF I	PAYMENT		AMOUNT PAID
Gould & Orellana, LLC	,,,	PRO					250.00
Norwalk, CA 90650					-		
Gould & Orellana, LLC		PRO					250.00
Norwalk, CA 90650							
Gould & Orellana, LLC 12501 Imperial Hwy., Ste. 200 Norwalk, CA 90650		PRO					250.00
* Payments that are contributions or independent expenditures m	ust also be summ	arized on Sched	ule D.			SUBTOTAL\$	750.0
Schedule E Summary						-	
1. Itemized payments made this period. (Include all Schedule E	E subtotals.)					\$	9,005.67
2. Unitemized payments made this period of under \$100						\$	25.00

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

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0.00

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Statement covers period

(Continuation Sheet) Payments Made	Amounts to wh	may be			from01/0	1/2023	CALIFOI FORI	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through06/3	0/2023		6 of8
Compton Unified Parents, Classified Employees & Teach	ers for Great	Schoo	ls				I.D. NUMBE	R
CODES: If one of the following codes accurately descricted 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)* LEG legal defense LIT campaign literature and mailings	MBR member meetin OFC office PET petition PHO polling POS postag	ent, your comments and single delivers and sin	ou may er munications appearance ses ating urvey resear very and me	. , ,	RAD radio airtin RFD returned of SAL campaign TEL t.v. or cabl TRC candidate TRS staff/spous TSF transfer be VOT voter regis	ne and production contributions workers' salaries e airtime and produtravel, lodging, and te travel, lodging, are etween committees	osts ction costs meals nd meals of the same	e candidate/sponsoi
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE (OR DESC	CRIPTION OF PAYME	NT		AMOUNT PAID
Citi Cards Phoenix, AZ 85062			CMP	Credit Card Payme	nt			1,500.0
Gould & Orellana, LLC Norwalk, CA 90650			PRO					250.00
Gould & Orellana, LLC			PRO					250.00
Brenden Archer Compton, CA 90220			CNS					5,000.00
Citi Cards Phoenix, AZ 85062			CMP	Credit Card Paymer	at			455.67
* Payments that are contributions or independent expenditures must	also be summarize	ed on S	Schedule D.			SUB	TOTAL \$	7,455.67

Schedule (Continua Payments SEE INSTRUCTION NAME OF FILER	tion Sheet) Made	Amounts may to whole			from01	/01/2023 /30/2023	CALIFOR FORM	of8
CODES: If COMP campaign CNS campaign CTB contribution CVC civic dona FIL candidate FND fundraising IND independent LEG legal deferoisments.	n (explain nonmonetary)* tions filing/ballot fees g events ent expenditure supporting/opposing others (explain)*	MBR member commeetings a office expression phone ban POL polling and POS postage, d	you may e mmunications and appearance enses culating ks survey resea elivery and m	ees arch essenger services egal, accounting)	RAD radio airi RFD returned SAL campaig TEL t.v. or ca TRC candidat TRS staff/spo TSF transfer VOT voter reg	ime and production of contributions in workers' salaries ble airtime and produ- e travel, lodging, and use travel, lodging, a between committees pistration on technology costs	action costs meals nd meals of the same	
Thomas & Asso Long Beach, C	•		PRO					800.00
* Payments that	are contributions or independent expenditures must a	so be summarized o	n Schedule D.	-		SUB	TOTAL \$	800.00

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA	16
rom 01/01/2023	FORM	46

Contractor (on Benefit of This Committee)	110111	I ORIVI
SEE INSTRUCTIONS ON REVERSE	through 06/30/2023	Page8 of8
NAME OF FILER		I.D. NUMBER
Compton Unified Parents, Classified Employees & Teachers for Great Schools		1448200
NAME OF AGENT OR INDEPENDENT CONTRACTOR		

Citi Cards

CO	DES: If one of the following codes accurately descri	ibes the	payment, you may enter the code.	Otherwise	e, 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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Office Depot	OFC		466.27
Signal Hill, CA 90755			
Best Buy	OFC		963.22
Compton, CA 90220			
Vard House	MTG	5/30/23 - PAC Staff Dinner Strategy Meeting	263.29
Los Angeles, CA 90071			
	 		
Attach additional information on appropriately labeled continuation sheets.	-	TOTAL	* \$ 1,692.78

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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SCHEDULE G