Recipient Committee Campaign Statement Cover Page		*21	Date Stamp ECEIVED BY NGELES COUNTY	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 1123	(Month, Day, Year)	AUG -2 AMII: 30 MPAIGN FINANCE MPAIGN FINANCE SECTION	Page of	
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.		2. Type of Statement	5012	,	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	t ☐ Speci ermination)	erly Statement ial Odd-Year Report	
3. Committee Information	D. NUMBER 890760	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE WITH TEACHERS (NO PO ROX) STREET ADDRESS (NO PO ROX) CITY STATE ZIP COMMITTEE CAT POGOS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO CITY STATE ZIP COMMITTEE	area code/phone (562) 281-5354	MAILING ADDRESS CITY Whiter CA NAME OF ASSISTANT TREASUR MAILING ADDRESS CITY Wetactale W OPTIONAL: FAX / E-MAIL ADDRE	STATE ZIP CO	(562) 281-535	
OPTIONAL: FAA / E-MAILADORESS	and the second	OFTIONAL PAX E-MAILADDRE			
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of				is true and complete. I	
Executed on	. Ву,				
Executed onDate	By Signature of Control	elling Officeholder, Candidate, State Measure Pro	oponent or Responsible Officer of Sponso	or .	
Executed onDate	. By	gnature of Controlling Officeholder, Candidate,	State Measure Proponent		
Executed onDate	By ————————————————————————————————————	gnature of Controlling Officeholder, Candidate,	State Measure Proponent		
			•	FPPC Form 460 (Jan/2016)) ice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	

COVER PAGE

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA 460

Statement covers period

ounmary rage		٠.		from	1/1/23	FORM 46U	
SEE INSTRUCTIONS ON REVERSE				through _	6/30/23	Page 2 of 2	
NAME OF FILER					•	I.D. NUMBER	
Whittier Elementary Teachers Ass	ociation S	chool Board	PAC	,		890700	
Contributions Received	(FR	COLUMN A TOTAL THIS PERIOD OM ATTACHED SCHEDULES)	Column CALENDAR Y TOTAL TO D	EAR '	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections		
1. Monetary Contributions Sche 2. Loans Received Sche 3. SUBTOTAL CASH CONTRIBUTIONS Act 4. Nonmonetary Contributions Sche	edule B, Line 3 dd Lines 1 + 2 \$	0 0	\$O \$O	· · · · · · · · · · · · · · · · · · ·	1/1 th 20. Contributions Received \$ 21. Expenditures	9 Trough 6/30 7/1 to Date	
5. TOTAL CONTRIBUTIONS RECEIVED	dd Lines 3 + 4 \$ _	<u> </u>	\$O_		Made \$	\$	
Expenditures Made 6. Payments Made Sche 7. Loans Made Sche		0	\$ <u>O</u>		Expenditure Limit S Candidates	Summary for State	
8. SUBTOTAL CASH PAYMENTS An Accrued Expenses (Unpaid Bills) Sche	dd Lines 6 + 7 \$ _	0	\$O	;	. 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date		
10. Nonmonetary Adjustment Sche 11. TOTAL EXPENDITURES MADE Add Lin		0	\$ <u>O</u>		(mm/dd/yy)	\$	
Current Cash Statement	,	5		. ,		. \$	
12. Beginning Cash Balance Previous Summary 13. Cash Receipts Column A 14. Miscellaneous Increases to Cash Sch 15. Cash Payments Column A 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then sulf this is a termination statement, Line 16 must be zero.	, Line 3 above pedule I, Line 4 , Line 8 above	0 0 1615.21	To calculate Colur add amounts in Colur A to the correspor amounts from Colur last report amounts in Colum be negative figure should be subtractive previous period are this is the first rep	olumn nding umn B . Some in A may is that ted from mounts. If	*Amounts in this section n reported in Column B.	nay be different from amounts	
17. LOAN GUARANTEES RECEIVED	edule B, Part 2 \$ _	0	filed for this calend	dar year,			
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instruction 19. Outstanding Debts Add Line 2 + Line 9 in Co		0	from Lines 2, 7, and any).		FPPC Advice: adv	FPPC Form 460 (Jan/2016)) ice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	