

**Recipient Committee
Campaign Statement
Cover Page**

7/29/22 ① COVER PAGE

Data Stamp RECEIVED BY LOS ANGELES COUNTY AUG -2 PM 12: 35 CAMPAIGN FINANCE	CALIFORNIA FORM 460
Page <u>1</u> of <u>3</u> For Official Use Only	

Statement covers period
from 01/01/22
through 06/30/22

Date of election if applicable:
(Month, Day, Year) 2022

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|--|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> Controlled
<input type="radio"/> Sponsored
<i>(Also Complete Part 5)</i> |
| <input checked="" type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement
Special Odd-Year Report |
| <input checked="" type="checkbox"/> Semi-annual Statement | |
| <input type="checkbox"/> Termination Statement
(Also file a Form 410 Termination) | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1281931

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Part-Time Faculty United PAC

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Castaic</u>	<u>CA</u>	<u>91384</u>	<u>805-231-7220</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Frank de los Reyes
MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Castaic</u>	<u>CA</u>	<u>91384</u>	<u>805-231-7220</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the certify under penalty of perjury under the laws of the State of California that the foregoing

schedules is true and complete. I

Executed on 7/29/22
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By _____

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/01/22</u>	CALIFORNIA FORM 460
through <u>06/30/22</u>	
Page <u>2</u> of <u>3</u>	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 24.06	\$ 24.06
2. Loans Received	Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 24.06	\$ 24.06
4. Nonmonetary Contributions	Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 24.06	\$ 24.06

**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	\$	\$
21. Expenditures Made	\$	\$

Expenditures Made

		Column A	Column B
6. Payments Made	Schedule E, Line 4	\$	\$
7. Loans Made	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$	\$
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		
10. Nonmonetary Adjustment	Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$	\$

**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
___/___/___	\$
___/___/___	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 332,77
13. Cash Receipts	Column A, Line 3 above	24.06
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	\$ 356.83

If this is a termination statement, Line 16 must be zero.

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.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$

Cash Equivalents and Outstanding Debts

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/21</u> through <u>06/30/21</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>3</u>
NAME OF FILER	
I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ _____
- Amount received this period – unitemized monetary contributions of less than \$100\$ 24.06
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** 24.06

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee