

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

1/31/23 (1)

Date Stamp
**RECEIVED BY
LOS ANGELES COUNTY**
 2023 FEB -2 PM 12: 21
CAMPAIGN FINANCE

CALIFORNIA FORM 460
 Page 1 of 3
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 608593

SEE INSTRUCTIONS ON REVERSE

Statement covers period
 from 07/01/22
 through 12/31/22

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

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

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 |
|---------|-------|----------|-----------------|
| Castaic | CA | 91384 | 805-231-7220 |

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

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
| | | | |

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
 Frank de los Reyes

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---------|-------|----------|-----------------|
| Castaic | CA | 91384 | 805-231-7220 |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
| | | | |

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and certify under penalty of perjury under the laws of the State of California that the following information is true and complete. I certify that the information on schedules is true and complete. I

Executed on 1/31/23
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

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>07/01/22</u> through <u>12/31/22</u> | CALIFORNIA FORM 460 |
| 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 | \$ 168.06 | \$ 223.06 |
| 2. Loans Received..... | Schedule B, Line 3 | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 | \$ 168.06 | \$ 223.06 |
| 4. Nonmonetary Contributions..... | Schedule C, Line 3 | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 | \$ 168.06 | \$ 223.06 |

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 | \$ 356.83 |
| 13. Cash Receipts..... | Column A, Line 3 above | 168.06 |
| 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 | \$ 524.89 |

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.

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 | \$ _____ |
| 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>07/01/22</u> through <u>12/31/22</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>3</u> |
| I.D. NUMBER | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

| 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

| | |
|--|-------------------------------|
| 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) | \$ _____ |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 | \$ <u>168.00</u> |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... | TOTAL \$ <u>168.00</u> |

*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