Recipient Committee Campaign Statement Cover Page	AMENDME	VТ	Date Stamp CALIFORNIA FORM LOS ANGELES COMPT of			
	Statement covers period from 01-01-2	Date of election if applicable: (Month, Day, Year)	2022 MAR - I AM 9: 5	For Official Use Only		
SEE INSTRUCTIONS ON REVERSE	through 06-30-2		CAMPAIGN FINANCI	60234		
1. Type of Recipient Committee: All Committees – Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Complete Parts 1, 2, 3, and 4. 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 Statemen Semi-annual Statemen Termination Statemen (Also file a Form 410 Amendment (Explain	nt Special Od Termination)	Statement Id-Year Report		
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Mountain View Teachers As	I.D. NUMBER 891814 ssociation PAC	Treasurer(s) NAME OF TREASURER LAUYA GAL	per			
	CODE AREA CODE/PHONE 0604 (562)822-8400 BOX	Whittier NAME OF ASSISTANT TREASE	STATE ZIP CODE CA 90604 URER, IF ANY	AREA CODE/PHONE (562) 822 - 840		
optional: fax/e-mail address Lgabern Vta @gmail & com	CODE AREA CODE/PHONE	OPTIONAL: FAX/E-MAIL ADD	state zip code	AREA CODE/PHONE		

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

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

certify under penalty of perjury under the laws of the State of California that the foregoing is true and cor

Executed on _

Executed on _

Executed on _

No

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

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from Ol-Ol-2 CALIFORNIA 460

SEE INSTRUCTIONS ON REVERSE

through 06-30-21 Page 2 of 4

Mountain View Teachers Association PAC

1.D. NUMBER 891814

Mountain view readings his addition	11.0		0 11017
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$ 3,480°° \$ 3,480°° \$ 3,480°°	\$ 3,480°° \$ 3,480°° \$ 3,480°°	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$ 50°°° \$ 50°°° \$ 50°°° \$ 50°°° \$	\$ 50' \(\frac{\pi}{\pi} \) \$ 50' \(\frac{\pi}{\pi} \) \$ \(\frac{\pi}{\pi} \	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) / \$
Current Cash Statement 12. Beginning Cash Balance	\$ 13.545 3.480°°° 50°°° \$ 16,975°°	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	s _ 	filled for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-377)

Schedule A Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE			ts may be rounded whole dollars.	Statement covers period from 01-01-21		CALIFORNIA 460 FORM Page 3 of 4		
NAME OF FILER		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D4 .				I.D. NU	MBER .
Mountain	View Teachers A	ssouanon	PAC	A STATE OF THE PARTY OF THE PAR			8,	91814
DATE RECEIVED	FULL NAME, STREET ADDRESS A CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I,	D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
06-16-21	MVTA Members Rowland Heights	PAC Dues CA 91748	□IND □COM ØOTH □PTY □SCC	Member contributions all less than \$100.00	3,480° ºº	3,480.	00	
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
			☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			☐IND ☐COM ☐OTH ☐PTY ☐SCC	,				
				SUBTOTAL	\$ 3,480.00			
(Include all S	Summary eived this period – itemized more Schedule A subtotals.)	••••••		\$		IND- COM OTH PTY	(other - Other (ent Committee than PTY or SCC) (e.g., business entity)
3. Total moneta (Add Lines 1	ary contributions received this part and 2. Enter here and on the	eriod. Summary Page, Co	lumn A, Line 1	1.)TOTAL \$	3,480' 00 F	PPC Advice: advi		C Form 460 (Jan/2016)) .ca.gov (866/275-3772) www.fppc.ca.gov

, */ psi							SCHEDULE E
Schedule E	Amounts may be ro to whole dolla				Statement covers period		DRNIA 160
Payments Made		j		from _	01-01-21	FOF	RM TOO
SEE INSTRUCTIONS ON REVERSE				throug	h 06-30-21	Page	4 of 4
Mountain View Teachers f	tssociation PAC	1				I.D. NUM	
101 buntain 1 ten reachers 1	1800 about 1110					89	1814
CODES: If one of the following codes accurate 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 LEG legal defense LIT campaign literature and mailings	MBR member common MTG meetings and OFC office expense PET petition circular PHO phone banks POL polling and su	nunications appearance is iting rvey resear ery and me	es ch ssenger services	RAD ra RFD re SAL ca TEL t.v TRC ca TRS st TSF tr VOT vo	scribe the payment. dio airtime and production of turned contributions ampaign workers' salaries or cable airtime and produandidate travel, lodging, and aff/spouse travel, lodging, a passer between committees oter registration formation technology costs	uction costs I meals and meals of the same	e candidate/sponsor
NAME AND ADDRESS OF P/ (IF COMMITTEE, ALSO ENTER I.D. NI		CODE	OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
		1					
* Payments that are contributions or independent expenditu	res must also be summarized on Sche	dule D.			SU	BTOTAL \$	5
Schedule E Summary		;					
1. Itemized payments made this period. (Include	e all Schedule E subtotals.)					\$	φ
Unitemized payments made this period of unitemized payments.	der \$100					\$	50, 00
3. Total interest paid this period on loans. (Enter							Ø
4. Total payments made this period. (Add Lines)					50° 00