Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)  SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2021 through06/30/2021	Date of election if applicable: (Month, Day, Year)	Date Stamp RECEIVED E ANGELES C SINO/2021 AUG 16 AM I MPAIGN FINA	0 Fage 1 of 9 For Official Use Only
O State Candidate Election Committee O Recall (Also Complete Part 5)   ☑ General Purpose Committee ☑ Sponsored ☐ Small Contributor Committee	promplete 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 Statement  Semi-annual Statement  Termination Statement  (Also file a Form 410 Termination  Amendment (Explain below)	☐ Spe	arterly Statement ecial Odd-Year Report oplemental Preelection tement - Attach Form 495
3. Committee information	AC	Treasurer(s)  NAME OF TREASURER  Melanie Musella  MAILING ADDRESS  CITY  Los Angeles  NAME OF ASSISTANT TREASURER, IF A	CA 90	CODE AREA CODE/PHONE 010 (213) 386-386
Santa Clarita CA 913:  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I  CITY STATE ZIP CO  OPTIONAL: FAX / E-MAIL ADDRESS  (661) 255-6404	вох	MAILING ADDRESS  CITY  OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP	CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ  Executed on	a that the foregoing  ———————————————————————————————————	in and pasurer  trolling Officeholder, Candidate, State Measure Proponent or F  Signature of Controlling Officeholder, Candidate, State Measu	Responsible Officer of Sponsor	lules is true and complete. I certify

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

### Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	R PAG	E-PART2
Page _	2	of	9
. ugo _			

Officeholder or Candidate Controlled Commit	tee	6.	Primarily Formed Bal	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			<del></del>
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	Y STATE ZIP		Identify the controlling of	ficeholder, ca	ndidate, or state mea	asure proponent, if any
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	ROPONENT	
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRIC	CT NO. IF ANY
COMMITTEE NAME	I.D. NUMBER			······································		
	CONTROLL ED COMMITTEE	7.	Primarily Formed Car			
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(	s) for which thi	s committee is primari	ly formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX	3)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT OPPOSE
CITY STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO)	()				<u> </u>	

### Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Column A

TOTAL THIS PERIOD

(FROMATTACHED SCHEDULES)

0.00

0,00

0.00

0.00

2,357.50

75,297.64

2,357.50

-639.50

SEE INSTRUCTIONS ON REVERSE

Contributions Received

**Expenditures Made** 

NAME OF FILER

Santa Clarita Valley Teachers Association PAC

1. Monetary Contributions ...... Schedule A, Line 3 \$ \_\_

SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$

5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ \_\_\_\_\_

2. Loans Received ...... Schedule B. Line 3

4. Nonmonetary Contributions ...... Schedule C, Line 3

7. Loans Made ...... Schedule H, Line 3

9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3

10. Nonmonetary Adjustment ...... Schedule C, Line 3

8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$

Calendar Year Summary for Candidates
Running in Both the State Primary and
Beneral Elections

1272894

1/1 through 6/30 7/1 to Date

20. Contributions
Received \$ \_\_\_\_\_ \$ .\_\_\_\_

21. Expenditures Made

# Expenditure Limit Summary for State \$ 2,357.50 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	\$ 77,655.06
13. Cash Receipts	Column A, Line 3 above	0.00
14 Miscellaneous Increases to Cash	Schedule I, Line 4	0.08

17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_\_\_\_ 0.00

#### **Cash Equivalents and Outstanding Debts**

18.	Cash Equivalents		See instructions on reverse	\$ 0.00
19.	Outstanding Debts	Add Line	2 + Line 9 in Column B above	\$ 176.00

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).

\$ 2,533.50

Column B

CALENDAR YEAR

TOTAL TO DATE

0.00

0.00

0.00

2,357.50

176.00

0.00

\*Amounts in this section may be different from amounts reported in Column B.

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www.netfile.com

campaign iterature and manings	PRI Plint aus			VVEB Information technology cos	is (internet, e-mail)	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AM	OUNT PAID
S.E. Owens & Company		PRO				245.00
Oakland, CA 94607					-	
S.E. Owens & Company		PRO				149.50
Oakland, CA 94607						
S.E. Owens & Company		PRO				269.50
Oakland, CA 94607						
S.E. Owens & Company		PRO	<del> </del>			235.00
Oakland, CA 94607						
S.E. Owens & Company		PRO	+			308.50
Oakland, CA 94607						
* Payments that are contributions or independent expenditures must a	lso he summarized on	Schadule I		S	JBTOTAL \$	1,207.50

Schedule E (Continuation Sheet) Payments Made	An	Amounts may be rounded to whole dollars.  Statement covers period from01/01/2021						SCHEDULE E (CON
SEE INSTRUCTIONS ON REVERSE						through06/30/2021	— Page _	6 of 9
NAME OF FILER							I.D. NUME	BER
Santa Clarita Valley Teachers Association PAC							127289	14
CODES: If one of the following codes accurately descriced:  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  civic donations  candidate filing/ballot fees  fundraising events  independent expenditure supporting/opposing others (explain)*  legal defense  campaign literature and mailings	MBR	member com meetings and office expen petition circul phone banks polling and s postage, deli	munications if appearance ses ating urvey reseavery and m	ces		RAD radio airtime and product returned contributions SAL campaign workers' sale t.v. or cable airtime and candidate travel, lodging staff/spouse travel, lodging transfer between communication were registration were registration technology	ction costs aries I production cost g, and meals ging, and meals nittees of the sa	me candidate/spons
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESC	RIPTION OF PAYMENT		AMOUNT PAID
S.E. Owens & Company			PRO					395.
Oakland, CA 94607								

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 395.00

•			SCHEDULE		
Schedule F Accrued Expenses (Unpaid Bills)	Statement cove				
ricordon Emponeou (ompana Emo)	to whole dollars.		from01/01/	2021	
SEE INSTRUCTIONS ON REVERSE			through06/30/	2021 Page	of9
NAME OF FILER				I.D. NU	MBER
Santa Clarita Valley Teachers Association PAC				12728	94
CODES: If one of the following codes accurately describe	es the payment, you may	enter the code. Ot	herwise, describe t	he payment.	
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 communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ns inces earch messenger services	RAD radio airtime ai RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registrati	nd production costs butions kers' salaries time and production cost al, lodging, and meals avel, lodging, and meals en committees of the sa	me candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
S.E. Owens & Company	PRO	118.00	0.00	118.00	0.0
Oakland, CA 94607					
S.E. Owens & Company	PRO	303.00	0.00	303.00	0.0
Oakland, CA 94607					
S.E. Owens & Company	PRO	245.00	0.00	245.00	0.0
Oakland, CA 94607					
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 666.00\$	0.00	666.00	0.00
Schedule F Summary					
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized)			INCU	RRED TOTALS \$ _	176.00
<ol><li>Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized</li></ol>				. PAID TOTALS \$ _	815.50
<ol> <li>Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)</li> </ol>	ter the difference here and	•••••		NET \$ <sub>7</sub>	-639.50 lay be a negative number

Schedule F	
(Continuation Sheet)	
<b>Accrued Expenses (Unpaid Bills</b>	)

Amounts may be rounded to whole dollars.

Statement covers period	
from01/01/2021	
through06/30/2021	Page8 of9
	I.D. NUMBER

NAME OF FILER

Santa Clarita Valley Teachers Association PAC

1272894

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, 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
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
<b>LEG</b>	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
ЦT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)
<b>+</b> -					

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
S.E. Owens & Company	PRO	149.50	0.00	149.50	0.00
Oakland, CA 94607					
S.E. Owens & Company	PRO	0.00	176.00	0.00	176.00
Oakland, CA 94607					
	\$ 149.50	\$ 176.00	149.50	176.00	

Schedule I				SCHEDULE		
discellaneous Increases to Cash		Amounts may be rounded to whole dollars.		Statement covers period		
				from 01/01/2021		
EE INSTRUCTION	S ON REVERSE			through <u>06/30/2021</u>	Page9 of9	
IAME OF FILER	ONNEVEROL				I.D. NUMBER	
Santa Clarita	Valley Teachers Association PAC				1272894	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		DESCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH	
	·					
		•				
Attach addit	tional information on appropriately labeled continuation sheets.			SUBTOTAL	.\$ 0.0	
Schedule I	Summary	· · · · · · · · · · · · · · · · · · ·				
1. Itemized in	00					
2. Unitemized	d increases to cash of under \$100 this period			\$0.0	<u>18</u>	
3. Total of all	interest received this period on loans made to others. (Sch	hedule H, Colui	mn (e).)	\$0.0	00	
	ellaneous increases to cash this period. (Add Lines 1, 2, a Page, Line 14.)			TOTAL \$0.0	<u>98</u>	