

**Recipient Committee  
Campaign Statement  
Cover Page**

5721

COVER PAGE

Date Stamp <b>RECEIVED BY LOS ANGELES COUNTY 07/18/21 2021 JUL 14 PM 3:18</b>	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>3</u> For Official Use Only
<b>CAMPAIGN FINANCE</b>	<b>611258</b>

Statement covers period from <u>01/01/2021</u> through <u>06/30/2021</u>	Date of election if applicable: (Month, Day, Year) <u>03/03/2020</u>
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SEE INSTRUCTIONS ON REVERSE

<p><b>1. Type of Recipient Committee:</b> All Committees - Complete Parts 1, 2, 3, and 4.</p> <p><input type="checkbox"/> Officeholder, Candidate Controlled Committee  <input type="radio"/> State Candidate Election Committee  <input type="radio"/> Recall  <small>(Also Complete Part 5)</small></p> <p><input type="checkbox"/> General Purpose Committee  <input type="radio"/> Sponsored  <input type="radio"/> Small Contributor Committee  <input type="radio"/> Political Party/Central Committee</p> <p><input checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee  <input type="radio"/> Controlled  <input type="radio"/> Sponsored  <small>(Also Complete Part 6)</small></p> <p><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee  <small>(Also Complete Part 7)</small></p>	<p><b>2. Type of Statement:</b></p> <p><input type="checkbox"/> Preelection Statement  <input checked="" type="checkbox"/> Semi-annual Statement  <input type="checkbox"/> Termination Statement  <small>(Also file a Form 410 Termination)</small>  <input type="checkbox"/> Amendment (Explain below)</p> <p><input type="checkbox"/> Quarterly Statement  <input type="checkbox"/> Special Odd-Year Report</p>
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<p><b>3. Committee Information</b></p> <p>I.D. NUMBER <u>1421220</u></p> <p>COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) <u>The Committee to Support The Quality Teachers, Staff and Schools Measure 2020</u></p> <p>STREET ADDRESS (NO P.O. BOX) _____</p> <table border="1"> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> <th>AREA CODE/PHONE</th> </tr> <tr> <td><u>Burbank</u></td> <td><u>CA</u></td> <td><u>91504</u></td> <td><u>(818) 558-6892</u></td> </tr> </table> <p>MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX _____</p> <table border="1"> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> <th>AREA CODE/PHONE</th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>OPTIONAL: FAX / E-MAIL ADDRESS _____</p>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	<u>Burbank</u>	<u>CA</u>	<u>91504</u>	<u>(818) 558-6892</u>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	_____	_____	_____	_____	<p><b>Treasurer(s)</b></p> <p>NAME OF TREASURER <u>John M. Echeto</u></p> <p>MAILING ADDRESS _____</p> <table border="1"> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> <th>AREA CODE/PHONE</th> </tr> <tr> <td><u>Burbank</u></td> <td><u>CA</u></td> <td><u>91504</u></td> <td><u>(818) 314-5166</u></td> </tr> </table> <p>NAME OF ASSISTANT TREASURER, IF ANY _____</p> <p>MAILING ADDRESS _____</p> <table border="1"> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> <th>AREA CODE/PHONE</th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>OPTIONAL: FAX / E-MAIL ADDRESS _____</p>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	<u>Burbank</u>	<u>CA</u>	<u>91504</u>	<u>(818) 314-5166</u>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	_____	_____	_____	_____
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_____	_____	_____	_____																														

**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 information herein and in the attached schedules is true and complete.

Executed on <u>07/06/2021</u> Date	_____
Executed on _____ Date	_____
Executed on _____ Date	_____
Executed on _____ Date	_____

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

The Quality Teachers, Staff and Schools Measure 2020

BALLOT NO. OR LETTER Measure I	JURISDICTION Burbank, CA	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/01/2021</u> through <u>06/30/2021</u>	<b>CALIFORNIA FORM</b> <b>460</b> Page <u>3</u> of <u>3</u>
I.D. NUMBER 1421220	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

The Committee to Support The Quality Teachers, Staff and Schools Measure 2020

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received..... Schedule B, Line 3	\$ 0.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 0.00	\$ 0.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 0.00	\$ 0.00

## 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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 0.00	\$ 0.00
7. Loans Made..... Schedule H, Line 3	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 0.00	\$ 0.00
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 0.00	\$ 0.00

## 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	\$ 2,064.55
13. Cash Receipts..... Column A, Line 3 above	\$ 0.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ 0.00
15. Cash Payments..... Column A, Line 8 above	\$ 0.00
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,064.55

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

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

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).

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