

Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
 from 1/1/23
 through 6/30/23

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

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
 ④ SS
 2024 JAN -4 PM 1:00
CAMPAIGN FINANCE

CALIFORNIA FORM 450
 Page 1 of 2
 For Official Use Only

1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Candidate/ Officeholder Committee
- General Purpose Committee
- Sponsored
- Small Contributor Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Quarterly Statement
- Special Odd-year Report
- Amendment (Explain) MATH CORRECTION FROM
(Also check type of statement you are amending)
PRIOR FILING - CARRYING THE UPDATE

3. Committee Information

I.D. NUMBER
931834

COMMITTEE NAME
COVIDA UNIFIED EDUCATION ASSOCIATION -
POLITICAL ACTION COMMITTEE

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SAN DIMAS</u>	<u>CA</u>	<u>91773</u>	<u>909) 592-5806</u>

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
MARK SILVALLO

MAILING ADDRESS

NAME OF ASSISTANT TREASURER, IF ANY	ZIP CODE	AREA CODE/PHONE
<u>AREADIA</u>	<u>CA 91006</u>	<u>818) 667-5405</u>

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 review under penalty of perjury under the laws of the State of Califo

y knowledge the information contained herein is true and complete. I certify act.

Executed on 1/4/2024
DATE

NATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period
from 1/1/2023
through 6/30/2023

**CALIFORNIA
FORM 450**
Page 2 of 2

NAME OF COMMITTEE

COVINA UNIFIED EDUCATION ASSOCIATION - POLITICAL ACTION COMMITTEE

I.D. NUMBER

931834

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>660.</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u>10</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$ <u>670</u>
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>	<u>0</u>
5. Total expenditures made from previous statement <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ <u>670</u>
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$ <u>670</u>

Contributions Received

7. Monetary contributions received this period.....	\$ <u>4617</u>
8. Non-monetary contributions received this period.....	<u>0</u>
9. Total contributions received from previous statement <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ <u>0</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$ <u>4617</u>

Current Cash Statement

11. Beginning cash balance..... <i>Previous Summary Page, Line 15</i>	\$ <u>3820</u>
12. Cash receipts this period..... <i>Line 7 above</i>	<u>4617</u>
13. Miscellaneous increases to cash	\$ <u>0</u>
14. Cash expenditures this period..... <i>Line 3 above</i>	<u>670</u>
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>7767</u>

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Statement covers period
from _____
through _____

**CALIFORNIA
FORM 450**

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

I.D. NUMBER

5. Payments Made *(If more space is needed, use additional copies of this page for continuation sheets.)*

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
					Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$					

* Required only for payments which are contributions or independent expenditures.