

# 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 Jan. 1, 2024  
through July 1, 2024

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

Date Stamp  
7/6/24 UPS  
RECEIVED BY  
LOS ANGELES COUNTY  
2024 JUL -8 PM 2:33

CALIFORNIA FORM **450**

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For Official Use Only

### 1. Type of Recipient Committee:

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

### 2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) \_\_\_\_\_  
(Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report

### 3. Committee Information

I.D. NUMBER  
1341659

COMMITTEE NAME  
Charter Oak Education Assoc. - Citizens for Quality Education

CITY STATE ZIP CODE AREA CODE/PHONE  
San Dimas Ca 91773 951 206-0109

CITY STATE ZIP CODE AREA CODE/PHONE  
Alta Loma Ca 91737 951 206 0109

OPTIONAL: FAX / E-MAIL ADDRESS

### Treasurer(s)

NAME OF TREASURER  
Kelly Evans

CITY STATE ZIP CODE AREA CODE/PHONE  
Alta Loma Ca 91737 951 206-0109

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 to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of Calif

Executed on June 22, 2024  
DATE

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 <u>1-1-24</u> through <u>7-1-24</u>	<b>CALIFORNIA FORM 450</b>
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NAME OF COMMITTEE <u>COEA-Citizens for Quality Education</u>	I.D. NUMBER <u>1341659</u>
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**Expenditures Made**

1. Expenditures of \$100 or more made this period .....	\$ <u>0</u>
2. Expenditures under \$100 made this period (Not itemized.) .....	<u>60.72</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$ <u>60.72</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>0</u>
6. TOTAL EXPENDITURES MADE TO DATE..... <i>Add Lines 3 + 4 + 5</i>	\$ <u>60.72</u>

**Contributions Received**

7. Monetary contributions received this period.....	\$ <u>0</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>0</u>

**Current Cash Statement**

11. Beginning cash balance..... <i>Previous Summary Page, Line 15</i>	\$ <u>1752.12</u>
12. Cash receipts this period..... <i>Line 7 above</i>	<u>0</u>
13. Miscellaneous increases to cash.....	\$ <u>0</u>
14. Cash expenditures this period..... <i>Line 3 above</i>	<u>60.72</u>
15. ENDING CASH BALANCE THIS PERIOD..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>1691.40</u>

**Recipient Committee  
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SHORT FORM

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from 1-1-24  
through 7-1-24

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SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

COEA - Citizens for Quality Education

I.D. NUMBER

1341659

**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*
6-22-24	110c Store Rancho Cucamonga Ca 91737	Yearly fee Postage	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$10.72	Calendar Year \$ <u>10.72</u> Other \$ _____
1-12-24	Secretary of State Sacramento Ca 95814	Yearly Fee	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$50.00	Calendar Year \$ <u>50.00</u> Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
<b>SUBTOTAL</b>				<b>\$ 60.72</b>	<b>60.72</b>

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