

**Recipient Committee
Campaign Statement – Short Form**

Type or print in ink.

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 June 30, 2024

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

2024 AUG -2 PM 3:02

③ 07/21/2024
Date Stamp

CALIFORNIA FORM 450

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For Official Use Only

G05166

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
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
931652

COMMITTEE NAME

EDUCATORS FOR BETTER SCHOOLS - ISSUES
WHITTIER SECONDARY EDUCATION ASSOCIATION

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Whittier, CA 90605-2798 562/698-8121

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE
EXT. 1262

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

VIRGINIA GLASSCOCK

MAILING ADDRESS

WHITTIER SECONDARY EDUCATION ASSOCIATION

CITY STATE ZIP CODE AREA CODE/PHONE
Whittier, CA 90605 562/ 698-8121x1260

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 under penalty of perjury under the laws of the State of California that the foregoing

information is true and complete. I certify

Executed on July 29, 2024 By _____

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

**Recipient Committee
Campaign Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>Jan. 1, 2024</u> through <u>June 30, 2024</u>	CALIFORNIA FORM 450
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NAME OF COMMITTEE

EDUCATORS FOR BETTER SCHOOLS -ISSUES/ WHITTIER SECONDARY EDUCATION ASSOCIATION

I.D. NUMBER

931652

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	<u>0.00</u>
2. Expenditures under \$100 made this period (Not itemized.)		<u>67.46</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$	<u>67.46</u>
4. Nonmonetary Adjustment		<u>0.00</u>
5. Total expenditures made from previous statement	\$	<u>0.00</u>
(If this is the first statement for the calendar year, enter zero.)		
6. TOTAL EXPENDITURES MADE TO DATE	\$	<u>67.46</u>

Contributions Received

7. Monetary contributions received this period	\$	<u>0.00</u>
8. Non-monetary contributions received this period		<u>0.00</u>
9. Total contributions received from previous statement	\$	<u>0.00</u>
(If this is the first statement for the calendar year, enter zero.)		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$	<u>0.00</u>

Current Cash Statement

11. Beginning cash balance	\$	<u>20,235.27</u>
12. Cash receipts this period		<u>0.00</u>
13. Miscellaneous increases to cash	\$	<u>0.00</u>
14. Cash expenditures this period		<u>67.46</u>
15. ENDING CASH BALANCE THIS PERIOD	\$	<u>20,167.81</u>

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NAME OF COMMITTEE

EDUCATORS FOR BETTER SCHOOLS -ISSUES/ WHITTIER SECONDARY EDUCATION ASSOCIATION

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*
N/A					Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
N/A					Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
N/A					Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
SUBTOTAL \$					

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