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Recipient Committee

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Recipient Committee Campaign Statement Cover Page		LOS ANGELES CO	
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 01/01/2024 through 06/30/2024	Date of election if applicable 4 JUL 23 AH II (Month, Day, Year) CAMPAIGN FINAN	
1. Type of Recipient Committee: All Committees -		2. Type of Statement:	
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) ✓ General Purpose Committee ✓ Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 5) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Quarterly Statement Special Odd-Year Report
3. Committee Information	I.D. NUMBER 831541	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE		NAME OF TREASURER	
South Bay United Teachers Political Action Comm	nittee	Merlan Land MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX)		Redondo Beach CA	ZIP CODE AREA CODE/PHONE 90278 (310) 717-3175
CITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	
	503 (310) 921-2500		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	вох	MAILING ADDRESS	
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	
(310) 921-2502/lkidwai@sbut.org		merlanland@gmail.com	
4. Verification	of California that the foregoing is true are	knowledge the information contained herein and in the attact disprect. Universal Treasurer Attolling Officeholder, Candidate, State Measure Proponent or Responsible Officer Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Contributions Bassined	Column A	Column B	Calendar Year Su	mmary for Candidates
South Bay United Teachers Political Action Committee				831541
NAME OF FILER				I.D. NUMBER
SEE INSTRUCTIONS ON REVERSE		throug	h06/30/2024	_ Page _2 of _7
Summary Page	·		1/01/2024	FORM 460

Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ 13,633.40 0 \$ 13633.40 0 \$ 13633.40	**Example 13633.40** \$ 13633.40** \$ 13633.40** 0 13633.40** \$ 13633.40** \$ 13633.40** **Example 13633.40	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 6. Payments Made	0 0 4900.00	\$\frac{4900.00}{0}\$ \$\frac{4900.00}{0}\$ \$\frac{0}{0}\$ \$\frac{4900.00}{0}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
12. Beginning Cash Balance	\$ 0	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. FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A		Amour		SCHEDU				
Monetary Contributions Received		to whole dollars. Statement of from 01/01/202			Statement covers period CA		FORM 460	
SEE INSTRUCTI	IONS ON REVERSE			06/30/2024		Page 3 of 7		
NAME OF FILER South Bay U	Inited Teachers Political Action Committee					I.D. N 83154	UMBER 1	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
6/30/2024	Jonathan Lewis Torrance, CA 90505	☑IND □COM □OTH □PTY □SCC	Educator, School District	175.00	175.00			
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC					•	
		□IND □COM □OTH □PTY □SCC		,				
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 175.00		المناسبة		
1. Amount re (include a	A Summary eccived this period – itemized monetary contribution		\$	75.00 458.40	COM	(other	ual ient Committee than PTY or SCC) (e.g., business entity)	
3. Total mone	eceived this period – unitemized monetary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C						Contributor Committee PC Form 460 (Jan/2016))	

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

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may b to whole do		Statement cover from $\frac{01/01/2024}{}$		california 460	
SEE INSTRUCT	IONS ON REVERSE			through <u>06/30/202</u>	24	Page _4	of
NAME OF FILER South Bay Un	R nited Teachers Political Action Committee					831541	,
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 -	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
2/21/24	Eric Alegria for School Board 2024 (Palos Verdes Peninsula Unified School District) ID # 1468610	Monetary Contribution Nonmonetary Contribution	Support for PVPUSD School Board 2024	1500.00	1500.00		
	☑ Support ☐ Oppose	Independent Expenditure					
5/22/2024	Ami Gandhi for School Board (Palos Verdes Peninsula Unified School District) ID# 1457159	✓ Monetary Contribution Nonmonetary Contribution Independent	Support for PVPUSD School Board 2024	1500.00	1500.00		
	☑ Support ☐ Oppose	Expenditure				٠,	·
1/09/2024	Secretary of State	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent	Annual Committee Fee	50.00	50.00		
	Support Dppose	Expenditure	·				
			SUBTOTAL	\$ 3050.00			
Schedule	D Summary						
	contributions and independent expenditures made	this period (Inclus	de all Schedulc D subtotals \			œ '	1900.00
	ed contributions and independent expenditures made	•					0.00

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees NAME OF FILER South Bay United Teachers Political Action Committee			may be rounded ole dollars. Statement covers per from $\frac{01/01/2024}{\text{through}}$			FORM 460		
, DATE	NAME OF CANDIDATE, O MEASURE NUMBER OR L	DFFICE, AND DISTRICT, OR ETTER AND JURISDICTION, MMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - E	E TO DATE R YEAR	PER ELECTION TO DATE (IF REQUIRED)
1/10/2024	Ash W. Shenouda, CPA Newport Beach, CA 926	•	☐ Monetary Contribution ✓ Nonmonetary Contribution	Tax Preparation and Audit	1850.00	1850.00		
	☐ Support	Oppose	Independent Expenditure Monetary Contribution Nonmonetary Contribution					
	Support	Oppose	Independent Expenditure Monetary	· · ·				
	Support	☐ Oppose	Contribution Nonmonetary Contribution Independent Expenditure					
		- Connect	Monetary Contribution Nonmonetary Contribution Independent					
	Support	Oppose	Expenditure	SUBTOTAL	\$ 1850.00	7 77 7		

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER South Bay United Teachers Political Action Committee				Statement covers period from 01/01/2024 through 06/30/2024	FO	
CODES: If one of the following codes accurately describe 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 com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si	munications I appearance es ating urvey researd very and mes	s h senger services	wise, describe the payment. RAD radio airtime and production RFD returned contributions SAL campaign workers salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, a TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology costs	costs. luction costs d meals and meals s of the sam	s ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DESC	CRIPTION OF PAYMENT-		AMOUNT PAID
Ash W. Shenouda, CPA Newport Beach, CA 92660		PRO	Tax Preparation an	nd audit		1850.00
Secretary of State			Annual Committee	e Fee	,	50.00
Eric Alegria for School Board (Palos Verdes Peninsula Unified Scho	ool District)		Support for PVPU	SD School Board 2024		1500.00
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.		su	BTOTAL	\$ 3400.00
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule	E subtotals.)				\$_	4900.00

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

SCHEDULE E

SCHEDULE E	(CONT.
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Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

		CONEDULE L (CONT.)
	Statement covers period 01/01/2024 from	CALIFORNIA 460
	through <u>06/30/2024</u>	Page of
•		I.D. NUMBER
		831541

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

South Bay United Teachers Political Action Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

print ads

PRO

PRT

 CMP
 campaign paraphernalia/misc.
 MBR

 CNS
 campaign consultants
 MTG

 CTB
 contribution (explain nonmonetary)*
 OFC

 CVC
 civic donations
 PET

 FIL
 candidate filing/ballot fees
 PHO

 FND
 fundraising events
 POL

FND fundraising events IND independent expenditure supporting/opposing others (explain)*

LEG legal defense LIT campaign literature and mailings MBR member communications RAD radio airtime and production costs MTG meetings and appearances RFD returned contributions

OFC office expenses SAL campaign workers' salaries

PET petition circulating TEL t.v. or cable airtime and production costs

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

TRS candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID		
Ami Gandhi For School Board (Palos Verdes Peninsula Unified School District) ID# 1457159	Support for PVPUSD School Board 2024	1500.00		
		,		

professional services (legal, accounting)

SUBTOTAL \$ 1500.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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

COVER PAGE

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

	Statement covers period from $\frac{01/01/2024}{}$	california 460
	through	Page 2 of 7
•		I.D. NUMBER
		831541

South Bay United Teachers Political Action Committee **Calendar Year Summary for Candidates** Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and (FROM ATTACHED SCHEDULES) **General Elections** 13,633.40 13633.40 1/1 through 6/30 7/1 to Date 0 2. Loans Received Schedule B. Line 3 20. Contributions 13633.40 13633.40 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 13633.40 13633.40 Made 5. TOTAL CONTRIBUTIONS RECEIVED..... **Expenditures Made** Expenditure Limit Summary for State 4900.00 4900.00 **Candidates** 22. Cumulative Expenditures Made* 4900.00 4900.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 0 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date 0 0 (mm/dd/vv) 4900.00 4900.00 **Current Cash Statement** 332407.27 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B, 13633.40 add amounts in Column A to the corresponding 0 *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 4900.00 amounts in Column A may 341140.67 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B. Part 2 \$ 0 only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received		Amoun	ts may be rounded			SCHEDULE A		
		to	whole dollars.	Statement covers period from 01/01/2024		CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through 06/30/20	24	Page	3 of 7	
NAME OF FILER South Bay U	nited Teachers Political Action Committee					I.D. NU 831541		
, DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
6/30/2024	Jonathan Lewis Torrance, CA 90505	☑IND □COM □OTH □PTY □SCC	Educator, School District	175.00	175.00			
*,		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 175.00	- M. P. S.		Mark of the	
1. Amount re (Include al	A Summary deceived this period – itemized monetary contribution Il Schedule A subtotals.)		\$	5.00 458.40	OTH PTY	(other - Other - Politica	ient Committee than PTY or SCC) (e.g., business entity)	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	.) TOTAL \$	633.40			C Form 460 (Jan/2016))	

FPPC Form 460 (Jan/2016))
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www.fppc.ca.gov

Summar Supporti	Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		f Expenditures Amounts may be rounded to whole dollars.			CALIFORNIA 460 FORM	
SEE INSTRUCT	TIONS ON REVERSE			through 06/30/2024		Page I.D. NUM	of
	nited Teachers Political Action Committee					831541	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - 1	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
2/21/24	Eric Alegria for School Board 2024 (Palos Verdes Peninsula Unified School District) ID # 1468610	Monetary Contribution Nonmonetary Contribution	Support for PVPUSD School Board 2024	1500.00	1500.00		
	☑ Support ☐ Oppose	Independent Expenditure					
5/22/2024	Ami Gandhi for School Board (Palos Verdes Peninsula Unified School District) ID# 1457159	✓ Monetary Contribution ✓ Nonmonetary Contribution	Support for PVPUSD School Board 2024	1500.00	1500.00	,	
	☑ Support ☐ Oppose	Independent Expenditure		· ·			
1/09/2024	Secretary of State	☐ Monetary Contribution ✓ Nonmonetary	Annual Committee Fee	50.00	50.00		
	☐ Support ☐ Oppose	Contribution Independent Expenditure					
			SUBTOTAL	\$ 3050.00	****		
Schedule	D Summary						4900.00

Summar Supporti Candida	lation Sheet) by of Expenditures ing/Opposing Other tes, Measures and Committees	Amounts may be rounded to whole dollars. Statement covers period from 01/01/2024 through 06/30/2024		SCHEDULE D (CON CALIFORNIA 460 FORM Page 5 of 7 I.D. NUMBER 831541			
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - I	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
1/10/2024	Ash W. Shenouda, CPA	Monetary Contribution	Tax Preparation and Audit	1850.00	1850.00		
	Newport Beach, CA 92660	Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution			1		
,		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					,
	☐ Support ☐ Oppose	Independent Expenditure		. ,			
		Morietary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
			SUBTOTAL	\$ 1850.00			

Schedule E	Amounts may be rounded				SCHEDULE	
Payments Made	to whole dollars.			Statement covers period	CALIF	ORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER South Bay United Teachers Political Action Committee			,	through 06/30/2024	Page	
CODES: If one of the following codes accurately desc CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s	mmunications d appearance ses lating urvey resea ivery and me	ses rch essenger services	rwise, describe the payment. RAD radio airtime and production returned contributions SAL campaign workers salaries TEL t.v. or cable airtime and production returned contributions TRC candidate travel, lodging, and staff/spouse travel, lodging, and transfer between committee voter registration WEB information technology costs	duction costs and meals and meals s of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	-	CODE	OR DESC	CRIPTION OF PAYMENT~		AMOUNT PAID
Ash W. Shenouda, CPA Newport Beach, CA 92660		PRO	Tax Preparation as	nd audit		1850.00
Secretary of State			Annual Committee	e Fee		50.00
Eric Alegria for School Board (Palos Verdes Peninsula Unified ID # 1457159	School District)		Support for PVPU	SD School Board 2024		1500.00
* Payments that are contributions or independent expenditures must als	so be summarized on Sche	edule D.		SU	JBTOTAL S	\$ 3400.00
Schedule E Summary						
1. Itemized payments made this period. (Include all Sche	dule E subtotals.)				\$_	1900.00

chedule E	A a to married ad	SCHEDULE E (CON			
Continuation Sheet)	Amounts may be rounded to whole dollars.	Statement covers period 01/01/2024	CALIFORNIA 460		
ayments Made		from			
E INSTRUCTIONS ON REVERSE	·	through <u>06/30/2024</u>	Page of		

NAME OF FILER

South Bay United Teachers Political Action Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CMS campaign consultants

MBR member communications

MBR member communications

CNS campaign consultants

MTG meetings and appearances

CTB contribution (explain pormonetary)*

CTB contribution (explain pormonetary)*

CTB contribution (explain pormonetary)*

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 TRC candidate travel, lodging, and meals PHO phone banks TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* TSF LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE

(IF COMMITTER ALSO ENTER LD. NUMBER)

Ami Gandhi For School Board (Palos Verdes Peninsula Unified School District)

ID# 1457159

Support for PVPUSD School Board 2024

1500.00

S

SUBTOTAL \$ 1500.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

CALIFORNIA 460

Date Stamp

Recipient Committee Campaign Statement Cover Page

Executed on .

Executed on -

Cover Page		LOS AN	GELES COUNTY	1 4
	Statement covers period from 01/01/2024	Date of election if applicable: (Month, Day, Year)	(4)	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 2630 2624	11/08/309 2 CAMP	AIGN FINANCE	
1. Type of Recipient Committee: All Committees - C	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall (Also Complete Part 5) ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	☐ Special	rly Statement I Odd-Year Report
3. Committee Information	I.D. NUMBER 141 2873	Treasurer(s)		
Renita Armstrong For Bellflower Sca		NAME OF TREASURER RENTA AVA	nstrong	
STREET ADDRESS (NO P.O. BOX)	1001 Wato 2033	Bell-lower	STATE ZIP CODE	
Bell-flower CA 907	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF AN	IY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B		MAILING ADDRESS		
CITY STATE ZIP C	CODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on Date Executed on Date	of California that the foregoing is true and			ules is true and complete. I

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
FORM

Page 2 of 4

. Officeholder or Candidate Controlled Committee		6.	6. Primarily Formed Ballot Measure Committee			
NAME OF OFFICEHOLDER OR CANDIDATE RENITA Armstron	9		NAME OF BALLOT MEASURE			
Governing School Board Member	ND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION	SUPPORT OPPOSE
RESIDENTIALIBUSINESS ADDRESS (NO. AND STR			Identify the controlling office			oponent, if any.
Polated Committees Not Included in th	his Statements		NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT	
Related Committees Not Included in the not included in this statement that are controlled be contributions or make expenditures on behalf of years.	y you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cano officeholder(s) or candidate(s)	lidate/Offic for which this	eholder Committee committee Is primarily form	List names of ned.
COMMITTEE ADDRESS STREET ADDRESS (NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D □ SUPPORT □ OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		Atta	ch continuatio	on sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 01 01 2024	california 460
through 06/30 (2024	Page 3 of 4
	I.D. NUMBER
	1U12872

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Renita For Bellflower Schools2022

Contributions Received Monetary Contributions	\$	### Column B	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 \$ \$
4. Nonmonetary Contributions	\$O	s <u>4381-31</u>	21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$ 0 0 0	\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) /
Current Cash Statement 12. Beginning Cash Balance	\$ -62.51 0 0 \$ -62.51	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	<u> </u>	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule B – Part 1 Loans Received
SEE INSTRUCTIONS ON REVERSE

FULL NAME, STREET ADDRESS AND ZIP CODE

OF LENDER

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

COM OTH PTY SCC

COM OTH PTY SCC

Bell+lower, CA 90706

Bell Hower, CA 90706

NAME OF FILER

Amounts may be rounded to whole dollars.

(a) OUTSTANDING

BALANCE

BEGINNING THIS

PERIOD

.3481.42

,899.89

AMOUNT

RECEIVED THIS

PERIOD

6

(May be a negative number)

IF AN INDIVIDUAL, ENTER

OCCUPATION AND EMPLOYER

(IF SELF-EMPLOYED, ENTER

NAME OF BUSINESS)

Montebello Unitied

Teacher Montebello Unified School District

school District

Teacher

				SCHEDULE B - PART 1	
	Statement covers period from OI 01 20 24			CALIFORN FORM	^{IA} 460
through 06 30 20 3			12024	Page	of
				1412873	
(c) AMOUNT PAI OR FORGIVE THIS PERIO	N	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
PAID \$	_	<u>\$ 3481.42</u>	₩ RATE	\$ <u>3481. 42</u>	\$
FORGIVEN	_·	DATE DUE	\$	10/21/22 DATE INCURRED	PER ELECTION**
PAID \$	_	s 899.89	O %	s 899-89	\$
FORGIVEN	-	DATE DUE	\$	10/21/22	PER ELECTION**
PAID \$	-	\$	% RATE	\$	\$
FORGIVEN	-	DATE DUE	\$	DATE INCURRED	PER ELECTION**
(Enter (e) on Schedule E, Line 3)					

T□IND □ COM □ OTH □ PTY □ SCC SUBTOTALS \$ \$ Schedule B Summary 1. Loans received this period\$ (Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period\$ (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) Enter the net here and on the Summary Page, Column A, Line 2.

†Contributor Codes IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

Renita For Bellflower School 52022

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