Recipient Committee Campaign Statement **Cover Page**

Small Contributor Committee

3. Committee Information

Verification

Political Party/Central Committee

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Date Stamp CALIFORNIA Date of election if applicables -2 PM 12: 11 Statement covers period For Official Use Only from _04/24/2022 06/07/2022 through 05/21/2022 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure Preelection Statement Quarterly Statement O State Candidate Election Committee Semi-annual Statement Committee Special Odd-Year Report O Recall Termination Statement Controlled O Sponsored (Also file a Form 410 Termination) (Also Complete Part 5) Amendment (Explain below) (Also Complete Part 6) ✓ General Purpose Committee Campaign Disclosure Statement - Summary Page Primarily Formed Candidate/ Sponsored

Glendale Teachers Public Education Improvement Fund				Greta Sukazian					
	•			MAILING ADDRESS					
STREET ADDRESS (NO P.O. BOX))			CITY	STATE	ZIP CODE	AREA CODE/PHONE		
				Glendale	CA	91208	818-240-3924		
CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF A	NY				
Glendale	CA	91208	818-240-3924						
MAILING ADDRESS (IF DIFFEREN	NT) NO. AND STREET OR	P.O. BOX		MAILING ADDRESS					
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE		
OPTIONAL: FAX / E-MAIL ADDRES	ss		-	OPTIONAL: FAX / E-MAIL ADDRESS					

Treasurer(s)

NAME OF TREASURER

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on Executed on -Date r Responsible Officer of Sponsor Executed on ...

Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on ___

Officeholder Committee

(Also Complete Part 7)

I.D. NUMBER

1324265

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my

certify under penalty of perjury under the laws of the State of California that the foregoing is true and

and in the attached schedules is true and complete. I

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA ACC 04/24/2022

		from	04/24/2022	FORM TOO
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Glendale Teachers Public Education Improvement Fund		throu	gh 05/21/2022	Page _2 of _2 I.D. NUMBER 1324265
Contributions Received 1. Monetary Contributions	3,318	**Example 16,629** \$ 16,629** \$ 16,629** 0 16,629** 0 16,629** \$ 16,629** \$ 16,629** **Example 16,6	Running in Both the General Elections	hrough 6/30 7/1 to Date
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	97,701 0 0	\$\frac{117,111}{0}\$ \$\frac{117,111}{0}\$ 0 0 \$\frac{117,111}{117,111}\$	Candidates 22. Cumulat	Summary for State ive Expenditures Made* b Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	2 210	To calculate Column B, add amounts in Column		\$

A to the corresponding 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B 97,701 of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 69,723 be negative figures that 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, 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

*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) www.fppc.ca.gov