		0218-2	1/20/2	·3(1)
Recipient Committee Campaign Statement Cover Page		· · · · · · · · · · · · · · · · · · ·	e Stamp	CALIFORNIA 460 FORM
	Statement covers period from 09-25-2022	(Month, Day, Year)	LES COUNT 3 PM 3: 29	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through _10-22-2022	11/08/2022	N FINANGE	G08874
1. Type of Recipient Committee: All Committees - Cor	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee 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)	Quarte Specia	erly Statement al Odd-Year Report
3 Committee Information	. NUMBER 268405	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	200.100	NAME OF TREASURER		
El Segundo Teachers Association Political Action Con (ESTA-PAC)	mmittee	Judy-Munger		
STREET ADDRESS (NO P.O. BOX)	· · · · · · · · · · · · · · · · · · ·	CITY Rolling Hills Estates	STATE ZIP COL	
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		
Rolling Hills Estates CA 9027 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		Daphne Moote MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP COL	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	·	Los Angeles OPTIONAL: FAX/E-MAIL ADDRESS	CA 90066	310-710-6994
4. Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of	California that the foregoi		the attached sche	dules is true and complete. I
Date	Ву	of Treasurer or Assistant Treasurer		
Executed on	BySignature of Control	ling Officeholder, Candidate, State Measure Proponent or Respon	sible Officer of Sponsor	<del></del>
Executed onDate	By ————————————————————————————————————	gnature of Controlling Officeholder, Candidate, State Measure Pro-	ponent	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_

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

## **Campaign Disclosure Statement Summary Page**

**Cash Equivalents and Outstanding Debts** 

18. Cash Equivalents..... See instructions on reverse

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA from 09-25-2022 **FORM** 

		through	10-22-2022	Page of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		<u> </u>		I.D. NUMBER
El Segundo Teachers' Association				1268405
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	•	mary for Candidates e State Primary and
<ol> <li>Monetary Contributions</li></ol>	\$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\$\frac{0}{0}\$	\$\frac{5200.00}{0}\$ \$\frac{0}{0}\$ \$\frac{5200.00}{0}\$	20. Contributions Received \$  21. Expenditures Made \$	\$\$
Expenditures Made  6. Payments Made	\$ \frac{0}{0} \\ \$ \frac{0}{0} \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\	\$\frac{4331.50}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{4331.50}\$ \$\frac{4331.50}{0}\$		Summary for State  ve Expenditures Made*  Voluntary Expenditure Limit)  Total to Date
Current Cash Statement  12. Beginning Cash Balance	\$\frac{2832.04}{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	*Amounts in this section r reported in Column B.	s analy be different from amounts

any).

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