Recipient	Committee
Campaign	Statement
Cover Pag	je

Campaign Statement Cover Page		RECEIVED BY	california 460
	Statement covers period from 07/01/2021	Date of election if applicable: 2/12/22 (Month, Day, Year) 2022 EB 14 PM 2:58	Page 1 of 4 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2021	CAN PAIGN FINANCE	
1. Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee	rimarily Formed Ballot Measure ommittee Controlled Sponsored iso Complete Part 6) rimarily Formed Candidate/	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	rly Statement I Odd-Year Report
Small Contributor Committee O Political Party/Central Committee (A	fficeholder Committee iso Complete Part 7)		
3 Committee Information	NUMBER 230947	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	
Antelope Valley Teachers Association PAC		James Stockdale MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP COD Lancaster CA 93536	
CITY STATE ZIP COL	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	
Lancaster CA 93534 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	
CITY STATE ZIP COL		CITY STATE ZIP COD	E AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	
jamesstockdale@gmail.com 4. Verification			
		nowledge the information contained herein and in the attached sche	dules is true and complete. I
Executed on	Ву	Signature of Treasurer or Assistant Treasurer	_
Executed on	BySignature of Control	elling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	<u> </u>
Executed on	BySig	gnature of Controlling Officeholder, Candidate, State Measure Proponent	_
Executed onDate	BySig	gnature of Controlling Officeholder, Candidate, State Measure Proponent	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE
Statement covers period CALIFORNIA 160

Statement covers period from 07/01/2021	CALIFORNIA 460
through	Page _2 of _4
	I.D. NUMBER
N.	1230947

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Antelope Valley Teachers Association PAC

Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$\frac{4568}{0}\$ \$\frac{4568}{0}\$ \$\frac{4568}{0}\$ \$\$	\$\frac{13374}{0}\$ \$\frac{13374}{0}\$ \$\frac{13374}{0}\$	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$\frac{220}{0}\$ \$\frac{220}{0}\$ \$\frac{0}{220}\$ \$\frac{0}{220}\$	\$\frac{791}{0}\$ \$\frac{791}{0}\$ 0 0 \$\frac{791}{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)
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 Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from 07/01/2021		CALIFORNIA 460	
SEE INSTRUCTION	IS ON REVERSE			- through	021	Page	3 of 4
NAME OF FILER	ey Teacher Association PAC	-				I.D. NU 123094	
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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE 1 CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
0		☐IND☐COM☐OTH☐PTY☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC	·				
		□IND □COM □OTH □PTY □SCC					
O	•	□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$			
(Include all \$	eived this period – itemized monetary contribution Schedule A subtotals.)			68	IND COI OTH PTY	other) I – Other (I – Politica	al ent Committee than PTY or SCC) (e.g., business entity)
 Total moneta (Add Lines 1) 	ary contributions received this period. and 2. Enter here and on the Summary Page, C	olumn A, Line 1.	.) TOTAL \$ 45	68		FPP	C Form 460 (Jan/2016))

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

Schedule	Ē
Payments	Made

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from 07/01/2021	FORM 400
through 12/31/2021	Page of
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1230947 Antelope Valley Teachers Association PAC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs RFD returned contributions CNS campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries PET petition circulating TEL t.v. or cable airtime and production costs CVC civic donations TRC candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services professional services (legal, accounting) VOT voter registration LEG legal defense campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
Los Angeles County Registrar Recorder	FIL	Late Filing fee	220
O .			

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

SUBTOTAL \$ 220

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100......\$