

Recipient Committee Campaign Statement Cover Page

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CAMPAIGN FINANCE

CALIFORNIA FORM 460

1 of 2

For Official Use Only

667877

Statement covers period from 07/01/2023 through 12/31/2023.

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

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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

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)

2. Type of Statement:

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

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

Teachers Association of the Norwalk-La Mirada Area Educational Improvement Fund Political Committee

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Staff@tri-cityed.org

Treasurer(s)

NAME OF TREASURER

Taina Divino

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Norwalk CA 90650 (562) 868-6251

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Staff@tri-cityed.org

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to certify under penalty of perjury under the laws of the State of California that the foregoing

Executed on 12/21/2023 Date

By \_\_\_\_\_

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_

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 from _____ through _____	<b>CALIFORNIA FORM 460</b>
	Page <u>2</u> of <u>2</u>
	I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE  
PAGE OF FILER

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions..... Schedule A, Line 3	\$ _____	\$ _____
Loans Received..... Schedule B, Line 3	_____	_____
SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ _____	\$ _____
Nonmonetary Contributions..... Schedule C, Line 3	_____	_____
TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ _____	\$ _____

**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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Payments Made..... Schedule E, Line 4	\$ <u>50.00</u>	\$ <u>2023</u>
Loans Made..... Schedule H, Line 3	_____	_____
SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>50.00</u>	\$ _____
Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	_____	_____
0. Nonmonetary Adjustment..... Schedule C, Line 3	_____	_____
1. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ _____	\$ _____

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

2. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>76,204.38</u>
3. Cash Receipts..... Column A, Line 3 above	_____
4. Miscellaneous Increases to Cash..... Schedule I, Line 4	_____
5. Cash Payments..... Column A, Line 8 above	<u>50.00</u>
6. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>76,154.28</u>
<i>If this is a termination statement, Line 16 must be zero.</i>	
7. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ _____

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.

**Cash Equivalents and Outstanding Debts**

8. Cash Equivalents..... See instructions on reverse	\$ _____
9. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ _____