,	T -1-1 (O			COVERPAGE
· /	Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		1 1345 1243 124	CALIFORNIA 460
	(Government Gode Godiono G-200-G-210.0)	Statement covers period		1:28 Page 1 of 12
	•	from07/01/2023	(Month, Day, Year)	
	SEE INSTRUCTIONS ON REVERSE	through12/31/2023	CAMPAIGA	0 4 605066
	1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	
)	State Candidate Election Committee ○ Recall (Also Complete Part 5) General Purpose Committee ② Sponsored ○ Small Contributor 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)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
	3. Committee Information	D. NUMBER 930540	Treasurer(s)	
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Teachers Association of Long Beach/Teachers Issues		NAME OF TREASURER John T. Olgin MAILING ADDRESS	
	STREET ADDRESS (NO P.O. BOX)		CITY STATE	ZIP CODE AREA CODE/PHONE
			Long Beach CA	90807 (562)426-6433
	CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	
	Long Beach CA 9080	07 (562)426-6433	Peder Larsen .	
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	OX	MAILING ADDRESS	
`	CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY STATE	ZIP CODE AREA CODE/PHONE
J	Sacramento CA 9581	.4	Long Beach CA	90807 (562)426-6433
	OPTIONAL: FAX / E-MAIL ADDRESS compliance@olsonremcho.com	· · · · · · · · · · · · · · · · · · ·	OPTIONAL: FAX / E-MAIL ADDRESS	
	4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californi Executed on		Signature of Controlling Officeholder, Candidate, State Measure Proponent	Sponsor
				FPPC Form 460 (Jan/2016

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
CALIFORNIA FORM	460					
Page	JI II					

ICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) IDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Idated Committees Not Included in this Statement: List any committees included in this statement that are controlled by you or are primarily formed to receive tributions or make expenditures on behalf of your candidacy. IMITTEE NAME I.D. NUMBER I.D. NUMBER	Identify NAME CO OFFICE	T NO. OR LETTER The controlling of the controlling		ndidate, or sta		
lated Committees Not Included in this Statement: List any committees included in this statement that are controlled by you or are primarily formed to receive tributions or make expenditures on behalf of your candidacy. MITTEE NAME I.D. NUMBER CONTROLLED COMMITTEE? YES NO	Identify NAME O OFFICE 7. Prima	y the controlling of off officeholder, considered sought or held	officeholder, ca	ndidate, or sta	ate measure p	OPPOSE
lated Committees Not Included in this Statement: List any committees included in this statement that are controlled by you or are primarily formed to receive tributions or make expenditures on behalf of your candidacy. I.D. NUMBER E OF TREASURER CONTROLLED COMMITTEE? YES NO	OFFICE 7. Prima	OF OFFICEHOLDER, C		ROPONENT		
lated Committees Not Included in this Statement: List any committees included in this statement that are controlled by you or are primarily formed to receive tributions or make expenditures on behalf of your candidacy. IMITTEE NAME LD. NUMBER CONTROLLED COMMITTEE? YES NO	OFFICE 7. Prima	SOUGHT OR HELD	CANDIDATE, OR PR	·····	DISTRICT NO. II	F ANY
included in this statement that are controlled by you or are primarily formed to receive tributions or make expenditures on behalf of your candidacy. I.D. NUMBER E OF TREASURER CONTROLLED COMMITTEE? YES NO	 7. Prima				DISTRICT NO. II	F ANY
E OF TREASURER CONTROLLED COMMITTEE?				_		
☐ YES ☐ NO						
	officeho	arily Formed Ca older(s) or candidate	andidate/Offic te(s) for which thi			
STREET ADDRESS (NO P.O. BOX)	NAME O	DF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOU	GHT OR HELD	T
						SUPPOR
STATE ZIP CODE AREA CODE/PHONE	NAME O	OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUG	GHT OR HELD	SUPPOR
MITTEE NAME I.D. NUMBER	NAME O	OF OFFICEHOLDER O	R CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPOR
E OF TREASURER CONTROLLED COMMITTEE?	NAME O	OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPOR
MITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)						
STATE ZIP CODE AREA CODE/PHONE						

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460

Page 2 of 12

Officeholder or Candidate Controlled Committee		6.	6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT OPPOSE	
NESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling of	ficeholder, ca	ndidate, or stat	e measure p	roponent, if any.	
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	ROPONENT			
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your c	u or are primarily formed to receive		OFFICE SOUGHT OR HELD		D	DISTRICT NO. IF	ANY	
COMMITTEE NAME	I.D. NUMBER							
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	. Primarily Formed Car officeholder(s) or candidate(
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE	
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGI	HT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGI	HT OR HELD	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)					<u> </u>		
CITY STATE ZIF	P CODE AREA CODE/PHONE		Atta	ach continuati	ion sheets if ne	ecessary		

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Stateme	ent covers period	CALIFORNIA 460				
from	07/01/2023	FORM TOO				
through _	12/31/2023	Page3 of12				
		I.D. NUMBER				
		930540				

NAME OF FILER

Teachers Association of Long Beach/Teachers Active in Politics for Issues

Contributions Received	(Column A TOTALTHIS PERIOD FROM ATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	9,143.55	\$	22,761.68	1/1 through 6/30 7/1 to Date
2. ns Received Schedule B, Line 3		0.00		0.00	· · ·
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	9,143.55	\$	22,761.68	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	9,143.55	\$	22,761.68	Made \$ \$
Expenditures Made		-			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	39,073.54	\$	41,558.84	Candidates
7. Loans Made Schedule H, Line 3				0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7		39,073.54	\$	41,558.84	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		0.00	Date of Election Total to Date
		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	39,073.54	\$	41,558.84	\$
C ent Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	53,096.49	То	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		9,143.55		nounts in Column A to the rresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.08	fro	om Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		39,073.54		port. Some amounts in olumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	23,166.58	fig	ures that should be obtracted from previous	•
If this is a termination statement, Line 16 must be zero.			pe	eriod amounts. If this is e first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo ca	r this calendar year, only arry over the amounts	
Cash Equivalents and Outstanding Debts				om Lines 2, 7, and 9 (if ny).	
18. Cash Equivalents See instructions on reverse			1		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00			
			•		FPPC Form 460 (Jan/201

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

Schedule <i>i</i>	A	_					SCHEDULE A
Nonetary	Contributions Received		s may be rounded whole dollars.	Statement cove	ers period	CALIFO	RNIA 460
•			William Gallara.	from07/01/20	023	FOR	
						_	
EE INSTRUCTIO	ONS ON REVERSE			through	023	Page	4 of12
AME OF FILER				<u> </u>		I.D. NUMBE	ER
reachers Ass	sociation of Long Beach/Teachers Active in Politic	cs for Issues	1			930540	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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)
0		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	0.00			
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions. all Schedule A subtotals.)			0.00 9,143.55	IND- COM OTH	I – Other (e.g	Committee n PTY or SCC) g., business entity)
3. Total mon	etary contributions received this period.			9,143.55		– Political Pa – Small Cont	arty tributor Committee

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

							_		SC	CHEDULE E	
Schedule E	Amounts may	Amounts may be rounded				Statement covers period			CALIFORNIA 460		
Payments Made	to whole d	to whole dollars.					07/01/2023	FO	RM	+00	
SEE INSTRUCTIONS ON REVERSE					thro	ugh _	12/31/2023	Page	5 of _	12	
NAME OF FILER								I.D. NUN	BER		
Teachers Association of Long Beach/Teachers Active in	Politics for Issue	es						930540			
CODES: If one of the following codes accurately describ	bes the payment, yo	ou may e	nter the	code. O	therwise, d	escrib	e the payment.				
CMP campaign paraphernalia/misc.	MBR member com						airtime and production	costs			
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings an OFC office exper		ices				ed contributions lign workers' salaries	i			
CV/ Sivic donations	PET petition circu	ulating			TEL	t.v. or	cable airtime and pro	duction costs	5		
FILE Pandidate filing/ballot fees FND fundraising events	PHO phone banks POL polling and		earch		TRC TRS		ate travel, lodging, ar pouse travel, lodging,				
IND independent expenditure supporting/opposing others (explain)*	POS postage, de			services	TSF		er between committee		ne candida	te/sponsor	
LEG legal defense	PRO professional PRT print ads	services (legal, acco	ounting)	VOT WEB		registration ation technology cost	a (internet a	mail		
LIT campaign literature and mailings	print aus	,			VVCD.	monn	ation technology cost	s (internet, e	-man <i>j</i>		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR		DESCRIPTION	N OF PA	YMENT		AMOU	NT PAID	
HSG Campaigns, LLC		LIT								17,287.61	
Pasadena, CA 91101										,	
										2 500 00	
HSG Campaigns, LLC		LIT	- [2,500.00	
Pasadena, CA 91101											
HSP Campaigns, LLC		LIT								17,287.61	
Pa ena, CA 91101											
* Payments that are contributions or independent expenditure	es must also be sumn	narized on	Schedul	e D.			s	UBTOTAL \$	5	37,075.22	
Schedule E Summary											
Itemized payments made this period. (Include all Schede)	ule E subtotals.)							\$	39,	023.54	
2. Unitemized payments made this period of under \$100										50.00	
3. Total interest paid this period on loans. (Enter amount from	om Schedule B, Part	1, Colum	nn (e).)					\$_		0.00	
4. Total payments made this period. (Add Lines 1, 2, and 3	. Enter here and on	the Sumr	nary Pag	e, Colun	nn A, Line 6.	.)	To	OTAL \$_	39,	073.54	

Schedule E	
(Continuation Sheet)	
Payments Made	

Amounts may be rounded to whole dollars.

MBR member communications

petition circulating

OFC office expenses

phone banks

PET

PHO

POL

POS

MTG meetings and appearances

polling and survey research

postage, delivery and messenger services

professional services (legal, accounting)

SCHEDULE E (CONT.) Statement covers period **CALIFORNIA** FORM 07/01/2023 from 12/31/2023 through

Page ___6_

I.D. NUMBER

930540

_ of ___ 12

SEE	INS	TRU	CTIONS	ON	REVERSE

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)*

candidate filing/ballot fees

indraising events

CNS campaign consultants

CVC civic donations

LEG legal defense

NAME OF FILER

Teachers Association of Long Beach/Teachers Active in Politics for Issues

independent expenditure supporting/opposing others (explain)*

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

RAD radio airtime and production costs returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs candidate travel, lodging, and meals TRC

staff/spouse travel, lodging, and meals TRS

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

LIT campaign literature and mailings	PRT print ads		WEB information technology cost	s (internet, e-mail)
NAME AND ADDRESS O (IF COMMITTEE, ALSO ENTER I.	F PAYEE D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Olson Remcho LLP		PRO		589.00
Sacramento, CA 95814				
Olson Remcho LLP		PRO		485.32
Sacramento, CA 95814				
Olson Remcho LLP		PRO		143.00
Se nento, CA 95814				
Olson Remcho LLP		PRO		83.00
Sacramento, CA 95814				
Olson Remcho LLP		PRO		117.00
Sacramento, CA 95814				
* Payments that are contributions or independent av	pondituros must also ho summarizad or	Schodulo D	CI	IRTOTAL \$ 1 417 32

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

SUBTOTAL \$

1,417.32

SCHEDULE E	(CONT.)
------------	---------

Schedule I	Ε
(Continuat	ion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from07/01/2023	FORM TOO
through 12/31/2023	Page7 of12
	I.D. NUMBER
	930540

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Teachers Association of Long Beach/Teachers Active in Politics for Issues

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FN indraising events

ND independent expenditure supporting/opposing others (explain)*

legal defense

LIT campaign literature and mailings

MBR

MTG

OFC

PET

PHO

PHO

POS

Legal defense

PRO

PRT

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
returned contributions
SAL
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
transfer between committees of the same candidate/sponsor
VOT
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
Dison Remcho LLP	PRO			531.0
Sacramento, CA 95814				
			•	
·				

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

SUBTOTAL \$

531.00

Schedule G	
Payments Made by an Agent or Independer	nt
Contractor (on Behalf of This Committee)	

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA 160
from07/01/2023	FORM 460
through 12/31/2023	Page 8 of 12
	I.D. NUMBER
	930540

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Teachers Association of Long Beach/Teachers Active in Politics for Issues

NAME OF AGENT OR INDEPENDENT CONTRACTOR

HSG Campaigns, LLC

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

campaign paraphernalia/misc. campaign consultants CNS ontribution (explain nonmonetary)* Sivic donations candidate filing/ballot fees FND fundraising events [ND

independent expenditure supporting/opposing others (explain)* legal defense LEG

campaign literature and mailings ш

MBR member communications MTG meetings and appearances

OFC office expenses PET petition circulating PHO phone banks

POL polling and survey research postage, delivery and messenger services

PRO professional services (legal, accounting) PRT print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Automated Mailers	LIT		915.00
Lake Forest, CA 92630			
Automated Mailers	LIT		915.00
Lake Forest, CA 92630			,
•			
Bridget Kuhn-Larson	LIT		500.00
Bremerton, WA 98312			
Bridget Kuhn-Larson	LIT		500.00
Bremerton, WA 98312			
		<u> </u>	

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

2,830.00

union fone on nou

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

schedule G (Continuation Sheet)		
Payments Made by an Agent or Independent		
Contractor (on Behalf of This Committee)		

Amounts may be rounded to whole dollars.

	SCHEDULE G (CONT
Statement covers period	CALIFORNIA / CO
from07/01/2023	FORM 400
through 12/31/2023	Page 9 of 12
	I.D. NUMBER
	930540

Teachers Association of Long Beach/Teachers Active in Politics for Issues

NAME OF AGENT OR INDEPENDENT CONTRACTOR

HSG Campaigns, LLC

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

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 campaign consultants CNS MTG meetings and appearances office expenses ontribution (explain nonmonetary)* OFC petition circulating vic donations PET candidate filing/ballot fees PHO phone banks FND fundraising events polling and survey research IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services professional services (legal, accounting) LEG legal defense PRO campaign literature and mailings PRT print ads Щ

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OF	R	DESCRIPTION OF PAYMENT	AMOUNT PAID
Union Press	LIT			5,250.00
South El Monte, CA 91733				
Union Press	LIT			5,250.00
South El Monte, CA 91733				Ì
•				
United States Postal Service	POS			7,653.60
Huntington Beach, CA 92647				
United States Postal Service	POS			7,653.6
Huntington Beach, CA 92647			•	

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

25,807.36

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G (Continuation Sheet)			SCHEDULE G (CONT.)
Payments Made by an Agent or Independent	Amounts may be rounded	Statement covers period	CALIFORNIA ACO
Contractor (on Behalf of This Committee)	to whole dollars.	from 07/01/2023	FORM 460
SEE INSTRUCTIONS ON REVERSE		through 12/31/2023	Page10 of12
NAME OF FILER			I.D. NUMBER
Teachers Association of Long Beach/Teachers Active in Politi	cs for Issues		930540
NAME OF AGENT OR INDEPENDENT CONTRACTOR			

campaign literature and mailings

HSG Campaigns, LLC

•••	zer ii diid di iiid londiiiig dodda maamiini, maaaiii		payment, you may onte me court out		-,
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CF ~	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CV_	ivic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration

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

print ads

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		OR	DESCRIPTION OF PAYMENT		AMOUNT PAID	
VYBE SocialMarketing	LIT			2,50	00.00	
Denver, CO 80231-4643						
		1				
		ļ				
	1					
	<u> </u>					

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

WEB information technology costs (internet, e-mail)

2,500.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule I		,		SCHEDULE I
Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 160
		to Whole deligion	from07/01/2023	FORM TOO
SEE INSTRUCTIONS ON REVER	SE.		through12/31/2023	Page 11 of 12
NAME OF FILER				1.D. NUMBER
Teachers Association o	of Long Beach/Teachers Active in Politics for Isa	sues		930540
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
•				
			·	
0				
Attach additional information on appropriately labeled continuation sheets.			SUBTO	TAL \$ 0.00
Schedule I Summa	ary			
1. Itemized increases to cash this period.			\$	0.00
2. Unitemized increases to cash of under \$100 this period.				0.08
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)				0.00
4. Total miscellaneous	s increases to cash this period. (Add Lines 1, 2, a	nd 3. Enter here and on the		0.08

dditional Comments or Form 460	CALIFORNIA FORM 460
	Page12 of12
ME OF FILER Pachers Association of Long Beach/Teachers Active in Politics for Issues	I.D. NUMBER 930540

chedule A - Teachers Association of Long Beach,

Long Beach, CA 90807, is the intermediary for all unitemized contributions.