Statement covers period from 10/23/2022   11/08/2022   11	Recipient Committee Campaign Statement					Date Stam	, c	ALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE    from 10/23/2022   through 12/31/2022   th					100	ANGELVED	37	FORM -
1. Type of Recipient Committee: All committees: All committees	$\nu$			•	(Month, Day, Year)	1044 25 PM	22	For Official Use Only
1. Type of Recipient Committee: All Committees: A Complete Parts 1, 2, 3, and 4.    Officioholder, Candidate Committee   Primarily Formed Ballot Measure   Primarily Formed Ballot Measure   Semi-annual Statement   Semi-annu	SEE INSTRUCTIONS ON REVERSE				11/08/2022 CA	PAIGN FINA	NCE C	<del>,</del> 088/4
State Candidate Election Committee Recall Plant Carpital Party Controlled Sponsored Primarily Formed Candidate/ Officeholder Committee Sponsored Sponsored Primarily Formed Candidate/ Officeholder Committee Sponsored Small Contributor Committee Sponsored Small Contributor Committee Sponsored Officeholder Committee Primarily Formed Candidate/ Officeholder Committee Sponsored Small Contributor Committee Sponsored Small Contributor Committee Sponsored Officeholder Committee Primarily Formed Candidate/ Officeholder Committee Sponsored Small Contributor Committee Sponsored Small Contributor Committee Sponsored Officeholder Committee Sponsored Small Contributor Committee El Segundo Teachers Association Political Action Committee (ESTA-PAC) STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE NAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE MAILING ADDRESS GITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX/E-MAIL ADDRESS  GPTIONAL: FAX/E-MAIL ADDRESS  4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to t cartify under penalty of peigruy under the laws of the State of California that the foregoi Executed on  Date  Sy	1. Type of Recipient Committee	e: All Committees	- Complete Parts 1, 2, 3, and	14.		<del>1</del>		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  El Segundo Teachers Association Political Action Committee (ESTA-PAC)  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE Rolling Hills Estates CA 90274 310-791-6615 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR 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  4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to t certify under penalty of perjury under the laws of the State of California that the foregoi  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responseble Officer of Sporseor  Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent	State Candidate Election Con Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	nmittee	Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Cand Officeholder Committee	idate/	Semi-annual Statemen Termination Statement (Also file a Form 410 T	nt t Fermination)	Quarterly Special O	Statement dd-Year Report
El Segundo Teachers Association Political Action Committee (ESTA-PAC)  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE Rolling Hills Estates CA 90274 310-791-6615 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR 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 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODE AREA CODE/PHONE  CITY STATE ZIP CODE AREA	3. Committee Information				Treasurer(s)	,		
MARLING ADDRESS  (ESTA-PAC)  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE ROlling Hills Estates CA 90274 310-791-661:  NAME OF ASSISTANT TREASURER, IF ANY Daphne Moote MARLING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE MARLING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE COPTIONAL: FAX / E-MAIL ADDRESS  4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to t certify under penalty of perjury under the laws of the State of California that the foregoi Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on Date  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Signature of Controlling Officeholder, Candidate, State Measure Proponent	COMMITTEE NAME (OR CANDIDATE'S N	AME IF NO COMMITTE			NAME OF TREASURER			
Rolling Hills Estates CA 90274 310-791-6615  Rolling Hills Estates CA 90274 310-791-6615  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP FODE AREA CODE/PHONE  OPTIONAL: FAX / E-MAIL ADDRESS  Los Angeles CA 90066 310-710-6994  OPTIONAL: FAX / E-MAIL ADDRESS  4. Verification  I have used all reasonable diligence in preparing and reviewing this statement and to t certify under penalty of perjury under the laws of the State of California that the foregoi  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent		n Political Action	Committee					
Rolling Hills Estates CA 90274 310-791-6615 Daphne Moote MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODE AREA CODE/PHONE  CITY STATE ZIP CODE AREA CODE/PHONE  CITY STATE ZIP CODE AREA CODE/PHONE  Los Angeles OPTIONAL: FAX / E-MAIL ADDRESS  4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to t certify under penalty of perjury under the laws of the State of California that the foregoi  Executed on  Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on  Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on  Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on  Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on  Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on  Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on  By Signature of Controlling Officeholder, Candidate, State Measure Proponent	STREET ADDRESS (NO P.O. BOX)							AREA CODE/PHO
Rolling Hills Estates CA 90274 310-791-6615 Daphne Moote MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODE AREA CODE/PHONE  CITY STATE ZIP CODE AREA CODE/PHONE  Los Angeles CA 90066 310-710-6994  OPTIONAL: FAX / E-MAIL ADDRESS  4. Verification  I have used all reasonable diligence in preparing and reviewing this statement and to t certify under penalty of perjury under the laws of the State of California that the foregoi  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on By Signature of Controlling Officeholder, Candidate, State Measure Proponent	CITY	STATE ZIF	CODE AREA CO	DE/PHONE			90274	310-791-6615
CITY STATE ZIP CODE AREA CODE/PHONE  Los Angeles CA 90066 310-710-6994  OPTIONAL: FAX / E-MAIL ADDRESS  Los Angeles CA 90066 310-710-6994  OPTIONAL: FAX / E-MAIL ADDRESS  Los Angeles CA 90066 310-710-6994  OPTIONAL: FAX / E-MAIL ADDRESS  Los Angeles CA 90066 310-710-6994  OPTIONAL: FAX / E-MAIL ADDRESS  Los Angeles CA 90066 310-710-6994  OPTIONAL: FAX / E-MAIL ADDRESS  Los Angeles CA 90066 310-710-6994  OPTIONAL: FAX / E-MAIL ADDRESS  Los Angeles CA 90066 310-710-6994  OPTIONAL: FAX / E-MAIL ADDRESS  Los Angeles CA 90066 310-710-6994  OPTIONAL: FAX / E-MAIL ADDRESS  Los Angeles CA 90066 310-710-6994  OPTIONAL: FAX / E-MAIL ADDRESS  Los Angeles CA 90066 310-710-6994  OPTIONAL: FAX / E-MAIL ADDRESS  Los Angeles CA 90066 310-710-6994  OPTIONAL: FAX / E-MAIL ADDRESS  Los Angeles CA 90066 310-710-6994  OPTIONAL: FAX / E-MAIL ADDRESS	Rolling Hills Estates	CA 9	0274 310-7		Daphne Moote			
OPTIONAL: FAX / E-MAIL ADDRESS  Los Angeles CA 90066 310-710-6994  OPTIONAL: FAX / E-MAIL ADDRESS  I have used all reasonable diligence in preparing and reviewing this statement and to t certify under penalty of perjury under the laws of the State of California that the foregoi  Executed on	MAILING ADDRESS (IF DIFFERENT) NO.	AND STREET OR P.O.	BOX		MAILING ADDRESS			
OPTIONAL: FAX / E-MAIL ADDRESS  I. Verification I have used all reasonable diligence in preparing and reviewing this statement and to t certify under penalty of perjury under the laws of the State of California that the foregoi  Executed on	CITY	STATE ZIF	CODE AREA CO	DE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHO
I. Verification  I have used all reasonable diligence in preparing and reviewing this statement and to t certify under penalty of perjury under the laws of the State of California that the foregoi  Executed on					Los Angeles	CA	90066	310-710-6994
I have used all reasonable diligence in preparing and reviewing this statement and to t certify under penalty of perjury under the laws of the State of California that the foregoi  Executed on	OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADDR	RESS		
I have used all reasonable diligence in preparing and reviewing this statement and to t certify under penalty of perjury under the laws of the State of California that the foregoi  Executed on	4. Verification							
Executed on	I have used all reasonable diligence in		-		ontained	d herein and in the at	ached schedul	es is true and complete. I
Executed on	certify under penalty of perjury under	the laws of the State	e of California that the fore	:goi				
Executed on	Executed onDate	0000	Ву		or Assistan	nt Treasurer		-
Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on	Executed onDate		Ву	Signature of Con	trolling Officeholder, Candidate, State Measure P	roponent or Responsible Off	icer of Sponsor	
Executed on	Executed on		Ву		Signature of Controlling Officeholder, Candidate.	State Measure Proponent		-
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent	Executed on		Ву					_

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

Summary Page	from 10			ement covers period	california 460				
SEE INSTRUCTIONS ON REVERSE NAME OF FILER El Segundo Teachers' Association PAC				through	12/31/2023	Page 2 of 4			
Contributions Received  I. Monetary Contributions	Schedule B, Line 3 Add Lines 1 + 2 Schedule C, Line 3	0	\$ 6800.00  \$ 6800.00  \$ 6800.00		YEAR '	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  5. Payments Made  7. Loans Made  8. SUBTOTAL CASH PAYMENTS  9. Accrued Expenses (Unpaid Bills)  10. Nonmonetary Adjustment  11. TOTAL EXPENDITURES MADE	Schedule H, Line 3 Add Lines 6 + 7 Schedule F, Line 3 Schedule C, Line 3	\$\\\\\\ \\ \\\\\\\\\\\\\\\\\\\\\\\\\\\	\$	4334.50 0 4334.50 0 0 4334.50			Summary for State  Ive Expenditures Made*  Ive Voluntary Expenditure Limit)  Total to Date		
Current Cash Statement  12. Beginning Cash Balance Previous Sur  13. Cash Receipts Co  14. Miscellaneous Increases to Cash Payments Co  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14,  If this is a termination statement, Line 16 must be zero.	Jumn A, Line 3 above Schedule I, Line 4 Jumn A, Line 8 above then subtract Line 15	\$\frac{2832.04}{1600.00} \frac{0}{3.00} \$\frac{4429.04}{}	and of and be shown this	calculate Coluid amounts in Color the correspondents from Column nounts in Column negative figure ould be subtractevious period at is the first repet for this calently carry over the	olumn Inding Iumn B Iumn B Iumn A may set that sted from mounts. If nort being dar year,	*Amounts in this section r reported in Column B.	\$may be different from amounts		
Cash Equivalents and Outstanding Deb  18. Cash Equivalents	nstructions on reverse	\$ <u>0</u> \$ <u>0</u>		m Lines 2, 7, a y).	nd 9 (if	FPPC Advice: adv	FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov		

Schedule A Monetary Contributions Received  SEE INSTRUCTIONS ON REVERSE			ts may be rounded whole dollars.	Statement covers period from 10/23/2022 through 12/31/2022		CALIFORNIA 460 FORM  Page 3 of 4	
NAME OF FILER El Segundo	Teachers' Association PAC					1.D. N 12684	UMBER 05
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)
12/30/22	California Teachers Association Association for a Better Citizenship Sacramento, CA 95814	☐IND☐COM☐OTH☐PTY		1600.00	1600.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$ 1600.00			
1. Amount re (Include al	A Summary ceived this period – itemized monetary contribution I Schedule A subtotals.) ceived this period – unitemized monetary contribut			00.00	IND COM OTH	(other	ual vient Committee r than PTY or SCC) (e.g., business entity)

3. Total monetary contributions received this period.

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

SCC - Small Contributor Committee

Schedule E Payments Made	Amounts may b to whole de		from 10/23/2022	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Judy El Segundo Teachers' Association PAC			through 12/31/2022	Page 4 of 4
CODES: If one of the following codes accurated campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si kplain)* POS postage, deli	munications I appearances es ating	RAD radio airtime and product RFD returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel. lodging	ction costs ries production costs g, and meals ing, and meals ttees of the same candidate/sponsor
NAME AND ADDRESS OF PAYE (IF COMMITTEE, ALSO ENTER I.D. NUME		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bank of America Center , El Segundo, CA 90245	,	OFC Bank Service	: Fees	3.00
	,			
* Payments that are contributions or independent expenditures	must also be summarized on Sche	dule D.	,	SUBTOTAL \$
Schedule E Summary  1. Itemized payments made this period. (Include a	il Schedule E subtotals.)			\$\$