Recipient Committee				COVER PAGE		
Campaign Statement	· ·		Date Stamp	CALIFORNIA 460		
Campaign Statement				FORM 400		
Cover Page		1	RECEIVED			
	Statement covers period	Date of election if applicable:	LOS ANGELES	COUNTY of 4		
	from 1/1/2021	(Month, Day, Year)		For Official Use Only		
	from 1/1/2021		2021 AUG 19 P	2: 54		
SEE INSTRUCTIONS ON REVERSE	through 6/30/2021		O A MONION EIN	JANCE		
SEE INSTRUCTIONS ON REVERSE	through 0/00/2021		CAMPAIGN FI	YANUE		
1. Type of Recipient Committee: All Committees - Con	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	•			
☐ Officeholder, Candidate Controlled Committee ☐ F	Primarily Formed Ballot Measure	Preelection Statement	☐ Quarte	erly Statement		
State Candidate Election Committee	Committee	Semi-annual Statement	☐ Specia	al Odd-Year Report		
Recall (Also Complete Part 5)	Ocontrolled Sponsored	Termination Statement (Also file a Form 410 Termination Statement)	rmination)			
	Also Complete Part 6)	Amendment (Explain be				
✓ General Purpose Committee  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □						
	Primarily Formed Candidate/ Officeholder Committee					
	Also Complete Part 7)					
,						
	D. NUMBER 342459	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	342430	NAME OF TREASURER				
Duarte Unified Education Association Political Actio	n Committee	Oziel Hernandez				
Dualte Climen Bureauton , abbotation , climen , total		MAILING ADDRESS				
STREET ADDRESS (NO P.O. BOX)	·	CITY	STATE ZIP COD	DE AREA CODE/PHONE		
STALL THE STALL ST		Ontario	CA 91762			
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE		010-400-0714		
Sierra Madre CA 9102	4 215-205-8227	Heather Messner				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS				
,						
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP COD	DE AREA CODE/PHONE		
Ontario CA 9176	2 818-480-8714	SIerra Madre	CA 91024	215-205-8227		
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES				
duea@duea.org		heathmess@hotmail.com				
4. Verification						
I have used all reasonable diligence in preparing and reviewi	ng this statement and to the best of my ki	nowledge the information contained	herein and in the attached sche	dules is true and complete. I		
certify under penalty of perjury under the laws of the State of	<del>-</del>					
Executed on 8/13/2021						
Executed on Date	Ву			<del></del>		
Executed on	. Bv					
Date	Signature of Control	ling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of Sponsor			
Executed onDate	Ву	gnature of Controlling Officeholder, Candidate, S	ate Measure Proposed			
		gradule of confounty chiceholder, candidate, a	measure rroponent			
Executed onDate	By ————————————————————————————————————	gnature of Controlling Officeholder, Candidate, S	late Measure Proponent	<del></del>		
				EPPC Form 460 (lan/2016))		

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

COVER PAGE

## **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM from  $\frac{1/1/2021}{}$ through <u>6/30/2021</u> Page 2 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER **Duarte Unified Education Association Political Action Committee** 1342459

Contributions Received  1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  \$\frac{3447}{0}\$ \$\frac{3447}{0}\$ \$\$\frac{3447}{0}\$	**SCALENDAR YEAR TOTAL TO DATE  \$ \frac{3447}{3100}   \$ \frac{3447}{0}   \$ \frac{3447}{0}	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 \$ \$
Expenditures Made  6. Payments Made	\$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$	\$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{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) /\$
Current Cash Statement  12. Beginning Cash Balance	\$\frac{1919.45}{3447}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	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			ts may be rounded	SCHEDULE				
Monetary Contributions Received		to	whole dollars.	Statement cov	ers period	CALIFORNIA 460		
				from 1/1/2021		FORM 400		
SEE INSTRUCTI	ONS ON REVERSE			through 6/30/202	21	Page	3of_4	
NAME OF FILER							UMBER	
Duarte Unif	ied Education Association Political Action Committee					13424	59	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	D DATE	PER ELECTION	
RECEIVED	CONTRIBUTOR	CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR Y		TO DATE	
	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	<del></del>	OF BUSINESS)	PERIOD	(JAN. 1 - DEC	. 31)	(IF REQUIRED)	
3/5/2021	Duarte Unified Education Association	☐ IND		\$1485	\$1485			
	Storma Madra CA 01094	□отн			1			
	Sierra Madre, CA 91024	□ PTY □ SCC						
3/30/2021	Duarte Unified Education Association	□IND		\$495	\$1980			
		☑ COM ☐ OTH			,			
	Sierra Madre, CA 91024	□PTY						
		□scc						
5/18/2021	Duarte Unified Education Association	☐ IND ☑ COM		\$489	\$2469			
		□отн	,					
	Sierra Madre, CA 91024	□PTY						
	<del> </del>	□scc			<del> </del>			
6/1/2021	Duarte Unified Education Association	☐ IND		\$489	\$2958			
	G. 34 1 GL04004	□отн						
	Sierra Madre, CA 91024	□ PTY □ SCC						
7/15/9091	Duarte Unified Education Association	□IND		0490	00447			
7/15/2021	Duarte Unitied Education Association	<b>₹</b> COM		\$489	\$3447			
	Sierra Madre, CA 91024	□OTH   □PTY						
	Sieria Madre, Ort of our	□scc						
			SUBTOTAL	\$ 3447				
Schedule	A Summary				*Con	tributor (	Codes	
	eceived this period – itemized monetary contribution	ns.	. 34	147	IND-	Individ	ual	
	all Schedule A subtotals.)		\$	<del></del>	COM		oient Committee than PTY or SCC)	
		tions of t ti	. 0.100			- Other	(e.g., business entity)	
2. Amount r	received this period – unitemized monetary contribute	uons of less that	1 \$100\$ _			<ul><li>Politic</li><li>Small</li></ul>	al Party Contributor Committee	
3. Total mor	netary contributions received this period.		0.4	147	,			
(Add Line	es 1 and 2. Enter here and on the Summary Page, 0	Column A, Line 1	.)TOTAL \$ = 34	41		FPF	<sup>2</sup> C Form 460 (Jan/2016))	
	•			F	PPC Advice: advi	ce@fpp	c.ca.gov (866/275-3772)	

www.fppc.ca.gov

	Am	ounts may be ro	undad				SCHED	OULE B - PART	
Schedule B – Part 1 Loans Received		Amounts may be rounded to whole dollars.			Statement cov from 1/1/2021	ers period	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through <u>6/30/20</u>	21	Page 4	of <u>4</u>	
NAME OF FILER  Duarte Unified Education Association Politica	al Action Committee						1.D. NUMBER 1342459		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION: TO DATE	
Duarte Unified Education Association				PAID s	s 3100	0 %	s_3100	\$ 0	
Sierra Madre, CA 91024  †□ IND     Z COM  □ OTH   □ PTY   □ SCC		s_3100	s. <u> </u>	FORGIVEN	N/A DATE DUE	ş <u>0</u>	10/25/19 DATE INCURRED	s 0	
				PAID  \$ FORGIVEN	\$	% RATE	\$	\$PER ELECTION	
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				PAID  \$ FORGIVEN	s	% RATE	s	\$PER ELECTION	
				s		s			

SUBTOTALS \$

Schedule B Summary

<sup>†</sup>□ IND □ COM □ OTH □ PTY □ SCC

(May be a negative number)

DATE DUE

†Contributor Codes

DATE INCURRED

IND - Individual

(Enter (e) on Schedule E, Line 3)

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A.
\*\* If required.

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