

Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
 from 1-1-22
 through 6-30-22

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

Date Stamp 6/24/22 *ups*

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CAMPaign FINANCE

CALIFORNIA FORM **450**

of 2

For Official Use Only

1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Candidate/ Officeholder Committee
- General Purpose Committee
- Sponsored
- Small Contributor Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) _____
(Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report

3. Committee Information

I.D. NUMBER
1341659

COMMITTEE NAME
COEA- Citizens for Quality Education

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
San Dimas Ca 91773 951 206 0109

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

CITY STATE ZIP CODE AREA CODE/PHONE
Alta Loma Ca 91737 951 206 0109

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Kelly Evans

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Alta Loma Ca 91737 951 206 0109

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 California:

the information contained herein is true and complete. I certify

Executed on 6-23-22
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

REASURER OR ASSISTANT TREASURER

by _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>1-1-22</u> through <u>6-30-22</u>	CALIFORNIA FORM 450
Page <u>2</u> of <u>3</u>	I.D. NUMBER <u>1341659</u>

NAME OF COMMITTEE
COEA - Citizens for Quality Education

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>0</u>
2. Expenditures under \$100 made this period (Not itemized.)	\$ <u>84.60</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... Add Lines 1 + 2	\$ <u>84.60</u>
4. Nonmonetary Adjustment..... From Line 8 Below	\$ <u>0</u>
5. Total expenditures made from previous statement..... Previous Summary Page, Line 6 (If this is the first statement for the calendar year, enter zero.)	\$ <u>0</u>
6. TOTAL EXPENDITURES MADE TO DATE..... Add Lines 3 + 4 + 5	\$ <u>84.60</u>

Contributions Received

7. Monetary contributions received this period.....	\$ <u>0</u>
8. Non-monetary contributions received this period.....	\$ <u>0</u>
9. Total contributions received from previous statement..... Previous Summary Page, Line 10 (If this is the first statement for the calendar year, enter zero.)	\$ <u>0</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE..... Add Lines 7 + 8 + 9	\$ <u>0</u>

Current Cash Statement

11. Beginning cash balance..... Previous Summary Page, Line 15	\$ <u>1952.48</u>
12. Cash receipts this period..... Line 7 above	\$ <u>0</u>
13. Miscellaneous increases to cash.....	\$ <u>0</u>
14. Cash expenditures this period..... Line 3 above	\$ <u>84.60</u>
15. ENDING CASH BALANCE THIS PERIOD..... Add Lines 11 + 12 + 13, then subtract Line 14	\$ <u>1867.88</u>

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NAME OF COMMITTEE COEA - Citizens for Quality Education

I.D. NUMBER
1341659

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
Jan. 10, 2022	Secretary of State Political Reform Div. Room 495 Sacramento CA 95814	Check for yearly fee.	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	50.00	Calendar Year \$ <u>50.00</u> Other \$ _____
Jan. 11, 2022	UPS Store Rancho Cucamonga Ca. 91737	Mail Delivery	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	12.16	Calendar Year \$ <u>12.16</u> Other \$ _____
Mar 20, 2022	UPS Store Rancho Cucamonga Ca 91737	Mail Delivery	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	22.44	Calendar Year \$ 34.60 ^{RE} Other <u>22.44</u> \$ _____
SUBTOTAL				\$ 84.60	84.60

* Required only for payments which are contributions or independent expenditures.