»*		C	D 7/25/22	S722 COVER PAGE
Recipient Committee				
Campaign Statement		. }	CALI	FORNIA 460
		'		ORM
Cover Page			RECEIVED BY ANGELES COUNTY	
	Statement covers period	Date of election if applicable: 10\$	AMCEL EC COUNTE Page	of
		(Month, Day, Year)	ANGELES COUNTY	or Official Use Only
•	from 1/1/22	1 ' ' 1		
	1	202	2 JUL 27 PM 2: \$0 🧿	5 09445
SEE INSTRUCTIONS ON REVERSE	through _6/30/22			
OLE MOTIONO ON REVERSE	through	CA CA	MPAIGN FINANCE	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
☐ Officeholder, Candidate Controlled Committee ☐ F	Primarily Formed Ballot Measure	Preelection Statement	Quarterly State	ement
	Committee	Semi-annual Statement	Special Odd-Y	ear Report
O Recall (Ontrolled	☐ Termination Statement	·	ou. Hopoit
(Also Complete Part 5)	O Sponsored	(Also file a Form 410 Terminal	tion)	
	Also Complete Part 6)	Amendment (Explain below)		
General Purpose Committee	Primarily Formed Candidate/	· ·		
	Officeholder Committee			
	Also Complete Part 7)			
		l		
	0. NUMBER 3056094	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	3030094	NAME OF TREASURER		
Eastside Teachers Association PAC				
Eastside Teachers Association PAC		David Dionne		
		MAILING ADDRESS		
CTREET APPRESS (NO PO POW)				
STREET ADDRESS (NO P.O. BOX)	•	CITY	STATE ZIP CODE	AREA CODE/PHONE
	<u> </u>	Palmdale	CA 93551	6615757391
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF A	ANY	
Palmdale CA 9355	1			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	×	MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
·				
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification				
I have used all reasonable diligence in preparing and reviewit			and in the attached schedules is	true and complete. I
certify under penalty of perjury under the laws of the State of	California that the foregoing is true and	correct.		
7/23/22	_			
Executed on	Ву			
Superiori an	_			
Executed on	By Signature of Contro	olling Officeholder, Candidate, State Measure Proponent	or Responsible Officer of Sponsor	
Evenuted on	Pro-			
Executed on	. By	ignature of Controlling Officeholder, Candidate, State Med	asure Proponent	
Executed on	Pu			
Date Date	Bys	ignature of Controlling Officeholder, Candidate, State Med	asure Proponent	

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

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

	SUMMARY PAGE		
Statement covers period from $\frac{1/1/22}{}$	california 460		
through6/30/22	Page of4		
	I.D. NUMBER		

SEE INSTRUCTIONS ON REVERSE		through	0/00/22	
NAME OF FILER				I.D. NUMBER
Eastside Teachers Association PAC				1305694
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sum Running in Both the General Elections	mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$	\$ \frac{0}{0} \\ \$ \fra		rough 6/30 7/1 to Date \$\$
Expenditures Made 6. Payments Made	\$\frac{50}{0}\$ \$\frac{50}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{5}{50}\$	\$\frac{50}{0}\$ \$\frac{50}{0}\$ \$\frac{50}{0}\$ \$\frac{0}{50}\$ \$\$		Summary for State re Expenditures Made* Voluntary Expenditure Limit) Total to Date
Cash Equivalents and Outstanding Debts		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 n reported in Column B.	nay be different from amounts
18. Cash Equivalents	\$ <u>0</u> \$		FPPC Advice: adv	FPPC Form 460 (Jan/2016)) ice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

	Amounts may be rounded to whole dollars.			SCHEDULE			
Schedule E				Statement covers period C		ALIFORNIA 460	
Payments Made				from	F0	ORM TO	
SEE INSTRUCTIONS ON REVERSE				through <u>6/30/22</u>	Page	3 of	
NAME OF FILER					I.D. NU		
Eastside Teachers Association PAC						1305694	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearances ses lating	enger services	RAD radio airtime and productive returned contributions campaign workers' salarie t.v. or cable airtime and productive candidate travel, lodging, staff/spouse travel, lodging transfer between committed voter registration websites.	ion costs es roduction cos and meals g, and meals lees of the sar	me candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OF	R D	ESCRIPTION OF PAYMENT		AMOUNT PAID	
Secretary of State			PAC Annual Fe	e		\$50	
Sacramento, CA 95814							
	·					·	
* Payments that are contributions or independent expenditures must also b	e summarized on Sche	edule D.			SUBTOTAL	\$	
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedul	le E subtotals.)				\$	50	
2. Unitemized payments made this period of under \$100						0	
3. Total interest paid this period on loans. (Enter amount from						0	

Schedule I		Amounts may be rounded		SCHEDULE I
Miscelland	eous Increases to Cash	to whole dollars.	Statement covers period from $\frac{1/1/22}{}$	CALIFORNIA 460 FORM
	•		through6/30/22	Page4 of4
<u>SEE INSTRUCTIO</u> NAME OF FILER	DNS ON REVERSE			I.D. NUMBER
	ners Association PAC			1305694
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DI	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
JanJune 2022	Schools First Federal Credit Union Palmdale, CA 93551	PAC account di	vidends	\$1.99
	,			
Attach addi	itional information on appropriately labeled continuation sheets.		SUBTOTA	L\$
Schedule I	Summary		1.99	
	creases to cash this period			_
	d increases to cash of under \$100 this period			_
3. Total of all	interest received this period on loans made to others. (So	chedule H, Column (e).)	\$ <u>0</u>	_
4. Total mísce Summary F	ellaneous increases to cash this period. (Add Lines 1, 2, a	and 3. Enter here and on the	TOTAL \$	FPPC Form 460 (Jan/2016))
•	-			vice@fppc.ca.gov (866/275-3772)

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