Recipient Committee

| Campaign Statement Cover Page | | | V | FORM 46U |
|--|--|--|---|--------------------------------------|
| SEE INSTRUCTIONS ON REVERSE | Statement covers period from $5/22/22$ | Date of election (fapplicable) ESC (Month, Day, Year) 2022 JUN 30 | 3.15 | Page of |
| | unough | | Miles | |
| State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee Sponsored O Small Contributor Committee | rimarily Formed Ballot Measure committee Controlled Sponsored So Complete Part 6) rimarily Formed Candidate/ officeholder Committee Sto Complete Part 7) | 2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below) | ☐ Specia | erly Statement al Odd-Year Report |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Professors for Quality C Sponsored by Glendale Co STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP COE | DE AREA CODE/PHONE 18-240-1000 | Treasurer(s) NAME OF TREASURER D and C MAILING ADDRESS CITY CHARLE OF ASSISTANT TREASURER, IF AN MAILING ADDRESS CITY CITY CITY And S.S. G OPTIONAL: FAX/E-MAIL ADDRESS | STATE ZIP COE | DE AREA CODE/PHONE B18-240—1000 |
| 4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Control Executed on Date Executed on Date Executed on Date | By Signature of Control | ing Officeholder, Candidate, State Measure Proponent or Insture of Controlling Officeholder, Candidate, State Measure Propose of Controlling Officeholder, Candidate, State Measure of Controlling Officeholder, Candidate, Candidate | Responsible Officer of Sponsor ure Proponent | edules is true and complete. I |

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

| Summary Page | | to | whole dollars. | | 1 | tement covers period | CALIFORNIA 460 |
|---|--|-------|---|--|--|--|--|
| SEE INSTRUCTIONS ON REVERSE | | | | | through | 6/30/22 | Page 2 of 43 |
| NAME OF FILER | / | | | | | - 0:1 | I.D. NUMBER |
| Pofessors for Quality | Edrati | in (5 | pascrac | by G | lendale | Ollege Guild) | 950065 |
| Contributions Received | ` | TOT | COLUMN A AL THIS PERIOD TACHED SCHEDULES) | CA | Column B ALENDAR YEAR OTAL TO DATE | Running in Both th | nmary for Candidates e State Primary and |
| Monetary Contributions | Schedule B, Line 3 Add Lines 1 + 2 Schedule C, Line 3 | \$ | 510 | \$ | 1512 0 1512 1512 | General Elections 1/1 ti 20. Contributions Received \$ 21. Expenditures Made \$ | \$\$ |
| Expenditures Made 6. 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 | \$ | 0 0 0 0 0 | \$ <u>3</u> | 570 570 0 570 | | Summary for State ve Expenditures Made* o Voluntary Expenditure Limit) Total to Date |
| Current Cash Statement 12. Beginning Cash Balance Previous Statement 13. Cash Receipts Statement 14. Miscellaneous Increases to Cash Statement 15. Cash Payments Statement Add Lines 12 + 13 + 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Statement 18. Cash Equivalents and Outstanding December 18. Cash Equivalents See | Column A, Line 3 above Schedule I, Line 4 Column A, Line 8 above 4, then subtract Line 15 Schedule B, Part 2 | \$ | 3292 1510 5 0 4807 | add amounts of your last amounts in being atting should be previous puthis is the filed for the only carry | ate Column B, ints in Column orresponding from Column B st report. Some in Column A may we figures that subtracted from period amounts. If first report being is calendar year, over the amounts s 2, 7, and 9 (if | reported in Column B. | may be different from amounts |
| 19. Outstanding Debts Add Line 2 + Lin | ne 9 in Column B above | \$ | | | ! .• | `FPPC Advice: adv | FPPC Form 460 (Jan/2016)) rice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov |

| Schedule I | Amounts may be rounded | | SCHEDULE | | |
|--|---------------------------------------|-------------------------|--------------------------|--|--|
| Miscellaneous Increases to Cash | to whole dollars. | Statement covers period | CALIFORNIA 460 | | |
| | | from 5/22/22 | FORM | | |
| SEE INSTRUCTIONS ON REVERSE | | through 6/30/20 | Page 3 of 3 | | |
| NAME OF FILER | | Guild) | I.D. NUMBER | | |
| Professors for Quality Edu | 1 catter (sponsored by | | 950065 | | |
| DATE FULL NAME AND ADDRESS OF SO | OURCE | ESCRIPTION OF RECEIPT | AMOUNT OF | | |
| RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUM | | | INCREASE TO CASH | | |
| } | | | | | |
| i | | | | | |
| | | | | | |
| | | | - | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4 | | | | | |
| 1 | | | | | |
| | | | | | |
| | | | | | |
| · · | | | | | |
| | | | | | |
| | | , | | | |
| | | . ' | | | |
| | | | | | |
| Attach additional information on appropriately labeled continuation | n sheets. | SUBTOTAL | \$ | | |
| Schedule I Summary | | <u> </u> | | | |
| 1. Itemized increases to cash this period. | | \$ | - | | |
| 2. Unitemized increases to cash of under \$100 this period | | \$5 | - | | |
| 3. Total of all interest received this period on loans made to ot | | | | | |
| Total miscellaneous increases to cash this period. (Add Line Summary Page, Line 14.) | es 1, 2, and 3. Enter here and on the | 5 | FPPC Form 460 (Jan/2016) | | |

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