

# 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 7-1-22  
 through 12-31-22

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

N/A

Date Stamp  
 RECEIVED BY  
 LOS ANGELES COUNTY  
 12/29/22 UPS  
 2022 DEC 29 PM 2:06  
 CAMPAIGN FINANCE

CALIFORNIA FORM 450

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For Official Use Only

### 1. Type of Recipient Committee:

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

### 2. Type of Statement:

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

### 3. Committee Information

I.D. NUMBER  
1341659

COMMITTEE NAME  
COEA - Citizens for Quality Education

STR \_\_\_\_\_

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

MAIL \_\_\_\_\_

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

I certify the information contained herein is true and complete. I certify

Executed on 12-20-22  
DATE

\_\_\_\_\_  
TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on \_\_\_\_\_  
DATE

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		<b>CALIFORNIA FORM 450</b>
from	7-1-22	
through	12-31-22	Page 2 of 3
NAME OF COMMITTEE		I.D. NUMBER
COEA - Citizens for Quality Education		1341659

**Expenditures Made**

1. Expenditures of \$100 or more made this period.....	\$	0
2. Expenditures under \$100 made this period (Not itemized.).....		44.32
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD.....	\$	44.32
4. Nonmonetary Adjustment.....		0
5. Total expenditures made from previous statement.....	\$	84.60
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
6. TOTAL EXPENDITURES MADE TO DATE.....	\$	128.92

**Contributions Received**

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

**Current Cash Statement**

11. Beginning cash balance.....	\$	1867.88
12. Cash receipts this period.....		0
13. Miscellaneous increases to cash.....	\$	0
14. Cash expenditures this period.....		44.32
15. ENDING CASH BALANCE THIS PERIOD.....	\$	1823.56

**Recipient Committee  
Campaign Statement – Short Form**

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**CALIFORNIA FORM 450**

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SEE INSTRUCTIONS ON REVERSE

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*
Sept. 7 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.	22.16	Calendar Year \$ <u>56.76</u> Other \$ _____
Dec. 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.	22.16	Calendar Year \$ <u>78.92</u> Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
<b>SUBTOTAL</b>				<b>\$ 44.32</b>	

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