

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.

SHORT FORM

CALIFORNIA FORM **450**

Statement covers period
 from 7/1/2022
 through 12/31/2022

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

Date Stamp
 RECEIVED BY
 LOS ANGELES COUNTY
 2023 FEB 14 AM 11:27
 CAMPAIGN FINANCE

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

3. Committee Information

I.D. NUMBER 931834

COMMITTEE NAME
COVINA UNIFIED EDUCATION ASSOCIATION -
POLITICAL ACTION COMMITTEE

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
San Dimas CA 91773 909)592-5800

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
MARK SIGNALLO

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Arcadia CA 91006 818-667-5405

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 review under penalty of perjury under the laws of the State of Calif

Executed on 2/14/23
 DATE

Executed on _____
 DATE

Executed on _____
 DATE

Executed on _____
 DATE

est of my knowledge the information contained herein is true and complete. I certify and correct.

 SIGNATURE OF TREASURER 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>7/1/22</u>	CALIFORNIA FORM 450
through <u>12/31/22</u>	
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NAME OF COMMITTEE

COVINA UNIFIED EDUCATION ASSOCIATION -
POLITICAL ACTION COMMITTEE

I.D. NUMBER

931834

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>0</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u>50</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$ <u>50</u>
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>	<u>0</u>
5. Total expenditures made from previous statement <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ <u>0</u>
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$ <u>50</u>

Contributions Received

7. Monetary contributions received this period.....	\$ <u>2,322</u>
8. Non-monetary contributions received this period.....	<u>0</u>
9. Total contributions received from previous statement <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ <u>1538</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$ <u>3960</u>

Current Cash Statement

11. Beginning cash balance <i>Previous Summary Page, Line 15</i>	\$ <u>1538</u>
12. Cash receipts this period..... <i>Line 7 above</i>	<u>2322</u>
13. Miscellaneous increases to cash	\$ <u>0</u>
14. Cash expenditures this period..... <i>Line 3 above</i>	<u>50</u>
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>3910</u>

Recipient Committee Campaign Statement – Short Form

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Statement covers period
from _____
through _____

CALIFORNIA FORM 450

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I.D. NUMBER
931834

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NAME OF COMMITTEE
COVINA UNIFIED EDUCATION ASSOCIATION -
POLITICAL ACTION COMMITTEE

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*
	<u>SIMON WRIGHT</u> <u>COVINA CA 91724</u> <u>FPPC # 1451720</u>	<u>VOTER DATA</u>	<u>SIMON WRIGHT</u> <u>COVINA VALLEY USD</u> <u>SCHOOL BOARD</u> <u>AREA 4</u> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	<u>\$50.-</u>	Calendar Year \$ <u>50.-</u> Other \$ _____
			 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$					\$ <u>50.-</u>

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