

RECEIVED BY
LOS ANGELES COUNTY
2024 JAN -4 PM 2:56
CAMPAIGN FINANCE

1/3/24 UPS

SHORT FORM

**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 7-1-23
through 12-31-23

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

Date Stamp	CALIFORNIA FORM 450
Page <u>1</u> of <u>4</u>	
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
- 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

CITY STATE ZIP CODE AREA CODE/PHONE
San Dimas Ca 91773 9512060109

CITY STATE ZIP CODE AREA CODE/PHONE
Alta Loma Ca 91737 same

Treasurer(s)

NAME OF TREASURER
Kelly Evans

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Alta Loma Ca 91737 9512060109

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 an under penalty of perjury under the laws of the State

information contained herein is true and complete. I certify

Executed on 12-27-23
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

Treasurer or Assistant Treasurer

Signature of Controlling Officerholder, Candidate, State Measure Proponent, or Responsible Officer of Sponsor

By _____
Signature of Controlling Officerholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officerholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>7-1-23</u> through <u>12-31-23</u>	CALIFORNIA FORM 450
	Page <u>3</u> of <u>4</u>

NAME OF COMMITTEE <u>COEA - Citizens for Quality Education</u>	I.D. NUMBER <u>1341659</u>
---	-------------------------------

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>10.72</u>
2. Expenditures under \$100 made this period (Not itemized.)	\$ <u>0</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	Add Lines 1 + 2 \$ <u>10.72</u>
4. Nonmonetary Adjustment	From Line 8 Below \$ <u>0</u>
5. Total expenditures made from previous statement	Previous Summary Page, Line 6 \$ <u>200.36</u>
(If this is the first statement for the calendar year, enter zero.)	
6. TOTAL EXPENDITURES MADE TO DATE	Add Lines 3 + 4 + 5 \$ <u>211.08</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 \$ <u>0</u>
(If this is the first statement for the calendar year, enter zero.)	
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>1752.12</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>10.72</u>
15. ENDING CASH BALANCE THIS PERIOD	Add Lines 11 + 12 + 13, then subtract Line 14 \$ <u>1741.42</u>

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>7-1-23</u> through <u>12-31-23</u>	CALIFORNIA FORM 450
	Page <u>4</u> of <u>4</u>

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*
<u>12-28-23</u>	<u>UPS Store 6371 Haven Ave Rancho Cucamonga Ca 91731</u>	<u>Postage</u>		<u>10.72</u>	Calendar Year \$ <u>21.44</u> Other
			Support Oppose Contribution Ind. Exp.		\$ _____ Other
			Support Oppose Contribution Ind. Exp.		\$ _____ Other
			Support Oppose Contribution Ind. Exp.		\$ _____ Other
				SUBTOTAL \$ <u>10.72</u>	<u>21.44</u>

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