

**Recipient Committee
Campaign Statement
Cover Page**

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 CAMPAIGN FINANCE

CALIFORNIA FORM 460

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Statement covers period
 from 9-25-22
 through 10-22-22

Date of election if applicable:
 (Month, Day, Year)
11-8-22

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
left out PAC ID # in box 3.
on the cover page.
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER 891814

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Mountain View Teachers Association PAC

STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
Whittier CA 90604 562)822-8400

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
Lgabermvta@gmail.com

Treasurer(s)

NAME OF TREASURER
Laura Gaber
 MAILING ADDRESS

 CITY STATE ZIP CODE AREA CODE/PHONE
Whittier CA 90604 (562)822-8400

NAME OF ASSISTANT TREASURER, IF ANY

 MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
Lgabermvta@gmail.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein 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

Executed on 1/6/2023

 Date

Executed on _____

 Date

Executed on _____

 Date

Executed on _____

 Date

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