

**Recipient Committee  
Campaign Statement  
Cover Page**

S121

|  |  |
|--|--|
| Date Stamp<br>RECEIVED BY<br>LOS ANGELES CO<br>7-22-20 ①<br>2020 JUL 24 AM 8: 08<br>mw<br>CAMPAIGN FINANCE | <b>CALIFORNIA FORM 460</b><br>Page <u>1</u> of <u>4</u><br>For Official Use Only<br>020679<br>C11239 |
|--|--|

Statement covers period  
 from 07/01/2020  
 through 07/08/2020

Date of election if applicable:  
 (Month, Day, Year)  
March 3, 2020

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)
  - Quarterly Statement
  - Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER  
1423302

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Joy McCreary for GUSD School Board 2020

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

|                  |           |              |                   |
|------------------|-----------|--------------|-------------------|
| CITY             | STATE     | ZIP CODE     | AREA CODE/PHONE   |
| <u>La Canada</u> | <u>CA</u> | <u>91011</u> | <u>8189575690</u> |

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  
Tara Kyle

MAILING ADDRESS  
\_\_\_\_\_

|                  |           |              |                   |
|------------------|-----------|--------------|-------------------|
| CITY             | STATE     | ZIP CODE     | AREA CODE/PHONE   |
| <u>La Canada</u> | <u>CA</u> | <u>91011</u> | <u>8189575690</u> |

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 this statement and to certify under penalty of perjury under the laws of the State of California that the foregoing schedules is true and complete. I

|  |          |    |
|--|----------|----|
| Executed on <u>07/08/2020</u><br><small>Date</small> | By _____ |    |
| Executed on <u>07/08/2020</u><br><small>Date</small> | By _____ | mw |
| Executed on _____<br><small>Date</small>             | By _____ |    |
| Executed on _____<br><small>Date</small>             | By _____ |    |

Signature of Controlling Officeholder, Candidate, State Measure Proponent

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>07/01/2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>07/08/2020</u>                         |                                |
| Page <u>2</u> of <u>4</u>                         |                                |
| I.D. NUMBER<br>1423302                            |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Joy McCreary for GUSD 2020

## Contributions Received

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3    | \$ <u>0</u>  | \$ <u>4115</u>                             |
| 2. Loans Received..... Schedule B, Line 3            | <u>-1672.56</u>  | <u>-2000</u>                               |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | \$ <u>-1672.56</u>   | \$ <u>2115</u>                             |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | <u>0</u>   | <u>0</u>                                   |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ <u>0</u>  | \$ <u>2115</u>                             |

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

## Expenditures Made

|  | Column A      | Column B          |
|--|---------------|-------------------|
| 6. Payments Made..... Schedule E, Line 4                   | \$ <u>725</u> | \$ <u>5889.61</u> |
| 7. Loans Made..... Schedule H, Line 3                      | <u>0</u>      | <u>0</u>          |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$ <u>725</u> | \$ <u>5889.61</u> |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | <u>0</u>      | <u>-725</u>       |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | <u>0</u>      |                   |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10      | \$ <u>725</u> | \$ _____          |

## Expenditure Limit Summary for State Candidates

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

## Current Cash Statement

|  |                   |
|--|-------------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16             | \$ <u>2397.56</u> |
| 13. Cash Receipts..... Column A, Line 3 above                              | <u>-1672.56</u>   |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | <u>0</u>          |
| 15. Cash Payments..... Column A, Line 8 above                              | <u>725</u>        |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>0</u>       |

If this is a termination statement, Line 16 must be zero.

|  |             |
|--|-------------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ <u>0</u> |
|--|-------------|

## Cash Equivalents and Outstanding Debts

|  |             |
|--|-------------|
| 18. Cash Equivalents..... See Instructions on reverse            | \$ <u>0</u> |
| 19. Outstanding Debts..... Add Line 2 + Line 9 In Column B above | \$ <u>0</u> |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

# Schedule B – Part 1 Loans Received

Amounts may be rounded to whole dollars.

Statement covers period  
from 07/01/2020  
through 07/08/2020

CALIFORNIA FORM **460**

Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Joy McCreary for GUSD 2020

I.D. NUMBER

1423302

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*   | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                 |
|--|---|--|------------------------------------|---|--|----------------------------------|--------------------------------|---|
| Joy McCreary<br>La Canada, CA 91011<br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher<br>Alliance College Ready<br>Public Schools   | \$ 2000  | \$ 0                               | <input checked="" type="checkbox"/> PAID<br>\$ 1672.56<br><input checked="" type="checkbox"/> FORGIVEN<br>\$ 327.44 | \$ 0<br>DATE DUE                                   | N/A %<br>RATE                    | \$ 2000<br>DATE INCURRED       | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC   |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____                          | \$ _____<br>DATE DUE                               | _____%<br>RATE                   | \$ _____<br>DATE INCURRED      | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC   |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____                          | \$ _____<br>DATE DUE                               | _____%<br>RATE                   | \$ _____<br>DATE INCURRED      | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| <b>SUBTOTALS</b>   |   | \$ 0   | \$ 2000                            | \$ 0  | \$ 0   |                                  |                                |   |

(Enter (e) on Schedule E, Line 3)

## Schedule B Summary

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 2000  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ -2000  
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

† Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|  |   |
|--|---|
| Statement covers period<br>from <u>07/01/2020</u><br>through <u>07/08/2020</u> | <b>CALIFORNIA FORM 460</b><br>Page <u>4</u> of <u>4</u> |
| I.D. NUMBER<br>1423302   |   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Joy McCreary for GUSD 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |  |   |   |
|--|---|---|
| CMP campaign paraphernalia/misc.                                 | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants   | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                          | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations  | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                 | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events   | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| ID independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense  | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                             | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Joy McCreary<br>La Canada, CA 91011                                 | FIL     | Filing Fee             | 725         |
| Joy McCreary<br>La Canada, CA 91011                                 |         | Loan Repayment         | 1672.56     |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 2397.56**

**Schedule E Summary**

|  |                         |
|--|-------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ 2397.56              |
| 2. Unitemized payments made this period of under \$100   | \$ 0                    |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ 0                    |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$ 2397.56</b> |

Remove = O.L.

S121 07F=014100

# Statement of Organization Recipient Committee

Statement Type

|  |                                    |  |
|--|------------------------------------|--|
| <input type="checkbox"/> Initial                       | <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Termination - See Part 5 |
| <input type="radio"/> Not yet qualified<br>or          | Date qualification threshold met   | Date of termination  |
| <input type="radio"/> Date qualification threshold met | ____/____/____                     | 07 / 08 / 20   |

Date Stamp  
 RECEIVED BY  
 ANGELES COUNTY  
 7-22-20 ①  
 2020 JUL 24 AM 8:18  
 CAMPAIGN FINANCE  
 mv

**CALIFORNIA FORM 410**  
 For Official Use Only  
 020679  
 C11239

|   |  |                   |                               |  |             |                   |                               |
|---|--|-------------------|-------------------------------|--|-------------|-------------------|-------------------------------|
| <b>1. Committee Information</b>   |  |                   |                               | <b>2. Treasurer and Other Principal Officers</b> |             |                   |                               |
| I.D. Number 1423302<br><small>(if applicable)</small>                       |  |                   |                               | NAME OF TREASURER<br>Tara Kyle                   |             |                   |                               |
| NAME OF COMMITTEE<br>Joy McCreary for GUSD School Board, District A         |  |                   |                               | STREET ADDRESS (NO P.O. BOX)                     |             |                   |                               |
| STREET ADDRESS (NO P.O. BOX)  |  |                   |                               | CITY<br>La Canada                                | STATE<br>CA | ZIP CODE<br>91011 | AREA CODE/PHONE<br>8189575690 |
| CITY<br>La Canada   | STATE<br>CA                            | ZIP CODE<br>91011 | AREA CODE/PHONE<br>8189679032 | NAME OF ASSISTANT TREASURER, IF ANY              |             |                   |                               |
| FULL MAILING ADDRESS (IF DIFFERENT)   |  |                   |                               | STREET ADDRESS (NO P.O. BOX)                     |             |                   |                               |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)<br>joymccreary96@gmail.com       |  |                   |                               | CITY   | STATE       | ZIP CODE          | AREA CODE/PHONE               |
| COUNTY OF DOMICILE  | JURISDICTION WHERE COMMITTEE IS ACTIVE |                   |                               | NAME OF PRINCIPAL OFFICER(S)                     |             |                   |                               |
| Attach additional information on appropriately labeled continuation sheets. |  |                   |                               | STREET ADDRESS (NO P.O. BOX)                     |             |                   |                               |
|   |  |                   |                               | CITY   | STATE       | ZIP CODE          | AREA CODE/PHONE               |

### 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the

Executed on 07/08/2020 DATE B \_\_\_\_\_ ASSISTANT TREASURER

Executed on 07/08/2020 DATE B \_\_\_\_\_ DATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ DATE B \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ DATE By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

mv

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

|  |                        |
|--|------------------------|
| COMMITTEE NAME<br>Joy McCreary for GUSD School Board District A 2020 | I.D. NUMBER<br>1423302 |
|--|------------------------|

• All committees must list the financial institution where the campaign bank account is located.

|   |                                 |                                       |
|---|---------------------------------|---------------------------------------|
| NAME OF FINANCIAL INSTITUTION<br>Glendale Area Schools Credit Union | AREA CODE/PHONE<br>818-248-3486 | BANK ACCOUNT NUMBER<br>40276 (CLOSED) |
|---|---------------------------------|---------------------------------------|

|                     |                  |             |                   |
|---------------------|------------------|-------------|-------------------|
| ADDRESS<br>Glendale | CITY<br>Glendale | STATE<br>CA | ZIP CODE<br>91208 |
|---------------------|------------------|-------------|-------------------|

**4. Type of Committee** complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE |          |                              |
|--|---|------------------|-----------------|----------|------------------------------|
| Joy McCreary   | School Board Member, District A   | 2020             | Nonpartisan     | Partisan | (list political party below) |
|  |   |                  | Nonpartisan     | Partisan | (list political party below) |

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE |        |
|---|--|-----------|--------|
|   |  | SUPPORT   | OPPOSE |
|   |  |           |        |
|   |  |           |        |

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

Joy McCreary for GUSD School Board District A 2020

I.D. NUMBER

1423302

**4. Type of Committee** (continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Elect Joy McCreary to Glendale Unified School District Board of Education

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Small Contributor Committee**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date qualified

**5. Termination Requirements** By signing the certification, the sponsor, assistant sponsor, and/or candidate, jointly hold the opinion that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.