

# 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**

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For Official Use Only

**607740**

Statement covers period  
from 1/1/2022  
through 6/30/2022

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

Date Stamp  
**RECEIVED BY  
LOS ANGELES COUNTY  
2022 JUL -5 PM 3:18  
CAMPAIGN FINANCE**

## 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  
1243795

COMMITTEE NAME

El Monte Union Educators Association PAC

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Irwindale CA 91706 (626)357-7814

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

emuea1pac@gmail.com

## Treasurer(s)

NAME OF TREASURER

Donald Quick

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
W. Covina CA 91790 (626)242-3133

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 the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/1/2022  
DATE

By \_\_\_\_\_  
SIGNATURE OF 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 from <u>1/1/2022</u> through <u>6/30/2022</u>	<b>CALIFORNIA FORM</b>	<b>450</b>
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NAME OF COMMITTEE <u>El Monte Union Educators Association PAC</u>	I.D. NUMBER <u>1243795</u>
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**Expenditures Made**

1. Expenditures of \$100 or more made this period.....	\$ <u>200</u>
2. Expenditures under \$100 made this period (Not itemized.).....	<u>0</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... Add Lines 1 + 2	\$ <u>200</u>
4. Nonmonetary Adjustment..... From Line 8 Below	<u>0</u>
5. Total expenditures made from previous statement..... Previous Summary Page, Line 6 (If this is the first statement for the calendar year, enter zero.)	\$ <u>0</u>
6. TOTAL EXPENDITURES MADE TO DATE..... Add Lines 3 + 4 + 5	\$ <u>200</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 (If this is the first statement for the calendar year, enter zero.)	\$ <u>0</u>
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>16,458.06</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>200</u>
15. ENDING CASH BALANCE THIS PERIOD..... Add Lines 11 + 12 + 13, then subtract Line 14	\$ <u>16,258.06</u>

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Campaign Statement – Short Form**

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SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

EI Monte Union Educators Association PAC

I.D. NUMBER

1243795

**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*
3-19-22	Secretary of State Political Reform Division  Sacramento, CA 95814	Annual Fee + late penalty	N/A  <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	200	Calendar Year \$ _____ 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 \$ _____
<b>SUBTOTAL \$ 200</b>					

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