

Recipient Committee Campaign Statement - Short Form

CALIFORNIA FORM 450

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 1/1/23 through 6/30/23

Date of election if applicable: (Month, Day, Year) SEP 19 2023

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For Official Use Only

RECEIVED BY
ANGELES COUNTY
CAMPAGN FINANCE
DISCLOSURE SECTION

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

3. Committee Information

COMMITTEE NAME
COVINA UNIFIED EDUCATION ASSOCIATION - POLITICAL ACTION COMMITTEE

I.D. NUMBER
931834

STREET ADDRESS (A.D. ONLY)
SAN DIMAS CA 91773

CITY STATE ZIP CODE AREA CODE/PHONE
SAN DIMAS CA 91773 (909) 592-5806

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
ARCADIA CA 91006

CITY STATE ZIP CODE AREA CODE/PHONE
ARCADIA CA 91006 (818) 667-5405

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER
MARK SIGNAISO

NAME OF ASSISTANT TREASURER, IF ANY
ARCADIA CA 91006

MAILING ADDRESS
ARCADIA CA 91006

CITY STATE ZIP CODE AREA CODE/PHONE
ARCADIA CA 91006

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 C:

Executed on 9/1/23 DATE

Executed on _____ DATE

Executed on _____ DATE

Executed on _____ DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER _____

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

Amounts may be rounded to whole dollars.

Recipient Committee Campaign Statement Summary Page

CALIFORNIA FORM **450**

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Statement covers period from 1/1/23 through 6/30/23

NAME OF COMMITTEE
COVINA UNIFIED EDUCATION ASSOCIATION - POLITICAL ACTION COMMITTEE
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931834

Expenditures Made

- 1. Expenditures of \$100 or more made this period \$ 660
- 2. Expenditures under \$100 made this period (Not itemized.) 10.00
- 3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... Add Lines 1 + 2 \$ 670.00
- 4. Nonmonetary Adjustment..... From Line 8 Below 0
- 5. Total expenditures made from previous statement Previous Summary Page, Line 6 \$ 670.00
(If this is the first statement for the calendar year, enter zero.)
- 6. TOTAL EXPENDITURES MADE TO DATE Add Lines 3 + 4 + 5 \$ 670.00

Contributions Received

- 7. Monetary contributions received this period..... \$ 4617.00
- 8. Non-monetary contributions received this period..... 0
- 9. Total contributions received from previous statement..... Previous Summary Page, Line 10 \$ 0
(If this is the first statement for the calendar year, enter zero.)
- 10. TOTAL CONTRIBUTIONS RECEIVED TO DATE Add Lines 7 + 8 + 9 \$ 4617.00

Current Cash Statement

- 11. Beginning cash balance Previous Summary Page, Line 15 \$ 3910.00
- 12. Cash receipts this period..... Line 7 above 4617.00
- 13. Miscellaneous increases to cash \$ 0
- 14. Cash expenditures this period..... Line 3 above 670.00
- 15. ENDING CASH BALANCE THIS PERIOD Add Lines 11 + 12 + 13, then subtract Line 14 \$ 7857.00

**Recipient Committee
Campaign Statement – Short Form**

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to whole dollars.

SHORT FORM

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FORM **450**

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Statement covers period
from 1/1/23
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NAME OF COMMITTEE

COVINA UNIFIED EDUCATION ASSOCIATION - POLITICAL ACTION COMMITTEE

I.D. NUMBER

931834

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			CUMULATIVE AMOUNTS TO DATE*
				THIS PERIOD	Calendar Year	Other	
2/16/23	REGISTRAR-RECORDER / COUNTY CLERK NORWALK, CA 90650	COUNTY OFFICE LATE FILING FEE		320.00	\$		
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$		
2/16/23	REGISTRAR-RECORDER / COUNTY CLERK NORWALK, CA 90650	COUNTY OFFICE LATE FILING FEE		140.00	\$		
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$		
7/12/23	SECRETARY OF STATE POLITICAL REFORM DIVISION SACRAMENTO, CA 95814	CA SECRETARY OF STATE ANNUAL FEE		200.00	\$		
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$		
SUBTOTAL				\$ 660.00			

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