

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 July 1, 2020
through Dec. 31, 2020

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

Date Stamp
**RECEIVED BY 1/4/2021
LOS ANGELES COUNTY
2021 JAN -6 PM 2:37**

CALIFORNIA FORM 450

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For Official Use Only

CAMPAIGN FINANCE 610295

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
- 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
Charter Oak Education Assoc. -
Citizens for Quality Education

STREET ADDRESS (NO P.O. BOX)

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

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

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 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 Calif.

Executed on 12-20-2020
DATE

TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF TREASURER PROONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on 12-20-2020
DATE

By _____
SIGNATURE OF CANDIDATE, STATE MEASURE PROponent

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

EW

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period
from July 1, 2020
through Dec. 31, 2020

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NAME OF COMMITTEE

COEA - Citizens For Quality Education

I.D. NUMBER

1341659

Expenditures Made

1. Expenditures of \$100 or more made this period	<u>256.00</u>	<u>200.00</u>	\$ <u>456.00</u>
2. Expenditures under \$100 made this period (Not itemized.)			\$ <u>0</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD			\$ <u>456.00</u>
4. Nonmonetary Adjustment			\$ <u>0</u>
5. Total expenditures made from previous statement (If this is the first statement for the calendar year, enter zero.)			\$ <u>1624.00</u>
6. TOTAL EXPENDITURES MADE TO DATE			\$ <u>2080.00</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 (If this is the first statement for the calendar year, enter zero.)		\$ <u>1020.00</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE		\$ <u>1020.00</u>

Current Cash Statement

11. Beginning cash balance		\$ <u>1781.08</u>
12. Cash receipts this period		\$ <u>0</u>
13. Miscellaneous increases to cash		\$ <u>0</u>
14. Cash expenditures this period		\$ <u>456.00</u>
15. ENDING CASH BALANCE THIS PERIOD		\$ <u>1325.08</u>

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
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Statement covers period from <u>July 1, 2020</u> through <u>Dec. 3, 2020</u>		CALIFORNIA FORM 450
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NAME OF COMMITTEE <u>COEA - Citizens For Quality Education</u>	I.D. NUMBER <u>1341659</u>
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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>11-30-2020</u>	<u>Stater Bros. Alta Loma</u>	<u>Cash</u>	<u>Rosie Richardson Kristin McGuire Jeanette Flores</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	<u>256.00</u>	Calendar Year <u>\$ 256.00</u> Other \$ _____
<u>11-30-2020</u>	<u>Blake Paper Co. Rancho Cucamonga</u>	<u>Cash</u>	<u>Rosie Richardson Kristin McGuire Jeanette Flores</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	<u>200.00</u>	Calendar Year <u>\$ 200.00</u> Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$				<u>456.00</u>	<u>456.00</u>

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