

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.

12/21/21

SHORT FORM

CALIFORNIA FORM 450

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For Official Use Only

Statement covers period
 from 7-1-21
 through 12-31-21

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

2021 DEC 22 PM 3:01

CAMPAIGN FINANCE

RECEIVED BY
 LOS ANGELES COUNTY

Date Stamp

ups

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
1341659

COMMITTEE NAME
COEA - Citizens for Quality Education

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
San Dimas Ca 91773 9512060109

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 under penalty of perjury under the laws of the State of California

the information contained herein is true and complete. I certify

Executed on 12-20-21
 DATE

 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

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**CALIFORNIA
FORM 450**

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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>0</u>
2. Expenditures under \$100 made this period (Not itemized.).....		<u>25.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD.....	<i>Add Lines 1 + 2</i>	\$ <u>25.00</u>
4. Nonmonetary Adjustment.....	<i>From Line 8 Below</i>	<u>0</u>
5. Total expenditures made from previous statement.....	<i>Previous Summary Page, Line 6</i>	\$ <u>150.00</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
6. TOTAL EXPENDITURES MADE TO DATE.....	<i>Add Lines 3 + 4 + 5</i>	\$ <u>175.00</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.....	<i>Previous Summary Page, Line 10</i>	\$ <u>0</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE.....	<i>Add Lines 7 + 8 + 9</i>	\$ <u>0</u>

Current Cash Statement

11. Beginning cash balance.....	<i>Previous Summary Page, Line 15</i>	\$ <u>1977.48</u>
12. Cash receipts this period.....	<i>Line 7 above</i>	<u>0</u>
13. Miscellaneous increases to cash.....		\$ <u>0</u>
14. Cash expenditures this period.....	<i>Line 3 above</i>	<u>25.00</u>
15. ENDING CASH BALANCE THIS PERIOD.....	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>1952.48</u>

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I.D. NUMBER
1341659

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NAME OF COMMITTEE

COEA - Citizens for Quality Education

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>12-20-2021</u>	<u>UPS Store Rancho Cucamonga Ca 91737</u>	<u>Postage</u>	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	<u>25.00</u>	Calendar Year \$ <u>25.00</u> 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 \$ _____
				SUBTOTAL \$ <u>25.00</u>	<u>25.00</u>

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