

# 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.

9123

1/31/23 (3)

SHORT FORM

CALIFORNIA FORM 450

Statement covers period  
 from 7/01/2022  
 through 12/31/2022

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

Date Stamp  
 RECEIVED BY  
 LOS ANGELES COUNTY  
 2023 FEB -2 PM 12: 28

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 For Official Use Only  
 G05164

## 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  
 931652

COMMITTEE NAME  
 Educators for Better Schools - Issues  
 Whittier Secondary Education Association

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
 Whittier, CA 90605 562-698-8121

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  
 Virginia Glasscock

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
 Whittier CA 90605 562-698-8121

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

is true and complete. I certify

Executed on 1-27-2023 By \_\_\_\_\_  
 DATE

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

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

Executed on \_\_\_\_\_ By \_\_\_\_\_  
 DATE 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		<b>CALIFORNIA FORM 450</b>
from	7/01/2022	
through	12/31/2022	Page <u>2</u> of <u>3</u>

NAME OF COMMITTEE

Educators for Better Schools - Issues / Whittier Secondary Education Association

I.D. NUMBER

931652

**Expenditures Made**

1. Expenditures of \$100 or more made this period.....	\$	0
2. Expenditures under \$100 made this period (Not itemized.).....		15.70
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$	15.70
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>		0
5. Total expenditures made from previous statement ..... <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	64.76
6. TOTAL EXPENDITURES MADE TO DATE ..... <i>Add Lines 3 + 4 + 5</i>	\$	80.46

**Contributions Received**

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

**Current Cash Statement**

11. Beginning cash balance ..... <i>Previous Summary Page, Line 15</i>	\$	20334.59
12. Cash receipts this period..... <i>Line 7 above</i>		0
13. Miscellaneous increases to cash .....	\$	0
14. Cash expenditures this period..... <i>Line 3 above</i>		15.70
15. ENDING CASH BALANCE THIS PERIOD ..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	20318.89

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SHORT FORM

**CALIFORNIA**  
**FORM** **450**

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NAME OF COMMITTEE

Educators for Better Schools - Issues / Whittier Secondary Education Association

I.D. NUMBER

931652

## 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*
N/A					<b>Calendar Year</b> \$ _____ <b>Other</b> \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
N/A					<b>Calendar Year</b> \$ _____ <b>Other</b> \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
N/A					<b>Calendar Year</b> \$ _____ <b>Other</b> \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
<b>SUBTOTAL \$</b>					

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