

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.

SW (4)

SHORT FORM

CALIFORNIA FORM **450**

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For Official Use Only

Statement covers period
from 7/1/2023
through 12/31/2023

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

2024 FEB - 1 AM 10: 13

RECEIVED BY
LOS ANGELES COUNTY

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

3. Committee Information

I.D. NUMBER
931834

COMMITTEE NAME
Covina Unified Education Association
Political Action Committee

Treasurer(s)

NAME OF TREASURER
Calie Smekal

CITY STATE ZIP CODE AREA CODE/PHONE
San Dimas Ca 91773 909-592-5806

CITY STATE ZIP CODE AREA CODE/PHONE
Pasadena Ca 91107 209-450-5184

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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.

Executed on 1/8/2024
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

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

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

I certify

LOF SPONSOR

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

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SEE INSTRUCTIONS ON REVERSE

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 THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
<u>9/27/2023</u>	<u>Registrar - Recorder / County Clerk 12400 Imperial Hwy Norwalk, Ca 90650</u>	<u>County Office Late filing fee</u>		<u>\$320.00</u>	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 _____ \$ _____
				SUBTOTAL <u>\$320.00</u>	

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

**Recipient Committee
Campaign Statement
Summary Page**

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to whole dollars.

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I.D. NUMBER
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NAME OF COMMITTEE

Covina Unified Education Association - Political Action Committee

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>320.00</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u>0</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	<u>320.00</u>
4. Nonmonetary Adjustment	<u>0</u>
5. Total expenditures made from previous statement	<u>670.00</u>
(If this is the first statement for the calendar year, enter zero.)	
6. TOTAL EXPENDITURES MADE TO DATE	<u>990.00</u>

Contributions Received

7. Monetary contributions received this period	\$ <u>793.50</u>
8. Non-monetary contributions received this period	<u>0</u>
9. Total contributions received from previous statement	<u>4617.00</u>
(If this is the first statement for the calendar year, enter zero.)	
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	<u>5410.50</u>

Current Cash Statement

11. Beginning cash balance	\$ <u>7767.00</u>
12. Cash receipts this period	<u>793.50</u>
13. Miscellaneous increases to cash	<u>0</u>
14. Cash expenditures this period	<u>320.00</u>
15. ENDING CASH BALANCE THIS PERIOD	<u>8240.50</u>