

**Recipient Committee
Campaign Statement
Cover Page**

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LOS ANGELES COUNTY

**CALIFORNIA
FORM 460**

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For Official Use Only

Statement covers period
from 7-1-22
through 9-24-22

Date of election if applicable:
(Month, Day, Year) 2023 JAN -6 PM 3:46
11-8-22 CAMPAIGN FINANCE

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
Left out PAC ID # in Box 3 on the cover page
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER 891814

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Mountain View Teachers Association PAC

STREET ADDRESS (NO P.O. BOX)

CITY Whittier STATE CA ZIP CODE 90604 AREA CODE/PHONE (562)822-8400

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Lgabermvta@gmail.com

Treasurer(s)

NAME OF TREASURER

Laura Gaber

CITY Whittier STATE CA ZIP CODE 90604 AREA CODE/PHONE (562)822-8400

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Lgabermvta@gmail.com

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 and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/6/2023
Date

By _____

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