

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 07/01/2022
through 12/31/2022

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

Date Stamp
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CAMPAIGN FINANCE

CALIFORNIA FORM 460

Page 1 of 2
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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)
- ☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1238887

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

Little Lake Education Association
Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Fe Springs CA 90670 (562) 665-7500

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

LLEAPres@icloud.com

Treasurer(s)

NAME OF TREASURER

Nancy Magana

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Fe Springs CA 90670 (562) 500-2391

NAME OF ASSISTANT TREASURER, IF ANY

Nicky McLean

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Fe Springs CA 90670

OPTIONAL: FAX / E-MAIL ADDRESS

LLEAPres@icloud.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and certify under penalty of perjury under the laws of the State of California that the fr

Executed on January 30, 2023
Date

Executed on
Date

Executed on
Date

Executed on
Date

wledge the information contained herein and in the attached schedules is true and complete. I rect.

Signature of Treasurer or Assistant Treasurer

By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>07/01/2022</u> through <u>12/31/2022</u>	CALIFORNIA FORM 460 Page <u>2</u> of <u>2</u>
I.D. NUMBER <u>1238887</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Little Lake Education Association Political Action Committee

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received..... Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 0.00	\$ 0.00
4. Nonmonetary Contributions..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 0.00	\$ 0.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ 0.00	\$ 0.00
21. Expenditures Made	\$ 0.00	\$ 0.00

Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$ 0.00	\$ 0.00
7. Loans Made..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 0.00	\$ 0.00
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 0.00	\$ 0.00

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ 0.00
____/____/____	\$ 0.00

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 7416.18
13. Cash Receipts..... Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0.00
15. Cash Payments..... Column A, Line 8 above	0.00
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 7416.18

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ 0.00
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.