Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.6)

Type or print in ink.

Statement covers period
from 10-18-2020
through 12-31-2020

Date of election if applicable:
(Month, Day, Year)
11-03-2020

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 5)
☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 5)

2. Type of Statement:
☐ Preliminary Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
Correction to dollar amount, lines 2 and 3 on Schedule A Summary,
of original Semi-annual Statement

3. Committee Information
I.D. NUMBER 1301552

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Beverly Hills Education Association PAC

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF TREASURER
Mark Frenn

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 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.

07-30-2021
By
Signature of Treasurer or Assistant Treasurer

07-30-2021
By
Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

By
Signature of Controlling Officer/Candidate, State Measure Proponent

By
Signature of Controlling Officer/Candidate, State Measure Proponent

FPPC Form 460 (January 2020)
FPPC Toll-Free Hotline: 888/ASK-FPPC (888/275-3772)
State of California
## Contributions Received

1. Monetary Contributions: Schedule A, Line 3 $4,472
2. Loans Received: Schedule B, Line 3 $0
3. SUBTOTAL CASH CONTRIBUTIONS: Add Lines 1 + 2 $4,472
4. Nonmonetary Contributions: Schedule C, Line 3 $0
5. TOTAL CONTRIBUTIONS RECEIVED: Add Lines 3 + 4 $4,472

## Expenditures Made

6. Payments Made: Schedule E, Line 4 $690
7. Loans Made: Schedule H, Line 3 $0
8. SUBTOTAL CASH PAYMENTS: Add Lines 6 + 7 $690
9. Accrued Expenses (Unpaid Bills): Schedule F, Line 3 $0
10. Nonmonetary Adjustment: Schedule C, Line 3 $0
11. TOTAL EXPENDITURES MADE: Add Lines 8 + 9 + 10 $690

## Current Cash Statement

12. Beginning Cash Balance: Previous Summary Page, Line 16 $24,822
14. Miscellaneous Increases to Cash: Schedule I, Line 4 $0
15. Cash Payments: Column A, Line 8 above $690
16. ENDING CASH BALANCE: Add Lines 12 + 13 + 14, then subtract Line 15 $28,604
   If this is a termination statement, Line 16 must be zero.

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents: See instructions on reverse $0
19. Outstanding Debts: Add Line 2 + Line 9 in Column B above $0

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### Calendar Year Summary for Candidates

20. Contributions Received: $0
21. Expenditures Made: $0

### Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made: (If Subject to Voluntary Expenditure Limit)
   - Date of Election: ______/____/____ $_______
   - Total to Date: ______/____/____ $_______

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

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).
# Schedule A
## Monetary Contributions Received

**Type or print in ink. Amounts may be rounded to whole dollars.**

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 10-18-2020</td>
<td>460</td>
</tr>
<tr>
<td>through 12-31-2020</td>
<td></td>
</tr>
<tr>
<td>Page 3 of 5</td>
<td></td>
</tr>
</tbody>
</table>

### NAME OF FILER

Beverly Hills Education Association PAC

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-30-2020</td>
<td>California Teachers Association</td>
<td>IND, COM, OTH, PTY, SCC</td>
<td></td>
<td>3,000</td>
<td>3,000</td>
<td></td>
</tr>
</tbody>
</table>

### Schedule A Summary

1. Amount received this period – itemized monetary contributions. 
   (Include all Schedule A subtotals.) ........................................... $ 3,000

2. Amount received this period – unitemized monetary contributions of less than $100 ......................................................... $ 1,472

3. Total monetary contributions received this period. 
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ........................................... TOTAL $ 4,472

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*Contributor Codes

- IND – Individual
- COM – Recipient Committee
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Schedule D
Summary of Expenditures
Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink. Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION OF REQUIRED</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-23-2020</td>
<td>Dr. Amanda Stern School Board Beverly Hills Unified School District</td>
<td>☑ Support ☐ Oppose</td>
<td>☑ Monetary Contribution</td>
<td>230</td>
<td>2,838</td>
<td></td>
</tr>
<tr>
<td>10-23-2020</td>
<td>Mary Wells School Board Beverly Hills Unified School District</td>
<td>☑ Support ☐ Oppose</td>
<td>☑ Monetary Contribution</td>
<td>230</td>
<td>2,838</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 690

Schedule D Summary
1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) $ 690
2. Unitemized contributions and independent expenditures made this period of under $100 $ 0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL $ 690
Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Beverly Hills Education Association PAC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>campaign paraphernalia/misc.</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
</tr>
<tr>
<td>RIL</td>
<td>candidate filing/ballot fees</td>
</tr>
<tr>
<td>RND</td>
<td>fundraising events</td>
</tr>
<tr>
<td>IND</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
</tr>
<tr>
<td>LT</td>
<td>campaign literature and mailings</td>
</tr>
<tr>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OFC</td>
<td>office expenses</td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PHD</td>
<td>phone banks</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRT</td>
<td>print ads</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>RFD</td>
<td>returned contributions</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>t.v. or cable airtime and production costs</td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/sponsor</td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
</tr>
</tbody>
</table>

NAME AND ADDRESS OF PAYEE
OF COMMITTEE, ALSO ENTER I.D. NUMBER

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carol Courneya</td>
<td>CMP</td>
<td></td>
<td>690</td>
</tr>
<tr>
<td>Beverly Hills, CA  90212</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 690

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