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CAMPAIGN FINANCE  
DISCLOSURE SECTION

SHORT FORM

### 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.

Statement covers period  
from 01/01/2023  
through 06/30/2023

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

Date Stamp

CALIFORNIA FORM **450**

Page 1 of 2

For Official Use Only

#### 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  
1258771

COMMITTEE NAME

Mt. San Antonio Faculty Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Walnut	CA	91789	909-274-4531

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Walnut	CA	91789	909-274-4531

OPTIONAL: FAX / E-MAIL ADDRESS

#### Treasurer(s)

NAME OF TREASURER

Maya Alvarez-Galvan

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Walnut	CA	91789	909-274-4531

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.

This statement is true and complete. I certify

Executed on 07/14/2023  
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

\_\_\_\_\_  
RESPONSIBLE OFFICER OF SPONSOR

**Recipient Committee  
Campaign Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SHORT FORM

Statement covers period		CALIFORNIA FORM <b>450</b>
from	01/01/2023	
through	06/30/2023	Page <u>2</u> of <u>2</u>
NAME OF COMMITTEE		I.D. NUMBER
Mt. San Antonio Faculty Association Political Action Committee		1258771

**Expenditures Made**

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

**Contributions Received**

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

**Current Cash Statement**

11. Beginning cash balance.....	\$	46,324.37
12. Cash receipts this period.....	\$	0
13. Miscellaneous increases to cash.....	\$	0
14. Cash expenditures this period.....	\$	0
15. ENDING CASH BALANCE THIS PERIOD.....	\$	46,324.37