

5123

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 7/1/22
 through 12/31/22

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

Date Stamp
 RECEIVED BY
 LOS ANGELES COUNTY
 1/26/23
 2023 JAN 27 PM 2:53
 CAMPAIGN FINANCE

CALIFORNIA FORM 450
 Page 1 of 2
 For Official Use Only
G09834

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
1319419

COMMITTEE NAME
South Bay United Teachers Issues Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90503	310-921-2500

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
310-921-2502/sgoins@cta.org

Treasurer(s)

NAME OF TREASURER
Samantha Weiss *Samantha Weiss*

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Pedro	CA	90732	(310) 435-6292

NAME OF ASSISTANT TREASURER, IF ANY
Sarah Robinson

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90505	(805) 431-8383

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 under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I certify _____ d complete. I certify

Executed on 1/25/23
DATE

By _____
SIGNATURE OF _____

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

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>7/1/22</u> through <u>12/31/22</u>	CALIFORNIA FORM	450
	Page <u>2</u> of <u>2</u>	
NAME OF COMMITTEE		I.D. NUMBER 1319419

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	<u>0.00</u>
2. Expenditures under \$100 made this period (Not itemized.).....		<u>50.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$	<u>50.00</u>
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>		<u>0.00</u>
5. Total expenditures made from previous statement <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	<u>0.00</u>
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$	<u>50.00</u>

Contributions Received

7. Monetary contributions received this period.....	\$	<u>2854.73</u>
8. Non-monetary contributions received this period.....		<u>0.00</u>
9. Total contributions received from previous statement <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	<u>3746.78</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$	<u>6601.51</u>

Current Cash Statement

11. Beginning cash balance..... <i>Previous Summary Page, Line 15</i>	\$	<u>144287.91</u>
12. Cash receipts this period..... <i>Line 7 above</i>		<u>2854.73</u>
13. Miscellaneous increases to cash	\$	<u>0.00</u>
14. Cash expenditures this period..... <i>Line 3 above</i>		<u>50.00</u>
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	<u>147092.64</u>