Recipient Committee Campaign Statement – Short Form			Date Stamp		LIFORNIA 450 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	Statement covers period from 1/1/2021		NGELES COUNTY B 1 16 0 1 NL 19 PM 3: 54 PAIGN FINANCE		Page1 _ of2	
expenses.	through 6/30/2021	- CAMPAIGI				
Type of Recipient Committee:		2. Type of Statement:				
<ul> <li>☐ Ballot Measure Committee</li> <li>☐ Primarily Formed</li> <li>☐ Controlled</li> <li>☐ Sponsored</li> <li>☐ Sponsored</li> <li>☐ Sponsored</li> <li>☐ Small Contributor Committee</li> </ul>		☐ Pre-election Statement ☐ Quarterly Statement ☐ Semi-annual Statement ☐ Special Odd-year Report ☐ Termination Statement				
Primarily Formed Candidate/ Officeholder Committee		Amendment (Explain) (Also check type of statement you a	are amending)			
3. Committee Information	I.D. NUMBER 1319419	Treasurer(s)				
COMMITTEE NAME		NAME OF TREASURER				
South Bay United Teachers Issues Political Action Committee		Samantha Weiss				
		MAILING ADDRESS				
STREET ADDRESS (NO P.O. BOX)						
		San Pedro		2IP CODE 90732	AREA CODE/PHONE	
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF AN		30732	(310) 435-6292	
Torrance CA 9050	310-921-2500	Sarah Robinson				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	ox	MAILING ADDRESS				
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
		Torrance	CA	90505	(805) 431-8383	
OPTIONAL: FAX/E-MAIL ADDRESS 310-921-2502/sgoins@cta.org		OPTIONAL: FAX / E-MAIL ADDRESS				
4. Verification					7 II 1117	
I have used all reasonable diligence in preparing and under penalty of perjury under the laws of the State of		he information co	ntained hereir	n is true and	complete. I certify	
Executed on 7/15/21 DATE	By _	JRER OR ASSISTANT TREASURER				
Executed on	Ву					
DATE	SIGNATURE OF CONTROLLIN	NG OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPO	NENT, OR RESPON	SIBLE OFFICER	OF SPONSOR	
Executed on	BySIGNAT	TURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STA	TE MEASURE DOO	DONENT		
		TORE OF CONTROLLING OFFICEHOLDER, CANDIDATE, 317	II E MEASURE PRO	PONENT		
Executed on	BySIGNAT	TURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STA	TE MEASURE PRO	PONENT		

Recipient Committee Campaign Statement

Amounts may be rounded to whole dollars.

SHORT FORM Statement covers period CALIFORNIA 1/1/2021

Summary Page	from1/1/2021	FORIW		
	through6/30/2021	Page 2	of	
NAME OF COMMITTEE		I.D. NUMBER		
South Bay United Teachers Issues Political Action Committee			1319419	
Expenditures Made			es anno	
Expenditures of \$100 or more made this period			0.00	
Expenditures under \$100 made this period (Not itemized.)		200	0.00	
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD.			0.00	
Nonmonetary Adjustment	From Line 8 Below		0.00	
Total expenditures made from previous statement	Previous Summary Page, Line 6		0.00	
6. TOTAL EXPENDITURES MADE TO DATE		\$	0.00	
Contributions Received				
7. Monetary contributions received this period		\$	3,618.57	
Non-monetary contributions received this period			0.00	
9. Total contributions received from previous statement	Previous Summary Page, Line 10	\$	3,618.57	
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE		\$	3,618.57	
Current Cash Statement				
11. Beginning cash balance		\$	134,142.17	
2. Cash receipts this period			3,618.57	
13. Miscellaneous increases to cash		\$	0.00	
14. Cash expenditures this period			0.00	
15. ENDING CASH BALANCE THIS PERIOD		\$	137,760.74	
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