

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 1-1-22
through 6-30-22

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

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2022 AUG 30 AM 10:06
CAMPAIGN FINANCE

CALIFORNIA FORM **450**

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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
1287157

COMMITTEE NAME

AVC Federation of Teachers Committee on Political Education (COPE) #1287157

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lancaster	CA	93536	6617226300x6175

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lancaster	CA	93539	6617226300x6175

OPTIONAL: FAX / E-MAIL ADDRESS
treasurer@avcft.org

Treasurer(s)

NAME OF TREASURER

Kent W. Moser

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lancaster	CA	93536	6617226300x6175

NAME OF ASSISTANT TREASURER, IF ANY

n/a

MAILING ADDRESS

n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a	n/a	n/a	n/a

OPTIONAL: FAX / E-MAIL ADDRESS

n/a

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 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.

Executed on 8-30-22
DATE

By _____
SIGNATURE OF TREASURER

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

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NAME OF COMMITTEE

AVC Federation of Teachers Committee on Political Education (COPE) #1287157

I.D. NUMBER

1287157

Expenditures Made

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

Contributions Received

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

Current Cash Statement

11. Beginning cash balance	\$ <u>12,570.77</u>
12. Cash receipts this period	<u>1,803.00</u>
13. Miscellaneous increases to cash	\$ <u>0</u>
14. Cash expenditures this period	<u>0</u>
15. ENDING CASH BALANCE THIS PERIOD	\$ <u>14,310.77</u>

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I.D. NUMBER
1287157

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NAME OF COMMITTEE

AVC Federation of Teachers Committee on Political Education (COPE) #1287157

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
				0	Calendar Year \$ <u>0</u> Other \$ <u>0</u>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
				0	Calendar Year \$ <u>0</u> Other \$ <u>0</u>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
				0	Calendar Year \$ <u>0</u> Other \$ <u>0</u>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
SUBTOTAL				\$ 0	

* Required only for payments which are contributions or independent expenditures.