٧.			`			J	SHORT FORM	
Recipient Committee Campaign Statement – Sho	rt Forr	n		D	ate Stamp		LIFORNIA 450	
SEE INSTRUCTIONS ON REVERSE			Statement covers period	Date of election if applicable:	IVED	BY -		
For use by recipient committees that have n contribution or other receipt that must be ite received or made loans, and have no outstate expenses.	mized, hav	ve not ued	om 01 01 2 3	(Month, Day, Year) 2023 JUL 2	LES C 1/27 8 PM	2: 23 C	For Official Use Only	
1. Type of Recipient Commit	tee:			2. Type of Staternet (15)	N FINA	ANCE		
☐ Ballot Measure Committee ☐ General S ☐ Primarily Formed S Spons			Purpose Committee ored Contributor Committee	☐ 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 are	amending)			
3. Committee Information			D. NUMBER 319419	Treasurer(s)				
COMMITTEE NAME				NAME OF TREASURER				
South Bay United Teachers Issue	es Politica	al Action (Committee	Samantha Weiss				
				MAILING ADDRESS				
STREET ADDRESS (NO P.O. BOX)				CITY	STATE	ZIP CODE	AREA CODE/PHONE	
				San Pedro	CA	90732	(310) 435-6292	
CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		00102	(010) 100 0202	
Torrance	CA	90503	310-921-2500					
MAILING ADDRESS (IF DIFFERENT) NO. AND	STREET OF	R P.O. BOX		MAILING ADDRESS				
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS 310-921-2502/ahenderson@sbu	t.org			OPTIONAL: FAX/E-MAIL ADDRESS				
4. Verification			-					
I have used all reasonable diligence in under penalty of perjury under the law	n preparing	g and revie	ewing this statement and to the	best of my kr		and	d complete. I certify	
7/2//2			-	and consoli				
Executed onDATÉ			Ву	SIGNATURE OF THE BOILER OF ADDIDITION THE	OILIN	_		
Executed on			By	OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONE	NT OP PEC	PONSIDI E OFFICE	OF PROMPOR	
Executed on			By	OFFICEROLDER, CANDON & CIAL C MEASURE PROPUNE	TI, ON RESI	OHOIDLE UPPICE	COL BLOWOOK	
DATE		•		RE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE	MEASURE F	PROPONENT		
Executed on			By	IDE OF CONTROLLING OFFICEHOLDER CANDIDATE STATE	MEASURE	POPONENT		

FPPC Form 450 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Recipient Committee Campaign Statement Summary Page	Amounts may be rounded to whole dollars.	from 01/01/23	CALIFORNIA FORM	450
NAME OF COMMITTEE		through	I.D. NUMBER	of
			1319419	
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	······································	Add Lines 1 + 2	\$	0
4. Nonmonetary Adjustment		From Line 8 Below		0
5. Total expenditures made from previous statement (If this is the first statement for the calendar year, enter zero.)		Previous Summary Page, Line 6	\$	0
6. TOTAL EXPENDITURES MADE TO DATE		Add Lines 3 + 4 + 5	\$. 0
Contributions Received	· · ·			
7. Monetary contributions received this period)	\$	3811.24
8. Non-monetary contributions received this period				0
9. Total contributions received from previous statement(If this is the first statement for the calendar year, enter zero.)				0
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE		Add Lines 7 + 8 + 9	\$	3811.24
Current Cash Statement				
11. Beginning cash balance		Previous Summary Page, Line 15	\$	147092.64
12. Cash receipts this period		Line 7 above		3811.24
13. Miscellaneous increases to cash				. 0
14. Cash expenditures this period				0
15. ENDING CASH BALANCE THIS PERIOD				150903.88