

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.

5121 SHORT FORM

Date Stamp
1/23/21

**RECEIVED BY
LOS ANGELES COUNTY**

2021 JAN 25 PM 4:27

CALIFORNIA FORM 450

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For Official Use Only

608576

Statement covers period
from 07/01/2020
through 12/31/2020

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

1. Type of Recipient Committee:

- | | |
|-------------------------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Ballot Measure Committee | <input type="checkbox"/> General Purpose Committee |
| <input type="radio"/> Primarily Formed | <input type="radio"/> Sponsored |
| <input type="radio"/> Controlled | <input type="radio"/> Small Contributor Committee |
| <input type="radio"/> Sponsored | |
| <input checked="" type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee | |

2. Type of Statement:

- | | |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-year Report |
| <input type="checkbox"/> Termination Statement | |
| <input type="checkbox"/> Amendment (Explain) _____
(Also check type of statement you are amending) | |

3. Committee Information

I.D. NUMBER
1279723

COMMITTEE NAME
Teacher's Association of South Pasadena Speech

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Alhambra</u>	<u>CA</u>	<u>91801</u>	

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Monterey Park</u>	<u>CA</u>	<u>91754</u>	

OPTIONAL: FAX / E-MAIL ADDRESS
twong@spusd.net

Treasurer(s)

NAME OF TREASURER
Tammy Wong

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Monterey Park</u>	<u>CA</u>	<u>91754</u>	<u>323-253-0462</u>

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 that the information contained herein is true and complete.

I certify the information contained herein is true and complete. I certify

Executed on 01/23/2021 By _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

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**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>07/01/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 450
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	I.D. NUMBER <u>1279723</u>

NAME OF COMMITTEE

Teachers Association of South Pasadena - Speech

Expenditures Made

1. Expenditures of \$100 or more made this period.....	\$ _____
2. Expenditures under \$100 made this period (Not itemized.).....	50.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$ 50.00
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>	_____
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>	\$ _____
6. TOTAL EXPENDITURES MADE TO DATE..... <i>Add Lines 3 + 4 + 5</i>	\$ 50.00

Contributions Received

7. Monetary contributions received this period.....	\$ _____
8. Non-monetary contributions received this period.....	_____
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>	\$ _____
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE..... <i>Add Lines 7 + 8 + 9</i>	\$ _____

Current Cash Statement

11. Beginning cash balance..... <i>Previous Summary Page, Line 15</i>	\$ 379.03
12. Cash receipts this period..... <i>Line 7 above</i>	_____
13. Miscellaneous increases to cash.....	\$ _____
14. Cash expenditures this period..... <i>Line 3 above</i>	50.00
15. ENDING CASH BALANCE THIS PERIOD..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ 329.03

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NAME OF COMMITTEE

Teacher's Association of South Pasadena-Speech

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*
12/31/2020	Secretary of State Political Reform Division	Annual Fee		50.00	Calendar Year \$ <u>50.00</u> Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$					

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