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06/27/2022
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CAMPAIGN FINANCE

SHORT FORM

**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 07/01/2021
through 12/31/2021

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

Date Stamp

CALIFORNIA FORM 450

Page 1 of 2

For Official Use Only

1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) _____
(Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report

3. Committee Information

I.D. NUMBER
1258771

COMMITTEE NAME

Mt. San Antonio Faculty Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Walnut	CA	91789	909-274-4531

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Walnut	CA	91789	909-274-4531

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Maya Alvarez-Galvan

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Walnut	CA	91789	909-274-4531

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 under penalty of perjury under the laws of the State of California

and complete. I certify

Executed on 06/27/2022
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

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

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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>07/01/2021</u> through <u>12/31/2021</u>	CALIFORNIA FORM 450 Page <u>2</u> of <u>2</u>
NAME OF COMMITTEE Mt. San Antonio Faculty Association Political Action Committee	I.D. NUMBER 1258771

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>0</u>
2. Expenditures under \$100 made this period (Not itemized.)	\$ <u>15.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$ <u>15.00</u> <i>Add Lines 1 + 2</i>
4. Nonmonetary Adjustment	\$ <u>0</u> <i>From Line 8 Below</i>
5. Total expenditures made from previous statement	\$ <u>0</u> <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	\$ <u>15.00</u> <i>Add Lines 3 + 4 + 5</i>

Contributions Received

7. Monetary contributions received this period	\$ <u>0</u>
8. Non-monetary contributions received this period	\$ <u>0</u>
9. Total contributions received from previous statement	\$ <u>0</u> <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	\$ <u>0</u> <i>Add Lines 7 + 8 + 9</i>

Current Cash Statement

11. Beginning cash balance	\$ <u>56,073.53</u> <i>Previous Summary Page, Line 15</i>
12. Cash receipts this period	\$ <u>0</u> <i>Line 7 above</i>
13. Miscellaneous increases to cash	\$ <u>0</u>
14. Cash expenditures this period	\$ <u>15.00</u> <i>Line 3 above</i>
15. ENDING CASH BALANCE THIS PERIOD	\$ <u>56,058.53</u> <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>