Recipient Committee	
Campaign Statement - Short	Form

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

through.

SHORT FORM

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.

Date of election if applicable: (Month, Day, Year) Statement covers period 7/1/2021 from 12/31/2021

Date Stamp	CALIFORNIA 450
37/25/25	Page Ty1 of 2
CAMPAIGN FINA	For Official Use Only 1: 23
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Ballot Measure Commit O Primarily Formed O Controlled O Sponsored	tee 🗵 (	Sponsor	rpose Committee red ontributor Committee	2. Type of Statement:  ☐ Pre-election Statement ☑ Semi-annual Statement ☐ Termination Statement		Suppleme	Statement dd-year Report ntal Pre-election - Attach Form 495
Primarily Formed Candi Officeholder Committee				Amendment (Explain)(Also check type of statement you are	amending)		
3. Committee Informa	tion	0.000	NUMBER 19419	Treasurer(s)			
COMMITTEE NAME		19 101 101		NAME OF TREASURER			
South Bay United Teach	ers Issues Political	Action Co	ommittee	Samantha Weiss			
				MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX	)		1 - 100-400 ACC	CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY	STATE	ZIP CODE	AREA CODE/PHONE	San Pedro	CA	907032	310-435-6292
				NAME OF ASSISTANT TREASURER, IF ANY			
Torrance		90503	310-921-2500	Sarah Robinson			
MAILING ADDRESS (IF DIFFEREN	II) NO. AND STREET OR	P.O. BOX		MAILING ADDRESS			/ New York
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
				Culver City	CA	90230	(805) 431-8383
OPTIONAL: FAX / E-MAIL ADDRES 310-921-2502/sgoins@c				OPTIONAL: FAX / E-MAIL ADDRESS			

т.	Vermeation							
	1	have	used	all	reasonable	diligence	in	

A Verification

preparing and reviewing this staten under penalty of perjury under the laws of the State of California that the fi nation contained herein is true and complete. I certify

Executed on 25 22	By SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	Ву
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR
Executed on	By
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on	By
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Type or print in ink. Amounts may be rounded

Statement covers period CALIFORNIA 7/1/2021 **FORM** 

SHORT FORM

to whole dollars. from Summary Page 12/31/2021 through NAME OF COMMITTEE I.D. NUMBER South Bay United Teachers Issues Political Action Committee 1319419 **Expenditures Made** 50.00 Expenditures under \$100 made this period (Not itemized.) 50.00 Nonmonetary Adjustment From Line 8 Below (If this is the first statement for the calendar year, enter zero.) 50.00 TOTAL EXPENDITURES MADE TO DATE

Add Lines 3 + 4 + 5 Contributions Received 2830.39 7. Monetary contributions received this period 8. Non-monetary contributions received this period...... 3618.57 (If this is the first statement for the calendar year, enter zero.) 6448.96 10. TOTAL CONTRIBUTIONS RECEIVED TO DATE Add Lines 7 + 8 + 9 Current Cash Statement 137760.74 2830.39 13 Miscellaneous increases to cash..... 50 140541.13 15. ENDING CASH BALANCE THIS PERIOD. Add Lines 11 + 12 + 13, then subtract Line 14