

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)

1/28/22 (1) SHORT FORM

Date Stamp

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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
- 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
1299863

COMMITTEE NAME

Lynwood Teachers Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Lynwood</u>	<u>CA</u>	<u>90262</u>	<u>310-933-8577</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Miguel Rodriguez

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Lynwood</u>	<u>CA</u>	<u>90262</u>	<u>310-933-8577</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

Executed on 1/24/2022
DATE

By _____

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

Statement covers period		CALIFORNIA FORM 450
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through	12/31/2021	Page <u>2</u> of <u>2</u>

NAME OF COMMITTEE

Lynwood Teachers Association Political Action Committee

I.D. NUMBER

1299863

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	\$ 0
4. Nonmonetary Adjustment	0
5. Total expenditures made from previous statement	\$ 0
6. TOTAL EXPENDITURES MADE TO DATE	\$ 0

Contributions Received

7. Monetary contributions received this period	\$ 0
8. Non-monetary contributions received this period	0
9. Total contributions received from previous statement	\$ 0
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$ 0

Current Cash Statement

11. Beginning cash balance	\$ 12,433.06
12. Cash receipts this period	0
13. Miscellaneous increases to cash	\$ 6.22
14. Cash expenditures this period	0
15. ENDING CASH BALANCE THIS PERIOD	\$ 12,439.28