

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.

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2022 JAN 14 PM 2:38
CAMPAIGN FINANCE
1/12/22 (1)

CALIFORNIA FORM 450

Page 1 of 2
For Official Use Only

Statement covers period
from 7/1/21
through 12/31/21

Date of election if applicable:
(Month; Day, Year) 2022 JAN 14 PM 2:38

1. Type of Recipient Committee:

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
930082

COMMITTEE NAME

Teachers Association of Lancaster

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Lancaster CA 93534

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

William Clark

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Lancaster CA 93534 661-478-4463

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 and t under penalty of perjury under the laws of the State of California that the foregoing i

tion contained herein is true and complete. I certify

Executed on 1/8/22
DATE

By _____

SIGNATURE OF TREASURER OR ASSISTANT 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 from <u>7/1/21</u> through <u>12/31/21</u>	CALIFORNIA FORM 450
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NAME OF COMMITTEE <u>Teachers Association of Lancaster</u>	I.D. NUMBER <u>930082</u>
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Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>00</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u>00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$ <u>00</u>
4. Nonmonetary Adjustment	<u>00</u>
5. Total expenditures made from previous statement	\$ <u>50.00</u>
6. TOTAL EXPENDITURES MADE TO DATE	\$ <u>50.00</u>

Contributions Received

7. Monetary contributions received this period	\$ <u>00</u>
8. Non-monetary contributions received this period	<u>00</u>
9. Total contributions received from previous statement	\$ <u>100</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$ <u>100</u>

Current Cash Statement

11. Beginning cash balance	\$ <u>3656.75</u>
12. Cash receipts this period	<u>00</u>
13. Miscellaneous increases to cash	\$ <u>54</u>
14. Cash expenditures this period	<u>00</u>
15. ENDING CASH BALANCE THIS PERIOD	\$ <u>3657.29</u>