

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.

5124
 Date Stamp: 2/22/24
 LOS ANGELES COUNTY
 CALIFORNIA FORM 450
 Page 3
 For Official Use Only
 2024 FEB 26 PM 2:57
 CAMPAIGN FINANCE 610729

Statement covers period
 from 7/1/2023
 through 12/31/2023

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

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
 1361970

COMMITTEE NAME
 Teachers Association of South Pasadena - Candidate

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
 Alhambra CA 91801 909-367-8559

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
 Andrew McGough

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
 Alhambra CA 91801 909-367-8559

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 for

is in true and complete. I certify

Executed on 2/21/2024 By _____
 DATE

Executed on _____ By _____
 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

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>7/1/2023</u> through <u>12/31/2023</u>		CALIFORNIA FORM	450
		Page <u>2</u> of <u>3</u>	
NAME OF COMMITTEE		I.D. NUMBER	
Teachers Association of South Pasadena - Candidate		1361970	

Expenditures Made

- 1. Expenditures of \$100 or more made this period \$ _____
- 2. Expenditures under \$100 made this period (Not itemized.) _____
- 3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... *Add Lines 1 + 2* \$ _____ 0
- 4. Nonmonetary Adjustment..... *From Line 8 Below* _____
- 5. Total expenditures made from previous statement *Previous Summary Page, Line 6* \$ _____
(If this is the first statement for the calendar year, enter zero.)
- 6. TOTAL EXPENDITURES MADE TO DATE *Add Lines 3 + 4 + 5* \$ _____ 0

Contributions Received

- 7. Monetary contributions received this period..... \$ _____
- 8. Non-monetary contributions received this period..... _____
- 9. Total contributions received from previous statement *Previous Summary Page, Line 10* \$ _____
(If this is the first statement for the calendar year, enter zero.)
- 10. TOTAL CONTRIBUTIONS RECEIVED TO DATE *Add Lines 7 + 8 + 9* \$ _____

Current Cash Statement

- 11. Beginning cash balance *Previous Summary Page, Line 15* \$ _____ 0
- 12. Cash receipts this period..... *Line 7 above* _____
- 13. Miscellaneous increases to cash \$ _____
- 14. Cash expenditures this period..... *Line 3 above* _____ 0
- 15. ENDING CASH BALANCE THIS PERIOD *Add Lines 11 + 12 + 13, then subtract Line 14* \$ _____ 2185.00

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**CALIFORNIA
FORM 450**

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SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Teachers Association of South Pasadena - Candidate

I.D. NUMBER

1361970

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*
			<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 \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL				\$	0

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