

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 01/25/22 2022 JAN 26 AM 11:33 CAMPAIGN FINANCE	CALIFORNIA FORM 450
	Page <u>1</u> of <u>2</u> <small>For Official Use Only</small>

Statement covers period
from 7/1/2021
through 12/31/2021

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

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
1299569

COMMITTEE NAME

Palmdale Teachers Education PAC

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Palmdale</u>	<u>CA</u>	<u>93552</u>	<u>661-406-9363</u>

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

38713 Tierra Subida Ave #200 Box 361

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Palmdale</u>	<u>CA</u>	<u>93551</u>	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Stephanie Baker

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Palmdale</u>	<u>CA</u>	<u>93551</u>	<u>661-478-3166</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 and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/21/22
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>7/1/2021</u> through <u>12/31/2021</u>	CALIFORNIA FORM 450
	Page <u>2</u> of <u>2</u>
I.D. NUMBER 1299569	

NAME OF COMMITTEE

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ _____
2. Expenditures under \$100 made this period (Not itemized.).....	55.49
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$ 55.49
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>	_____
5. Total expenditures made from previous statement <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ 172.61
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$ 228.10

Contributions Received

7. Monetary contributions received this period.....	\$ _____
8. Non-monetary contributions received this period.....	_____
9. Total contributions received from previous statement <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ 19
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$ 19

Current Cash Statement

11. Beginning cash balance <i>Previous Summary Page, Line 15</i>	\$ 57637.95
12. Cash receipts this period..... <i>Line 7 above</i>	_____
13. Miscellaneous increases to cash	\$ _____
14. Cash expenditures this period..... <i>Line 3 above</i>	55.49
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ 57582.46