

# 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.

7/16/21 USPS

SHORT FORM

Statement covers period  
 from January 1, 2021  
 through June 30, 2021

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

Date Stamp  
 RECEIVED BY  
 LOS ANGELES COUNTY  
 2021 JUL 19 PM 3:55  
 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
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
- Primarily Formed Candidate/ Officeholder 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  
 910689

COMMITTEE NAME

African-American Educators Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Gardena	CA	90249	310-308-9180

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90056	310-308-9180

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

Alice Turner

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Gardena	CA	90249	310-308-9180

NAME OF ASSISTANT TREASURER, IF ANY

Carolyn McKie

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Paramount	CA	90723	310-749-2521

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 and belief, the information 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.

herein is true and complete. I certify

Executed on July 15, 2021  
 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>January 1, 2021</u> through <u>June 30, 2021</u>	<b>CALIFORNIA FORM</b> <b>450</b>
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	I.D. NUMBER  910689

NAME OF COMMITTEE

African-American Educators Political Action Committee

**Expenditures Made**

1. Expenditures of \$100 or more made this period .....	\$	_____
2. Expenditures under \$100 made this period (Not itemized.).....		<u>174.05</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .....	\$	<u>174.05</u>
4. Nonmonetary Adjustment.....		<u>From Line 8 Below</u>
5. Total expenditures made from previous statement .....	\$	<u>0</u>
(If this is the first statement for the calendar year, enter zero.)		
6. TOTAL EXPENDITURES MADE TO DATE .....	\$	<u>174.05</u>

**Contributions Received**

7. Monetary contributions received this period.....	\$	<u>64.05</u>
8. Non-monetary contributions received this period.....		_____
9. Total contributions received from previous statement .....	\$	<u>0</u>
(If this is the first statement for the calendar year, enter zero.)		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE .....	\$	<u>64.05</u>

**Current Cash Statement**

11. Beginning cash balance .....	\$	<u>1221.73</u>
12. Cash receipts this period.....		<u>64.05</u>
13. Miscellaneous increases to cash .....	\$	<u>1285.78</u>
14. Cash expenditures this period.....		<u>174.05</u>
15. ENDING CASH BALANCE THIS PERIOD .....	\$	<u>1111.73</u>