

LOCAL

7/31/23 ① 5723

SHORT FORM

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.



CALIFORNIA FORM 450

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CAMPAIGN FINANCE
DISCLOSURE SECTION
608502

Statement covers period
from 1-1-23
through 6-30-23

Date of election if applicable
(Month, Day, Year)
N/A

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
1278484

COMMITTEE NAME

Torrance Teachers Association Fund for Quality Education

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Torrance</u>	<u>CA</u>	<u>90501</u>	<u>310-320-8200</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

Carlos Anwandter

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Torrance</u>	<u>CA</u>	<u>90501</u>	<u>310-320-8200</u>

NAME OF ASSISTANT TREASURER, IF ANY

Julie Shankle

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Torrance</u>	<u>CA</u>	<u>90501</u>	<u>310-320-8200</u>

OPTIONAL: FAX / E-MAIL ADDRESS

jshankle@torranceteachers.org

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

information contained herein is true and complete. I certify

Executed on June 16, 2023
DATE

By _____

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 1-1-23
through 6-30-23

**CALIFORNIA
FORM 450**

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NAME OF COMMITTEE

Torrance Teachers Association Fund for Quality Education

I.D. NUMBER

1278484

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>0</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u>0</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$ <u>0</u>
4. Nonmonetary Adjustment	<u>0</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>0</u>

Contributions Received

7. Monetary contributions received this period	\$ <u>5505.00</u>
8. Non-monetary contributions received this period	<u>0</u>
9. Total contributions received from previous statement	\$ <u>5505.00</u>
(If this is the first statement for the calendar year, enter zero.)	
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$ <u>5505.00</u>

Current Cash Statement

11. Beginning cash balance	\$ <u>10118.29</u>
12. Cash receipts this period	<u>5505.00</u>
13. Miscellaneous increases to cash	\$ <u>0</u>
14. Cash expenditures this period	<u>0</u>
15. ENDING CASH BALANCE THIS PERIOD	\$ <u>15623.29</u>

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I.D. NUMBER
1278484

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE
Torrance Teachers Association Fund for Quality Education

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.