

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.

Statement covers period

from 01/01/2024

through 06/30/2024

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

Date Stamp

E-Filed
07/08/2024
19:33:35

Filing ID:
211701141

CALIFORNIA FORM 450

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For Official Use Only

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
1342729

COMMITTEE NAME
Citrus College Adjunct Faculty Federation Committee on Political Education

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Glendora</u>	<u>CA</u>	<u>91741</u>	<u>(714)743-1269</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
_____	_____	_____	_____

OPTIONAL: FAX / E-MAIL ADDRESS
williamjzeman@yahoo.com

Treasurer(s)

NAME OF TREASURER
Laura Wills

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Upland</u>	<u>CA</u>	<u>91786</u>	_____

NAME OF ASSISTANT TREASURER, IF ANY

Bill Zeman

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Norco</u>	<u>CA</u>	<u>92860</u>	_____

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 7/8/2024
DATE

By Bill Zeman
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.

Statement covers period
from 1/1/2024
through 6/30/2024

NAME OF COMMITTEE Citrus College Adjunct Faculty Federation Committee on Political Education	I.D. NUMBER 1342729
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Expenditures Made

1. Expenditures of \$100 or more made this period	\$	<u>0.00</u>
2. Expenditures under \$100 made this period (Not itemized.)		<u>0.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD		<u>0.00</u>
<i>Add Lines 1 + 2</i>		
4. Nonmonetary Adjustment		<u>0.00</u>
<i>From Line 8 Below</i>		
5. Total expenditures made from previous statement	\$	<u>0.00</u>
<i>Previous Summary Page, Line 6</i>		
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
6. TOTAL EXPENDITURES MADE TO DATE	\$	<u>0.00</u>
<i>Add Lines 3 + 4 + 5</i>		

Contributions Received

7. Monetary contributions received this period	\$	<u>0.00</u>
8. Non-monetary contributions received this period		<u>0.00</u>
9. Total contributions received from previous statement	\$	<u>0.00</u>
<i>Previous Summary Page, Line 10</i>		
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$	<u>0.00</u>
<i>Add Lines 7 + 8 + 9</i>		

Current Cash Statement

11. Beginning cash balance		<u>17,472.35</u>
<i>Previous Summary Page, Line 15</i>		
12. Cash receipts this period		<u>0.00</u>
<i>Line 7 above</i>		
13. Miscellaneous increases to cash	\$	<u>1,120.14</u>
14. Cash expenditures this period		<u>0.00</u>
<i>Line 3 above</i>		
15. ENDING CASH BALANCE THIS PERIOD	\$	<u>18,592.49</u>
<i>Add Lines 11 + 12 + 13, then subtract Line 14</i>		