

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.

07/06/2024
Date Stamp

SHORT FORM

CALIFORNIA FORM 450

Page 1 of 2
For Official Use Only

Statement covers period
from 01/01/2024
through 06/30/2024

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

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2024 JUL -8 PM 2:31
CAMPAIGN FINANCE

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
1258771

COMMITTEE NAME

Mt. San Antonio Faculty Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Walnut	CA	91789	909-274-4531

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Walnut	CA	91789	909-274-4531

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Michelle Nava

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Walnut	CA	91789	909-274-4531

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 information contained herein is true and complete. I certify

Executed on 07/15/2024
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

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from 01/01/2024
through 06/30/2024

**CALIFORNIA
FORM 450**

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NAME OF COMMITTEE

Mt. San Antonio Faculty Association Political Action Committee

I.D. NUMBER

1258771

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.....	<i>Add Lines 1 + 2</i>	\$ <u>0</u>
4. Nonmonetary Adjustment.....	<i>From Line 8 Below</i>	<u>0</u>
5. Total expenditures made from previous statement.....	<i>Previous Summary Page, Line 6</i>	\$ <u>0</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
6. TOTAL EXPENDITURES MADE TO DATE.....	<i>Add Lines 3 + 4 + 5</i>	\$ <u>0</u>

Contributions Received

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

Current Cash Statement

11. Beginning cash balance.....	<i>Previous Summary Page, Line 15</i>	\$ <u>46,324.37</u>
12. Cash receipts this period.....	<i>Line 7 above</i>	<u>\$0</u>
13. Miscellaneous increases to cash.....		\$ <u>\$0</u>
14. Cash expenditures this period.....	<i>Line 3 above</i>	<u>\$0</u>
15. ENDING CASH BALANCE THIS PERIOD.....	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>46,324.37</u>