

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.

11/29/24 (U) 5724 SHORT FORM

Date Stamp
RECEIVED BY LOS ANGELES COUNTY
 2024 JUL 31 PM 2:51
CALIFORNIA FORM 450
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 For Official Use Only
605034

Statement covers period
 from 1/1/24
 through 6/30/24

Date of election if applicable
 (Month, Day, Year)
2024

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
930082

COMMITTEE NAME
Teachers Association of Lancaster
 STREET
 CITY STATE ZIP CODE AREA CODE/PHONE
Lancaster CA 93536
 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
William Clark
 MAIL
 CITY STATE ZIP CODE AREA CODE/PHONE
Lancaster, CA 93536
 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 for

information contained herein is true and complete. I certify

Executed on 7/19/2024 By _____
 Executed on _____ By _____
 Executed on _____ By _____
 Executed on _____ By _____

 T OR ASSISTANT TREASURER

 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>1/1/24</u> through <u>6/30/24</u>	CALIFORNIA FORM 450
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NAME OF COMMITTEE

I.D. NUMBER

Teachers Association of Lancaster

930082

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>50.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... Add Lines 1 + 2	\$ <u>50.00</u>
4. Nonmonetary Adjustment..... From Line 8 Below	<u>0.00</u>
5. Total expenditures made from previous statement..... Previous Summary Page, Line 6 (If this is the first statement for the calendar year, enter zero.)	\$ <u>0.00</u>
6. TOTAL EXPENDITURES MADE TO DATE..... Add Lines 3 + 4 + 5	\$ <u>50.00</u>

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..... Previous Summary Page, Line 10 (If this is the first statement for the calendar year, enter zero.)	\$ <u>0.00</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE..... Add Lines 7 + 8 + 9	\$ <u>0.00</u>

Current Cash Statement

11. Beginning cash balance..... Previous Summary Page, Line 15	\$ <u>3560.33</u>
12. Cash receipts this period..... Line 7 above	<u>0.00</u>
13. Miscellaneous increases to cash.....	<u>.87</u>
14. Cash expenditures this period..... Line 3 above	<u>50.00</u>
15. ENDING CASH BALANCE THIS PERIOD..... Add Lines 11 + 12 + 13, then subtract Line 14	\$ <u>3511.20</u>

**Recipient Committee
Campaign Statement – Short Form**

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SHORT FORM

Statement covers period
from _____
through _____

CALIFORNIA
FORM **450**

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SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

I.D. NUMBER

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
					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 \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
SUBTOTAL \$					

* Required only for payments which are contributions or independent expenditures.