

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

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 01/01/22
 through 06/30/22

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

Date Stamp
07/26/22
 RECEIVED BY
 LOS ANGELES COUNTY
 2022 JUL 28 PM 4:07

CALIFORNIA FORM **450**
 Page 1 of 2
 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
- Text

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
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1351318

COMMITTEE NAME

Claremont Faculty Association's Claremont Teacher Action Committee (CTAC)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Claremont	CA	91711	909.624.6113

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

Talia Bowman

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Claremont	CA	91711	909.576.4604

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 under penalty of perjury under the laws of the State of California th

I acknowledge the information contained herein is true and complete. I certify

Executed on 7/1/22
DATE

By _____
OFFICER OF SPONSOR

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**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/22
through 06/30/22

SHORT FORM

**CALIFORNIA
FORM 450**

Page 2 of 2

NAME OF COMMITTEE

Claremont Faculty Association Teacher Action Committee (CTAC)

I.D. NUMBER

1351318

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> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	<u>0</u>
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>2,052</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> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	<u>0</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$	<u>2,052</u>

Current Cash Statement

11. Beginning cash balance <i>Previous Summary Page, Line 15</i>	\$	<u>15,879.84</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>17,931.84</u>