Recipient Committee Campaign Statement – Short Form			Date Stamp CEIVED BY	CALIFORNIA 450
for use by recipient committees that have not received a contribution or other receipt that must be itemized, have not eceived or made loans, and have no outstanding accrued expenses.	Statement covers period from 07/01/2023	Date of election if applicable: (Month, Day, Year)	BL7 PM 2:50	Page 1 of 2 For Official Use Only
	through		AIGN FINANCE	
1. Type of Recipient Committee:		2. Type of Statement	•	
☐ Primarily Formed ☑ Sp	ral Purpose Committee consored mall Contributor Committee	☐ Pre-election Statement ☐ Quarterly Statement ☐ Special Odd-year Report ☐ Termination Statement		
Primarily Formed Candidate/ Officeholder Committee		Amendment (Explain) (Also check type of statement you are amending)		
3. Committee Information	I.D. NUMBER	Treasurer(s)		
COMMITTEE NAME		NAME OF TREASURER		
Lynwood Teachers Association Political Action Com	nmittee	Charlene Le		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	
CITY STATE ZIP C	ODE AREA CODE/PHONE	Lynwood NAME OF ASSISTANT TREASURER	CA 9026 R, IF ANY	2 310-933-8577
Lynwood CA 9026	310-933-8577			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	D. BOX	MAILING ADDRESS		
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE ZIP CO	DDE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	S	-
4. Verification I have used all reasonable diligence in preparing and under penalty of perjury under the laws of the State of Executed on OI 30/2024	reviewing this statement and to the b California that t			e and complete. I certify
Executed on	Ву	SIGNATURE OF TREASURER OR ASSIST		· · · · · · · · · · · · · · · · · · ·
DATE	SIGNATURE OF CONTROLLING O	OFFICEHOLDER, CANDIDATE, STATE MEASURE	PROPONENT, OR RESPONSIBL	E OFFICER OF SPONSOR
Executed on	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT			
Executed on	BySIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT			

Amounts may be rounded **Recipient Committee** Statement covers period to whole dollars. CALIFORNIA **Campaign Statement** 07/01/2024 FORM fròm _ **Summary Page** 06/30/2024 through _ NAME OF COMMITTEE I.D. NUMBER **Expenditures Made** 1. Expenditures of \$100 or more made this period 2. Expenditures under \$100 made this period (Not itemized.)..... 4. Nonmonetary Adjustment From Line 8 Below (If this is the first statement for the calendar year, enter zero.) 6. TOTAL EXPENDITURES MADE TO DATE. Add Lines 3 + 4 + 5 **Contributions Received** 7. Monetary contributions received this period...... 8. Non-monetary contributions received this period...... (If this is the first statement for the calendar year, enter zero.) **Current Cash Statement**

FPPC Form 450 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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SHORT FORM