

**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.

7/27/21 (1)

SHORT FORM

|                                   |                            |
|-----------------------------------|----------------------------|
| Date Stamp                        | <b>CALIFORNIA FORM 450</b> |
| RECEIVED BY<br>LOS ANGELES COUNTY | Page <u>1</u> of <u>3</u>  |
| 2021 JUL 29 PM 12:00              | For Official Use Only      |
| CAMPAIGN FINANCE                  |                            |

**Statement covers period**

from 1/1/2021

through 6/30/2021

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

**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  
1322779

COMMITTEE NAME  
LBCCE, AFT #6108 - Political Action Committee

STREET ADDRESS (NO P.O. BOX)

| CITY              | STATE     | ZIP CODE     | AREA CODE/PHONE       |
|-------------------|-----------|--------------|-----------------------|
| <u>Long Beach</u> | <u>CA</u> | <u>90808</u> | <u>(714) 300-5795</u> |

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  
Kathie Atwood

MAILING ADDRESS

| CITY              | STATE     | ZIP CODE     | AREA CODE/PHONE       |
|-------------------|-----------|--------------|-----------------------|
| <u>Long Beach</u> | <u>CA</u> | <u>90808</u> | <u>(714) 300-5795</u> |

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 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 7/27/2021  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee  
Campaign Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SHORT FORM

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>1/1/2021</u><br>through <u>6/30/2021</u> | <b>CALIFORNIA<br/>FORM 450</b> |
|   | Page <u>2</u> of <u>3</u>      |

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE<br><br>Long Beach Council of Classified Employees, AFT #6108 - Political Action Committee | I.D. NUMBER<br><br>1322779 |
|---|----------------------------|

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

**Contributions Received**

|  |                  |
|--|------------------|
| 7. Monetary contributions received this period.....  | \$ <u>180.00</u> |
| 8. Non-monetary contributions received this period.....  | <u>0.00</u>      |
| 9. Total contributions received from previous statement..... <i>Previous Summary Page, Line 10</i><br><i>(If this is the first statement for the calendar year, enter zero.)</i> | \$ <u>0.00</u>   |
| 10. TOTAL CONTRIBUTIONS RECEIVED TO DATE..... <i>Add Lines 7 + 8 + 9</i>   | \$ <u>180.00</u> |

**Current Cash Statement**

|  |                    |
|--|--------------------|
| 11. Beginning cash balance ..... <i>Previous Summary Page, Line 15</i>                         | \$ <u>2,146.00</u> |
| 12. Cash receipts this period..... <i>Line 7 above</i>   | <u>180.00</u>      |
| 13. Miscellaneous increases to cash .....  | \$ <u>0.00</u>     |
| 14. Cash expenditures this period..... <i>Line 3 above</i>                                     | <u>0.00</u>        |
| 15. ENDING CASH BALANCE THIS PERIOD ..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i> | \$ <u>2,326.00</u> |

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SHORT FORM

**CALIFORNIA FORM 450**

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I.D. NUMBER  
1322779

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Long Beach Council of Classified Employees, AFT #6108 - Political Action Committee

**5. Payments Made** (if more space is needed, use additional copies of this page for continuation sheets.)

| DATE*              | NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF PAYMENT | NAME OF CANDIDATE AND OFFICE OR<br>NAME OF BALLOT MEASURE AND<br>BALLOT NUMBER OR LETTER<br>AND JURISDICTION                                 | AMOUNT<br>THIS PERIOD | CUMULATIVE<br>AMOUNTS TO DATE*                               |
|--------------------|---|------------------------|--|-----------------------|--|
|                    | None  |                        |  |                       | <b>Calendar Year</b><br>\$ _____<br><b>Other</b><br>\$ _____ |
|                    |   |                        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp. |                       | <b>Calendar Year</b><br>\$ _____<br><b>Other</b><br>\$ _____ |
|                    |   |                        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp. |                       | <b>Calendar Year</b><br>\$ _____<br><b>Other</b><br>\$ _____ |
| <b>SUBTOTAL \$</b> |   |                        |  | 0.00                  |  |

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