

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

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.

Statement covers period
 from 07/01/2022
 through 12/31/2002

Date of election if applicable:
 (Month, Day, Year)
11/08/2022

7/27/23 (i)

Date Stamp
 RECEIVED BY
 LOS ANGELES COUNTY
 2023 JUL 31 PM 1:39
 CAMPAIGN FINANCE
 DISCLOSURE SECTION

CALIFORNIA FORM **450**
 Page 1 of 4
 For Official Use Only

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
- Quarterly Statement
 Special Odd-year Report
 Supplemental Pre-election Statement - Attach Form 495
- Amendment (Explain) Amending a 460 with a 450, correction
 (Also check type of statement you are amending)
Pre-els

3. Committee Information

I.D. NUMBER
1342729

COMMITTEE NAME
Citrus College Adjunct Faculty Federation Committee on Political Education

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Glendora	CA	91741	714-743-1269

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Glendora	CA	92860	714-743-1269

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Laura Wills

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Upland	CA	91786	909-238-7251

NAME OF ASSISTANT TREASURER, IF ANY

Bill Zeman

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Norco	CA	92860	714-743-1269

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

Executed on 0724/2023
 DATE

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**

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

SHORT FORM

Statement covers period		CALIFORNIA FORM 450
from	07/01/2022	
through	12/31/2002	Page <u>2</u> of <u>4</u>

NAME OF COMMITTEE	I.D. NUMBER
Citrus College Adjunct Faculty Federation Committee on Political Education	1342729

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	5000
2. Expenditures under \$100 made this period (Not itemized.)		0
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	Add Lines 1 + 2	\$ 5000
4. Nonmonetary Adjustment	From Line 8 Below	0
5. Total expenditures made from previous statement	Previous Summary Page, Line 6	\$ 0
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
6. TOTAL EXPENDITURES MADE TO DATE	Add Lines 3 + 4 + 5	\$ 5000

Contributions Received

7. Monetary contributions received this period	\$	586
8. Non-monetary contributions received this period		0
9. Total contributions received from previous statement	Previous Summary Page, Line 10	\$ 0
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	Add Lines 7 + 8 + 9	\$ 586

Current Cash Statement

11. Beginning cash balance	Previous Summary Page, Line 15	\$ 17574.49
12. Cash receipts this period	Line 7 above	586
13. Miscellaneous increases to cash		0
14. Cash expenditures this period	Line 3 above	5000
15. ENDING CASH BALANCE THIS PERIOD	Add Lines 11 + 12 + 13, then subtract Line 14	\$ 13160.49

**Recipient Committee
Campaign Statement – Short Form**

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

Statement covers period
from 07/01/2022
through 12/31/2002

SHORT FORM

CALIFORNIA FORM 450

Page 3 of 4

I.D. NUMBER
1342729

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Citrus College Adjunct Faculty Federation Committee on Political Education

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*
10/25/22	Prop O: Workers and Neighbors for City College <i>San Francisco, CA 94107 ID# 1448789</i>	Local Tax of San Francisco		500	Calendar Year \$ <u>500</u> Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____
10/25/22	Susan Solomon for City College of San Francisco Trustee <i>San Francisco, CA 94115 ID# 1449799</i>			500	Calendar Year \$ <u>500</u> Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____
10/25/22	Vick Chung for City College of San Francisco Trustee <i>San Francisco, CA 94121 ID# 1452829</i>			500	Calendar Year \$ <u>500</u> Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____
SUBTOTAL \$				1500	

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

**Recipient Committee
Campaign Statement – Short Form**

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

Statement covers period
from 07/01/2022
through 12/31/2022

SHORT FORM

CALIFORNIA FORM 450

Page 4 of 4

I.D. NUMBER
1342729

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Citrus College Adjunct Faculty Federation Committee on Political Education

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*
10/25/22	Adolfo Velazquez for City College of San Francisco Trustee San Francisco, CA 94114 ID # 1452848		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	500	Calendar Year \$ <u>500</u> Other \$ _____
10/25/22	Cheryl Alexander for Citrus College Trustee Duarte, CA 91010 # 1448789		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	3000	Calendar Year \$ <u>3000</u> Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$				5000	

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