

# 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.

Date Stamp  
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 LOS ANGELES COUNTY  
 2021 JAN 28 PH 3:38  
 CAMPAIGN FINANCE

CALIFORNIA FORM 450

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For Official Use Only  
 609238

Statement covers period  
 from 7/01/20  
 through 12/31/20

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  
 1299863

COMMITTEE NAME

Lynwood Teachers Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lynwood	CA	90262	310-933-8577

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

Miguel Rodriguez

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lynwood	CA	90262	310-933-8577

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 information contained herein is true and complete. I certify

information contained herein is true and complete. I certify

Executed on 1/26/2021  
 DATE

E

\_\_\_\_\_  
 ASSISTANT TREASURER

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

E

\_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSORING ENTITY

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

By

\_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

By

\_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee  
Campaign Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SHORT FORM

Statement covers period  
from 7/01/2020  
through 12/31/2020

**CALIFORNIA FORM 450**  
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NAME OF COMMITTEE

Lynwood Teahcers Association Political Action Committee

I.D. NUMBER

1299863

**Expenditures Made**

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

**Contributions Received**

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

**Current Cash Statement**

11. Beginning cash balance ..... *Previous Summary Page, Line 15* \$ 12,420.03  
 12. Cash receipts this period ..... *Line 7 above* 0  
 13. Miscellaneous increases to cash ..... \$ 9.95  
 14. Cash expenditures this period ..... *Line 3 above* 0  
 15. ENDING CASH BALANCE THIS PERIOD ..... *Add Lines 11 + 12 + 13, then subtract Line 14* \$ 12,429.98