

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.

Statement covers period
 from 1/1/23
 through 6/30/23

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

Date Stamp
7/21/23
 RECEIVED BY
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5723 SHORT FORM
 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

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

930082

Treasurer(s)

COMMITTEE NAME

Teachers Association of Lancaster

STREET ADDRESS (NO P.O. BOX)

CITY Lancaster STATE CA ZIP CODE 93534 AREA CODE/PHONE _____

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

NAME OF TREASURER

William Clark

MAILING

CITY Lancaster, CA STATE CA ZIP CODE 93534 AREA CODE/PHONE 661-478-4463

NAME OF ASSISTANT TREASURER, IF ANY

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

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 under penalty of perjury under the laws of the State of California that the foregoing is true

contained herein is true and complete. I certify

Executed on 7/10/23 DATE

By _____

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**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>1/1/23</u> through <u>6/30/23</u>	CALIFORNIA FORM 450
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NAME OF COMMITTEE <u>Teachers Association of Lancaster</u>	I.D. NUMBER <u>930082</u>
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Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>00</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u>50.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$ <u>50.00</u>
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>	<u>.00</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>.00</u>
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$ <u>50.00</u>

Contributions Received

7. Monetary contributions received this period.....	\$ <u>.00</u>
8. Non-monetary contributions received this period.....	<u>.00</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>.00</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$ <u>.00</u>

Current Cash Statement

11. Beginning cash balance..... <i>Previous Summary Page, Line 15</i>	\$ <u>3608.54</u>
12. Cash receipts this period..... <i>Line 7 above</i>	<u>.00</u>
13. Miscellaneous increases to cash	\$ <u>.89</u>
14. Cash expenditures this period..... <i>Line 3 above</i>	<u>50.00</u>
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>3559.43</u>