

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 RECEIVED BY LOS ANGELES COUNTY NO POSTMARK 2022 APR 28 PM 2:17 CAMPAIGN FINANCE	CALIFORNIA FORM 450
Page 1 of 4	For Official Use Only

Statement covers period
from 1/1/2022
through 4/23/2022

Date of election if applicable:
(Month, Day, Year)
6/7/2022

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
1360094

COMMITTEE NAME

Pasadena City College Faculty Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Pasadena	CA	91106	626-585-7261

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
facultyassociation@gmail.com

Treasurer(s)

NAME OF TREASURER
Mary-Erin Crook

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Pasadena	CA	91106	626-585-7261

NAME OF ASSISTANT TREASURER, IF ANY
Danny Hamman

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Pasadena	CA	91106	626-585-7261

OPTIONAL: FAX / E-MAIL ADDRESS
facultyassociation@gmail.com

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:

Executed on 4/24/22
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 1/1/2022 from _____ through 4/23/2022 _____	CALIFORNIA FORM 450
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NAME OF COMMITTEE

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Expenditures Made

1. Expenditures of \$100 or more made this period	\$ 26,000.00
2. Expenditures under \$100 made this period (Not itemized.)	39.66
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$ 26,039.66
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>	0.00
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>	\$ 0.00
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$ 26,039.66

Contributions Received

7. Monetary contributions received this period.....	\$ 0.00
8. Non-monetary contributions received this period.....	0.00
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>	\$ 0.00
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$ 0.00

Current Cash Statement

11. Beginning cash balance..... <i>Previous Summary Page, Line 15</i>	\$ 95,102.38
12. Cash receipts this period..... <i>Line 7 above</i>	0.00
13. Miscellaneous increases to cash	\$ 0.00
14. Cash expenditures this period..... <i>Line 3 above</i>	26,039.66
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ 69,062.72

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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*
3/7/2022	Kwong for Pasadena City College Board of 2022 South Pasadena, CA 91030 ID# 1443622	Monetary Contribution	Kristine Kwong Pasadena City College Board of Trustees Area 5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$ 7,000.00	Calendar Year \$ 7,000.00 Other \$
3/7/2022	Alton Wang for Pasadena City College Board of 2022 Arcadia, CA. 91077 ID# 1443867	Monetary Contribution	Alton Wang Pasadena City College Board of Trustees Area 7 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$ 7,000.00	Calendar Year \$ 7,000.00 Other \$
3/7/2022	Sandra Chen Lau for PCC District Board 2022 Pasadena, CA. 91101 ID# 1445198	Monetary Contribution	Sandra Chen Lau Pasadena City College Board of Trustees Area 3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$ 7,000.00	Calendar Year \$ 7,000.00 Other \$
SUBTOTAL				\$ 21,000.00	

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

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3/7/2022	Steve Gibson for PCC Board of Trustees 2022 Pasadena, CA. 91109 ID# 1445198	Monetary Contribution	Steve Gibson Pasadena City College Board of Trustees Area 3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$ 5,000.00	Calendar Year \$ 5,000.00 Other
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other
SUBTOTAL				\$ 5,000.00	

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