

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 07/01/2023
 through 12/31/2023

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

Date Stamp
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CAMPAIGN FINANCE

CALIFORNIA FORM 450
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 For Official Use Only
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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
1319419

COMMITTEE NAME
South Bay United Teachers Issues Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Torrance</u>	<u>CA</u>	<u>90503</u>	<u>310-921-2500</u>

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

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

OPTIONAL: FAX / E-MAIL ADDRESS
310-921-2502/lkidwai@sbut.org

Treasurer(s)

NAME OF TREASURER
Merlan Land

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Redondo Beach</u>	<u>CA</u>	<u>90278</u>	<u>310-717-3175</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

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

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement a
 under penalty of perjury under the laws of the State of California that the foregoi

I contained herein is true and complete. I certify

Executed on 1/10/2024 By _____
DATE

Executed on _____ By _____
DATE SIGNATURE OF CO

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

TREASURER

PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>07/01/2023</u> through <u>12/31/2023</u>	CALIFORNIA FORM	450
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NAME OF COMMITTEE South Bay United Teachers Issues Political Action Committee	I.D. NUMBER 1319419
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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	<i>Add Lines 1 + 2</i> \$ 0
4. Nonmonetary Adjustment	<i>From Line 8 Below</i> 0
5. Total expenditures made from previous statement	<i>Previous Summary Page, Line 6</i> \$ 0
<i>(If this is the first statement for the calendar year, enter zero.)</i>	
6. TOTAL EXPENDITURES MADE TO DATE	<i>Add Lines 3 + 4 + 5</i> \$ 0

Contributions Received

7. Monetary contributions received this period	\$ 2705.74
8. Non-monetary contributions received this period	0
9. Total contributions received from previous statement	<i>Previous Summary Page, Line 10</i> \$ 3811.24
<i>(If this is the first statement for the calendar year, enter zero.)</i>	
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	<i>Add Lines 7 + 8 + 9</i> \$ 6516.98

Current Cash Statement

11. Beginning cash balance	<i>Previous Summary Page, Line 15</i> \$ 150903.88
12. Cash receipts this period	<i>Line 7 above</i> 2705.74
13. Miscellaneous increases to cash	\$ 0
14. Cash expenditures this period	<i>Line 3 above</i> 0
15. ENDING CASH BALANCE THIS PERIOD	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i> \$ 153609.62