

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.

1/13/21 (1)

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SHORT FORM

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CAMPAIGN FINANCE
G05034

CALIFORNIA FORM 450
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For Official Use Only

Statement covers period
from 7/1/20
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
- Quarterly Statement
- Special Odd-year Report
- Amendment (Explain) _____
(Also check type of statement you are amending)

3. Committee Information

I.D. NUMBER
930082

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
William Clark

MAILING ADDRESS

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

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 foregoing information is true and complete.

I certify the information contained herein is true and complete. I certify

Executed on 1/7/20 DATE By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ DATE By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT, OR RESPONSIBLE OFFICER OF SPONSOR

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

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

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**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>7/1/20</u> through <u>12/31/20</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>.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$ <u>.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>50.00</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>3705.21</u>
12. Cash receipts this period..... <i>Line 7 above</i>	<u>.00</u>
13. Miscellaneous increases to cash.....	\$ <u>.94</u>
14. Cash expenditures this period..... <i>Line 3 above</i>	<u>.00</u>
15. ENDING CASH BALANCE THIS PERIOD..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>3706.15</u>