

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.

9123 SHORT FORM

Statement covers period
 from 7-1-22
 through 12-31-22

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

11-8-22

Date Stamp
 RECEIVED BY
 LOS ANGELES COUNTY
 11/17/23
 2023 JAN 19 PM 2:26
 CAMPAIGN FINANCE

CALIFORNIA FORM 450

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For Official Use Only

608502

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
1278484

COMMITTEE NAME

Torrance Teachers Association Fund for Quality Education

STREET ADDRESS (NO P.O. BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------------|-----------|--------------|---------------------|
| <u>Torrance</u> | <u>CA</u> | <u>90501</u> | <u>310-320-8200</u> |

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

Carlos Anwandter

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------------|-----------|--------------|---------------------|
| <u>Torrance</u> | <u>CA</u> | <u>90501</u> | <u>310-320-8200</u> |

NAME OF ASSISTANT TREASURER, IF ANY

Julie Shankle

MAILING ADDRESS

same as above

| 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 1/17/23
 DATE

By _____

OR ASSISTANT 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>7-1-22</u> | CALIFORNIA FORM 450 |
| through <u>12-31-22</u> | |
| Page <u>2</u> of <u>3</u> | |

NAME OF COMMITTEE

Torrance Teachers Association Fund for Quality Education

I.D. NUMBER

Expenditures Made

| | |
|---|-----------|
| 1. Expenditures of \$100 or more made this period | \$ 100.21 |
| 2. Expenditures under \$100 made this period (Not itemized.) | 50.00 |
| 3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i> | \$ 150.21 |
| 4. Nonmonetary Adjustment..... <i>From Line 8 Below</i> | 0 |
| 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 |
| 6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i> | \$ 150.21 |

Contributions Received

| | |
|--|------------|
| 7. Monetary contributions received this period..... | \$ 0 |
| 8. Non-monetary contributions received this period..... | 0 |
| 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> | \$ 5510.00 |
| 10. TOTAL CONTRIBUTIONS RECEIVED TO DATE..... <i>Add Lines 7 + 8 + 9</i> | \$ 5510.00 |

Current Cash Statement

| | |
|--|-------------|
| 11. Beginning cash balance..... <i>Previous Summary Page, Line 15</i> | \$ 4808.50 |
| 12. Cash receipts this period..... <i>Line 7 above</i> | 5510.00 |
| 13. Miscellaneous increases to cash | 0 |
| 14. Cash expenditures this period..... <i>Line 3 above</i> | 150.21 |
| 15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i> | \$ 10118.29 |

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I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Torrance Teachers Association Fund for Quality Education

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* |
|-----------------|---|------------------------|---|-----------------------|--|
| 11-29-22 | Secretary of State | annual fee | <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp. | 50 | Calendar Year \$ <u>50</u> Other \$ _____ |
| 12-27-22 | Bank of America | for checks | <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp. | 100.21 | Calendar Year \$ <u>150.21</u> Other \$ _____ |
| | | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp. | | Calendar Year \$ _____ Other \$ _____ |
| SUBTOTAL | | | | \$ 150.21 | |

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