

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 7/1/2023
 through 12/31/2023

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

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2024 FEB 26 PM 2:56
CAMPAIGN FINANCE

5124 SHORT FORM
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
- 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
1279723

COMMITTEE NAME

Teachers Association of South Pasadena - Speech

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Alhambra</u>	<u>CA</u>	<u>91801</u>	<u>909-367-8559</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

Andrew McGough

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Alhambra</u>	<u>CA</u>	<u>91801</u>	<u>909-367-8559</u>

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 fi

is true and complete. I certify

Executed on 2/21/2024 By _____
DATE

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

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

Executed on _____ By _____
DATE 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		CALIFORNIA FORM 450
from	7/1/2023	
through	12/31/2023	Page <u>2</u> of <u>3</u>
NAME OF COMMITTEE		I.D. NUMBER
Teachers Association of South Pasadena - Speech		1279723

Expenditures Made

- 1. Expenditures of \$100 or more made this period \$ _____
- 2. Expenditures under \$100 made this period (Not itemized.) _____
- 3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... *Add Lines 1 + 2* \$ _____ **0**
- 4. Nonmonetary Adjustment..... *From Line 8 Below* _____
- 5. Total expenditures made from previous statement..... *Previous Summary Page, Line 6* \$ _____
(If this is the first statement for the calendar year, enter zero.)
- 6. TOTAL EXPENDITURES MADE TO DATE *Add Lines 3 + 4 + 5* \$ _____ **0**

Contributions Received

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

Current Cash Statement

- 11. Beginning cash balance..... *Previous Summary Page, Line 15* \$ _____ **0**
- 12. Cash receipts this period..... *Line 7 above* _____
- 13. Miscellaneous increases to cash \$ _____
- 14. Cash expenditures this period..... *Line 3 above* _____ **0**
- 15. ENDING CASH BALANCE THIS PERIOD..... *Add Lines 11 + 12 + 13, then subtract Line 14* \$ _____ **229.03**

**Recipient Committee
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CALIFORNIA FORM 450

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SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Teachers Association of South Pasadena - Speech

I.D. NUMBER

1279723

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*
					Calendar Year \$ _____ 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 \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
SUBTOTAL \$				<u>0</u>	

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