

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 8/14/21 ①	RECEIVED BY LOS ANGELES COUNTY Page 2 of 2 2021 AUG 16 PM 2:31 CAMPAIGN FINANCE
CALIFORNIA FORM 450 For Official Use Only	

Statement covers period from 01/01/21 through 06/30/21	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
- Amendment (Explain) _____
(Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report

3. Committee Information

I.D. NUMBER
831 359

COMMITTEE NAME
Associated Pomona Teachers Committee for Quality Leadership

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
La Verne CA 91750 (909) 787-4939

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS
office@pomonateachers.com

Treasurer(s)

NAME OF TREASURER
Eduardo Perez

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
San Dimas CA 91773

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 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 I

Executed on 7/20/21
DATE

By _____

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>01/01/21</u> through <u>06/30/21</u>	CALIFORNIA FORM 450
	Page <u>2</u> of <u>2</u>
I.D. NUMBER <u>831359</u>	

Associated Pomona Teachers Committee for Quality Leadership.
NAME OF COMMITTEE

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>00.00</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u>140.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$ <u>140.00</u>
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>	<u>0.00</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>0.00</u>
6. TOTAL EXPENDITURES MADE TO DATE..... <i>Add Lines 3 + 4 + 5</i>	\$ <u>140.00</u>

Contributions Received

7. Monetary contributions received this period.....	\$ <u>3020.70</u>
8. Non-monetary contributions received this period.....	<u>0.00</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>0.00</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE..... <i>Add Lines 7 + 8 + 9</i>	\$ <u>3020.70</u>

Current Cash Statement

11. Beginning cash balance..... <i>Previous Summary Page, Line 15</i>	\$ <u>53,504.36</u>
12. Cash receipts this period..... <i>Line 7 above</i>	<u>3020.70</u>
13. Miscellaneous increases to cash	\$ <u>0.00</u>
14. Cash expenditures this period..... <i>Line 3 above</i>	<u>140.00</u>
15. ENDING CASH BALANCE THIS PERIOD..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>56,385.06</u>