REGEIVED BY
LOS ANGELES COUNTY
2022 JUL 13 AM II: 14
CAMPAIGN FINANCE

							SHORT FORM	
Recipient Committee Campaign Statement – Sho	rt Form				Date Stamp		FORM 450	
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.		from	01/01/2022 gh 06/30/2022	Date of election if applicable: (Month, Day, Year)		Pag	For Official Use Only  607769	
1. Type of Recipient Committ	ee:	-		2. Type of Stateme	ent:			
☐ Ballot Measure Committee    ○ Primarily Formed    ○ Controlled    ○ Sponsored	☑ Ger ⊚	Sponsore	pose Committee ad ntributor Committee	☐ Pre-election State ☑ Semi-annual State ☐ Termination Stater	ement	☐ Quarterly :	Statement dd-year Report	
Primarily Formed Candidate/ Officeholder Committee				Amendment (Explain (Also check type of state	ain) ement you are amending)			
3. Committee Information			UMBER 8771	Treasurer(s)				
COMMITTEE NAME		,	,	NAME OF TREASURER				
		_		Maya Alvarez-Galvan				
Mt. San Antonio Faculty Association	Political Acti	on Comn	nittee	MAILING ADDRESS				
STREET ADDRESS (NO P.O. BOX)				CITY	STATE	ZIP CODE	AREA CODE/PHONE	
				Walnut	CA	91789	909-274-4531	
CITY		CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREAS		71,07	707 271 1001	
Walnut		789	909-274-4531				·	
MAILING ADDRESS (IF DIFFERENT) NO. AN	D STREET OR I	P.O. BOX		MAILING ADDRESS				
CITY	STATE ZIP	CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
Walnut	CA 91	789	909-274-4531					
OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADD	DRESS			
4. Verification								
I have used all reasonable diligence in							nplete. I certify	
under penalty of perjury under the laws	or the State	of Californ	JIE					
Executed on DATE								
Executed on			-,				·	
DATE			SIGNATURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, STATE MEAS	ORE PROPONENT, OR RE	SPONSIBLE OFFIC	ER OF SPONSOR	
Executed onDATE			BySIGNATUR	RE OF CONTROLLING OFFICEHOLDER, CAN	NDIDATE, STATE MEASURE	PROPONENT		
Executed on			Ву	The state of the s				
DATE DATE			SIGNATUR	RE OF CONTROLLING OFFICEHOLDER, CAN	DIDATE, STATE MEASURE	PROPONENT		

FPPC Form 450 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Recipient Committee Campaign Statement Summary Page	Amounts may be rounded to whole dollars.	Statement covers period 01/01/2022 from	CALIFORNIA FORM 450  Page 2 of 2
NAME OF COMMITTEE			I.D. NUMBER
Mt. San Antonio Faculty Association Political Action Committee			1258771
Expenditures Made			
1. Expenditures of \$100 or more made this period			\$
2. Expenditures under \$100 made this period (Not itemized.)			0
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD		Add Lines 1 + 2	\$
4. Nonmonetary Adjustment		From Line 8 Below	0
5. Total expenditures made from previous statement(If this is the first statement for the calendar year, enter zero.)		Previous Summary Page, Line 6	\$
6. TOTAL EXPENDITURES MADE TO DATE		Add Lines 3 + 4 + 5	\$
Contributions Received		-	
7. Monetary contributions received this period			\$
8. Non-monetary contributions received this period			0
Total contributions received from previous statement  (If this is the first statement for the calendar year, enter zero.)		Previous Summary Page, Line 10	\$
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE		Add Lines 7 + 8 + 9	\$
Current Cash Statement			
11. Beginning cash balance		Previous Summary Page, Line 15	\$ 46,324.37
12. Cash receipts this period		Line 7 above	\$0
13. Miscellaneous increases to cash			\$
14. Cash expenditures this period		Line 3 above	\$0
·		s 11 ± 12 ± 13 then subtract Line 14	¢ 46,324.37

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