Recipient Committee

Recipient Committee Campaign Statement – Short Form		Date Stamp		CALIFORNIA 450 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. Type of Recipient Committee:	Statement covers period from 01/01/2024 through 06/30/2024	Date of election if applicable: (Month, Day, Year)	E-Filed 07/31/2024 23:41:33 Filing ID: 211845111		For Official Use Only	
□ Ballot Measure Committee X Generation ○ Primarily Formed ○ Spot ○ Controlled ○ Smatrix ○ Sponsored ○ Smatrix	 Pre-election Statement Semi-annual Statement Termination Statement Special Odd-year Report 					
 Primarily Formed Candidate/ Officeholder Committee 3. Committee Information 	Amendment (Explain)					
COMMITTEE NAME LBCCE, AFT Local #6108 - Political Action Com	NAME OF TREASURER Kathie Atwood MAILING ADDRESS					
STREET ADDRESS (NO PO. BOX)	CITY	STATE 2	ZIP CODE	AREA CODE/PHONE		
CITY STATE ZIP CO Long Beach CA 9081		Long Beach NAME OF ASSISTANT TREASURER, IF	CA F ANY	90815	(714)300-5795	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BC		MAILING ADDRESS				
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE 2	ZIP CODE	AREA CODE/PHONE	
OPTIONAL: FAX/E-MAIL ADDRESS katwood.aft.lbcce@gmail.com		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 the foregoing is true and correct.

Executed on	7/31/2024	ByKathie Atwood
	DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on		Ву
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR
Executed on		Ву
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on		Ву
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
		FPPC Form 450 (Jan

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

SHORT FORM

Proinignt Committee		SHORT FORM			
Recipient Committee Campaign Statement	Amounts may be rounded	Statement covers period	CALIFORNIA	450	
Summary Page	to whole dollars.	from	FORM	700	
		through 6/30/2024	Page	of	
NAME OF COMMITTEE			I.D. NUMBER		
LBCCE, AFT Local #6108 - Political Action Committee			1322779		
Expenditures Made					
1. Expenditures of \$100 or more made this period			\$	0.00	
2. Expenditures under \$100 made this period (Not itemized.)				0.00	
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD			\$	0.00	
4. Nonmonetary Adjustment				0.00	
5. Total expenditures made from previous statement			\$	0.00	
6. TOTAL EXPENDITURES MADE TO DATE		Add Lines 3 + 4 + 5	\$	0.00	
Contributions Received					
7. Monetary contributions received this period		\$	740.00		
8. Non-monetary contributions received this period				0.00	
9. Total contributions received from previous statement		\$	0.00		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE		Add Lines 7 + 8 + 9	\$	740.00	
Current Cash Statement					
11. Beginning cash balance		Previous Summary Page, Line 15	\$	4,475.00	
12. Cash receipts this period		Line 7 above		740.00	
13. Miscellaneous increases to cash			\$	0.00	
14. Cash expenditures this period Line 3 above				0.00	
15. ENDING CASH BALANCE THIS PERIOD			\$	5,215.00	