

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 7/1/24
through 6/30/24

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

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
4 RSP
2024 SEP 24 PM 1:57
CAMPAIGN FINANCE

CALIFORNIA FORM **450**
Page 7 of 2
For Official Use Only

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 1299863

COMMITTEE NAME
Lynwood Teachers Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Lynwood CA 90262 310 933-8577

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) Charlene Le

NAME OF TREASURER

MAILING ADDRESS
Lynwood CA 90262

CITY STATE ZIP CODE AREA CODE/PHONE

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 the foregoing is true and correct.

Executed on 9-4-2024 DATE By _____ SIGNATURE OF TREASURER 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>1-1-2024</u> through <u>6-30-2024</u>	CALIFORNIA FORM 450
	Page <u>2</u> of <u>2</u>

NAME OF COMMITTEE

Lynwood Teachers Association Political Action Committee

I.D. NUMBER

1299863

Expenditures Made

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

Contributions Received

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

Current Cash Statement

11. Beginning cash balance..... <i>Previous Summary Page, Line 15</i>	\$ <u>12,445.58</u>
12. Cash receipts this period..... <i>Line 7 above</i>	<u>0</u>
13. Miscellaneous increases to cash	\$ <u>0</u>
14. Cash expenditures this period..... <i>Line 3 above</i>	<u>0</u>
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>12,445.58</u>