

**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.

7/26/24 5724  
RECEIVED  
LOS ANGELES COUNTY  
2024 JUL 30 AM 11:56  
CALIFORNIA FORM 450  
Page 1 of 3  
For Official Use Only  
CAMPAIGN FINANCE 610729

Statement covers period  
from 1/1/2024  
through 6/31/2024

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
- Quarterly Statement
- Special Odd-year Report
- Amendment (Explain) \_\_\_\_\_  
(Also check type of statement you are amending)

**3. Committee Information**

I.D. NUMBER  
1361970

COMMITTEE NAME

Teachers Association of South Pasadena - Candidate

STREET ADDRESS (NO P.O. BOX)

|          |       |          |                 |
|----------|-------|----------|-----------------|
| CITY     | STATE | ZIP CODE | AREA CODE/PHONE |
| Alhambra | CA    | 91801    | 909-367-8559    |

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 |
| Alhambra | CA    | 91801    | 909-367-8559    |

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

Executed on 6/30/2024 By \_\_\_\_\_

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

Executed on \_\_\_\_\_ By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ 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<br>from <u>1/1/2024</u><br>through <u>6/31/2024</u> | <b>CALIFORNIA<br/>FORM 450</b> |
| Page <u>    </u> of <u>3</u>  |                                |
| I.D. NUMBER<br><br>1361970  |                                |

NAME OF COMMITTEE

Teachers Association of South Pasadena - Candidate

**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* \$ 50.00
- 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* \$ 50.00

**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* \$ 2135.00

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FORM 450**

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I.D. NUMBER  
1361970

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NAME OF COMMITTEE

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**5. Payments Made** (If more space is needed, use additional copies of this page for continuation sheets.)

| DATE*              | NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)         | DESCRIPTION OF PAYMENT | NAME OF CANDIDATE AND OFFICE OR<br>NAME OF BALLOT MEASURE AND<br>BALLOT NUMBER OR LETTER<br>AND JURISDICTION  | AMOUNT<br>THIS PERIOD | CUMULATIVE<br>AMOUNTS TO DATE*                        |
|--------------------|---|------------------------|---|-----------------------|---|
| 1/17/24            | Secretary of State<br>Political Reform Division<br><br>Sacramento, CA 95814 | Annual PAC Fee         | N/A<br><br><input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp. | 50.00                 | Calendar Year<br>\$ <u>50.00</u><br>Other<br>\$ _____ |
|                    |   |                        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.            |                       | Calendar Year<br>\$ _____<br>Other<br>\$ _____        |
|                    |   |                        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.            |                       | Calendar Year<br>\$ _____<br>Other<br>\$ _____        |
| <b>SUBTOTAL \$</b> |   |                        |   | 50.00                 |   |

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