

# 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.

120/24 5724  
 RECEIVED LOS ANGELES COUNTY  
 2024 JUL 30 AM 11:56  
 CAMPAIGN FINANCE 608576  
 CALIFORNIA FORM 450  
 Page 1 of 3  
 For Official Use Only

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  
 1279723

COMMITTEE NAME

Teachers Association of South Pasadena - Speech

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
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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
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OPTIONAL: FAX / E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and t  
 under penalty of perjury under the laws of the State of California that the foregoing is

and complete. I certify

Executed on 6/30/2024  
 DATE

Executed on \_\_\_\_\_  
 DATE

Executed on \_\_\_\_\_  
 DATE

Executed on \_\_\_\_\_  
 DATE

By \_\_\_\_\_

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

By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLOER, CANDIDATE, STATE MEASURE PROPONENT

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		<b>CALIFORNIA FORM</b>	<b>450</b>
from	1/1/2024		
through	6/31/2024	Page <u>2</u> of <u>3</u>	
NAME OF COMMITTEE		I.D. NUMBER	
Teachers Association of South Pasadena - Speech		1279723	

**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..... <i>Add Lines 1 + 2</i>	\$ <u>50.00</u>
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>	_____
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>	\$ _____
6. TOTAL EXPENDITURES MADE TO DATE..... <i>Add Lines 3 + 4 + 5</i>	\$ <u>50.00</u>

**Contributions Received**

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

**Current Cash Statement**

11. Beginning cash balance..... <i>Previous Summary Page, Line 15</i>	\$ <u>229.03</u>
12. Cash receipts this period..... <i>Line 7 above</i>	_____
13. Miscellaneous increases to cash.....	\$ _____
14. Cash expenditures this period..... <i>Line 3 above</i>	<u>50.00</u>
15. ENDING CASH BALANCE THIS PERIOD..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>179.03</u>

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SHORT FORM

**CALIFORNIA FORM 450**

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I.D. NUMBER  
1279723

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NAME OF COMMITTEE

Teachers Association of South Pasadena - Speech

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

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
1/17/24	Secretary of State Political Reform Division 1500 11th St. Rm 495 Sacramento, CA 95814	Annual Fee	N/A  <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	50.00	Calendar Year \$ 50.00 Other \$
			  <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ Other \$
			  <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ Other \$
<b>SUBTOTAL \$</b>				50.00	

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