

**Recipient Committee
Campaign Statement – Short Form**

Type or print in ink.

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.

1/23/21 (1)

SHORT FORM

CALIFORNIA FORM **450**

Page 1 of 4

For Official Use Only

G 10621

Statement covers period
from 07/01/20
through 12/31/20

Date of election if applicable:
(Month, Day, Year)
2021 11/03/20

RECEIVED BY
ANGELES COUNTY
JAN 25 PM 4:28
CAMPAIGN FINANCE

1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Candidate/ Officeholder Committee
- General Purpose Committee
- Sponsored
- Small Contributor Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) _____
(Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1351318

COMMITTEE NAME

Claremont Faculty Association's Claremont Teacher Action Committee (CTAC)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Claremont</u>	<u>CA</u>	<u>91711</u>	<u>909.624.6113</u>

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

Talia Bowman

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Claremont</u>	<u>CA</u>	<u>91711</u>	<u>909.576.4604</u>

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 th

Executed on 1/21/21
DATE

By _____
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**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period
from 07/01/20
through ~~10/23/20~~ 12/31/20 *JB*

CALIFORNIA
FORM **450**

Page 2 of 4

NAME OF COMMITTEE

Claremont Faculty Association Teacher Action Committee (CTAC)

I.D. NUMBER

1351318

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	2,014.10
2. Expenditures under \$100 made this period (Not itemized.)		130.04
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD		2,144.14
4. Nonmonetary Adjustment		0
5. Total expenditures made from previous statement		0
(If this is the first statement for the calendar year, enter zero.)		
6. TOTAL EXPENDITURES MADE TO DATE	\$	2,144.14

Contributions Received

7. Monetary contributions received this period	\$	0
8. Non-monetary contributions received this period		0
9. Total contributions received from previous statement		0
(If this is the first statement for the calendar year, enter zero.)		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$	0

Current Cash Statement

11. Beginning cash balance		17,037.98
12. Cash receipts this period		0
13. Miscellaneous increases to cash		0
14. Cash expenditures this period		2,144.14
15. ENDING CASH BALANCE THIS PERIOD	\$	14,893.84

**Recipient Committee
Campaign Statement – Short Form**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/20
through 12/31/20

SHORT FORM
CALIFORNIA FORM 450
Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

CFA Claremont Teacher Action Committee

I.D. NUMBER

1351318

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*
9/30/20	Print Works Pomona, CA 91767	non-monetary contribution postcard printing	Bob Fass & Chris Naticchia, Claremont School Board	220.50	Calendar Year 220.50 \$ _____ Other 220.50 \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
10/1/20	United States Postal Service Claremont, CA 91711	non-monetary contribution stamps	Bob Fass & Chris Naticchia, Claremont School Board	183.60	Calendar Year 183.60 \$ _____ Other 404.10 \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
10/2/20	Claremont Courier Claremont, CA 91711	non-monetary contribution newspaper ad	Bob Fass & Chris Naticchia, Claremont School Board	660.00	Calendar Year 660.00 \$ _____ Other 1,064.10 \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
SUBTOTAL \$					1,064.10

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

**Recipient Committee
Campaign Statement – Short Form**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period
from 7/1/20 ~~01/01/20~~
through 12/31/20 ~~10/23/20~~

CALIFORNIA FORM	450
Page <u>4</u> of <u>4</u>	
I.D. NUMBER	1351318

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

CFA Claremont Teacher Action Committee

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*
10/7/20	Chris Naticchia FPPC ID #1420857 Claremont, CA 91711	direct contribution	Chris Naticchia, Claremont School Board <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	950.00	Calendar Year 950.00 \$ _____ Other 2,014.10 \$ _____
			 <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 \$ _____
SUBTOTAL \$					2,014.10

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