

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.

CALIFORNIA FORM **450**

Date Stamp

RECEIVED BY
LOS ANGELES COUNTY
03/24/23
2023 MAR 28 PM 12:46

Page _____ of _____
For Official Use Only

Statement covers period
from 10/18/20
through 12/31/20

Date of election if applicable:
(Month, Day, Year) 11/3/20

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) Former treasurer did not complete all forms
(Also check type of statement you are amending)

3. Committee Information

I.D. NUMBER
1288350

COMMITTEE NAME

La Canada Teachers Association for Quality Education

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

La Canada CA 91011 818-952-8300

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

dbilanderj@lcsd.net

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

MAILING ADDRESS

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

Executed on 3/24/23
DATE

By _____
TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period
from 10/19/20
through 12/31/20

CALIFORNIA
FORM **450**

Page _____ of _____

La Canada Teachers Association for Quality Education
NAME OF COMMITTEE

I.D. NUMBER

1288350

Expenditures Made

1. Expenditures of \$100 or more made this period.....	\$	<u>0</u>
2. Expenditures under \$100 made this period (Not itemized.).....		<u>48</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD.....	Add Lines 1 + 2 \$	<u>48</u>
4. Nonmonetary Adjustment.....	From Line 8 Below	<u>0</u>
5. Total expenditures made from previous statement..... (If this is the first statement for the calendar year, enter zero.)	Previous Summary Page, Line 6 \$	<u>1819</u>
6. TOTAL EXPENDITURES MADE TO DATE.....	Add Lines 3 + 4 + 5 \$	<u>1867</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..... (If this is the first statement for the calendar year, enter zero.)	Previous Summary Page, Line 10 \$	<u>1600</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE.....	Add Lines 7 + 8 + 9 \$	<u>1600</u>

Current Cash Statement

11. Beginning cash balance.....	Previous Summary Page, Line 15 \$	<u>2768.78</u>
12. Cash receipts this period.....	Line 7 above	<u>0</u>
13. Miscellaneous increases to cash.....		<u>0</u>
14. Cash expenditures this period.....	Line 3 above	<u>48</u>
15. ENDING CASH BALANCE THIS PERIOD.....	Add Lines 11 + 12 + 13, then subtract Line 14 \$	<u>2720.78</u>