

# 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.

1/12/24  
 RECEIVED BY  
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 CAMPAIGN FINANCE

CALIFORNIA FORM 450  
 Page 1 of 3  
 For Official Use Only

Statement covers period  
 from July 1, 2023  
 through December 31, 2023

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

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

## 3. Committee Information

I.D. NUMBER  
 1278484

COMMITTEE NAME

Torrance Teachers Association Fund for Quality Education

STREET ADDRESS (NO P.O. BOX)

| CITY     | STATE | ZIP CODE | AREA CODE/PHONE |
|----------|-------|----------|-----------------|
| Torrance | CA    | 90501    | 310-320-8200    |

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  
 Carlos Anwandter

MAILING ADDRESS

| CITY     | STATE | ZIP CODE | AREA CODE/PHONE |
|----------|-------|----------|-----------------|
| Torrance | CA    | 90501    | 310-320-8200    |

NAME OF ASSISTANT TREASURER, IF ANY

Julie Shankle

MAILING ADDRESS

| CITY     | STATE | ZIP CODE | AREA CODE/PHONE |
|----------|-------|----------|-----------------|
| Torrance | CA    | 90501    | 310-320-8200    |

OPTIONAL: FAX / E-MAIL ADDRESS

## 4. Verification

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

edge the information contained herein is true and complete. I certify

Executed on January 11, 2024  
 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**

Amounts may be rounded  
to whole dollars.

SHORT FORM

Statement covers period  
from July 1, 2023  
through December 31, 2023

**CALIFORNIA  
FORM 450**

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NAME OF COMMITTEE

Torrance Teachers Association Fund for Quality Education

I.D. NUMBER

1278484

**Expenditures Made**

|   |                 |
|---|-----------------|
| 1. Expenditures of \$100 or more made this period .....   | \$ <u>0</u>     |
| 2. Expenditures under \$100 made this period (Not itemized.).....   | <u>50.00</u>    |
| 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>   | <u>0</u>        |
| 5. Total expenditures made from previous statement ..... <i>Previous Summary Page, Line 6</i><br><i>(If this is the first statement for the calendar year, enter zero.)</i> | \$ <u>50.00</u> |
| 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.....   | \$ <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><br><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>15,623.29</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>50.00</u>        |
| 15. ENDING CASH BALANCE THIS PERIOD ..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i> | \$ <u>15,573.29</u> |

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Campaign Statement – Short Form**

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I.D. NUMBER  
1278484

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NAME OF COMMITTEE

Torrance Teachers Association Fund for Quality Education

**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*                        |
|-----------------|---|------------------------|---|-----------------------|---|
| 12/7/23         | Secretary of State  | annual fee             | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input checked="" 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> |   |                        |   | <b>\$ 50.00</b>       |   |

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