

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.

5723 SHORT FORM

Date Stamp
7/6/23
RECEIVED BY
LOS ANGELES COUNTY
JUL 10 PM 3:24

CALIFORNIA FORM 450
Page _____ of _____
For Official Use Only
610729

Statement covers period
from 01/01/2023
through 06/30/23

Date of election if applicable:
(Month, Day, Year) 2023

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
13661970

COMMITTEE NAME

Teacher's Association of South Pasadena- Candidate

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Alhambra	CA	91801	(323)253-0462

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

twong@spusd.net

Treasurer(s)

NAME OF TREASURER

Tammy Wong

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Monterey Park	CA	91754	(323)253-0462

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 7/11/23
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 01/01/2020 2023 *fw*
through 06/30/20 2023 *fw*

**CALIFORNIA
FORM 450**

Page _____ of _____

I.D. NUMBER
13661970

NAME OF COMMITTEE

Teacher's 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..... <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>2885.00</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>2835.00</u>

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2020 2023 *(TW)*
through 06/30/20 2023 *(TW)*

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Teacher's Association of South Pasadena- Candidate

Page _____ of _____

I.D. NUMBER

13661970

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*
1/30/2020	Secretary of State Political Reform Division Sacramento, CA 95812	Annual Fee		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 \$ _____
SUBTOTAL \$					

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