

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.

Date Stamp: 6/29/22

CALIFORNIA FORM 450

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RECEIVED BY For Official Use Only
LOS ANGELES COUNTY
2022 JUL -1 PM 2:28
CAMPAIGN FINANCE

Statement covers period
from 1-1-22 through 6-31-22

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

1. Type of Recipient Committee:

- Ballot Measure Committee
- General Purpose Committee
- Primarily Formed
- Sponsored
- Controlled
- Small Contributor Committee
- Sponsored
- 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
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
Julie Shankle

MAILING ADDRESS

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

NAME OF ASSISTANT TREASURER, IF ANY
Mario Di Leva

MAILING ADDRESS

Same as Above

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 under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Information provided herein is true and complete. I certify

Executed on 6-29-22
DATE

By _____
SIGNATURE

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

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from 1-1-22
through 6-31-22

**CALIFORNIA
FORM 450**

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NAME OF COMMITTEE

I.D. NUMBER

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	<u>50</u>
2. Expenditures under \$100 made this period (Not itemized.)		<u>0</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$	<u>50</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> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	<u>0</u>
6. TOTAL EXPENDITURES MADE TO DATE..... <i>Add Lines 3 + 4 + 5</i>	\$	<u>50</u>

Contributions Received

7. Monetary contributions received this period.....	\$	<u>5,510.00</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> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	<u>4808.50</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE..... <i>Add Lines 7 + 8 + 9</i>	\$	<u>10,318.50</u>

Current Cash Statement

11. Beginning cash balance..... <i>Previous Summary Page, Line 15</i>	\$	<u>4,808.50</u>
12. Cash receipts this period..... <i>Line 7 above</i>		<u>5,510</u>
13. Miscellaneous increases to cash	\$	<u>0</u>
14. Cash expenditures this period..... <i>Line 3 above</i>		<u>50</u>
15. ENDING CASH BALANCE THIS PERIOD..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	<u>10,268.50</u>

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SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Torrance Teachers Association Fund for Quality Education

I.D. NUMBER

1278484

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*
6-27-22	Reimburse the TTA general fund Sect. of State fee	section 84101.5 annual fee		50	Calendar Year 2022 \$ _____ 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 \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
SUBTOTAL				\$ 50	

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