

**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

(4) DC

SHORT FORM

|  |   |
|--|---|
| RECEIVED BY<br>LOS ANGELES COUNTY<br>Date Stamp<br>2023 JUL 31 PM 3:48<br>CAMPAIGN FINANCE | <b>CALIFORNIA FORM 450</b><br>Page <u>1</u> of <u>3</u><br>For Official Use Only<br>G103659 |
|--|---|

Statement covers period  
 from January 1, 2023  
 through June 30, 2023

Date of election if applicable:  
 (Month, Day, Year) 2023 JUL 31

**1. Type of Recipient Committee:**

- |  |   |
|--|---|
| <input type="checkbox"/> Ballot Measure Committee                              | <input checked="" type="checkbox"/> General Purpose Committee |
| <input type="radio"/> Primarily Formed   | <input type="radio"/> Sponsored                               |
| <input type="radio"/> Controlled   | <input type="radio"/> Small Contributor Committee             |
| <input type="radio"/> Sponsored  |   |
| <br>   |   |
| <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee |   |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Pre-election Statement   | <input type="checkbox"/> Quarterly Statement     |
| <input checked="" type="checkbox"/> Semi-annual Statement   | <input type="checkbox"/> Special Odd-year Report |
| <input type="checkbox"/> Termination Statement  |  |
| <br>  |  |
| <input type="checkbox"/> Amendment (Explain) _____<br>(Also check type of statement you are amending) |  |

**3. Committee Information**

I.D. NUMBER  
1344516

COMMITTEE NAME  
Azusa Educators Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_  
 CITY STATE ZIP CODE AREA CODE/PHONE  
Glendora CA 91741 (626) 335-7961

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  
Brodie O'Brien  
 MAILING ADDRESS  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
Glendora CA 91741 (626) 335-7961

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 the foregoing is true

Executed on July 28, 2023  
DATE  
 Executed on \_\_\_\_\_  
DATE  
 Executed on \_\_\_\_\_  
DATE  
 Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
TREASURER OR ASSISTANT TREASURER  
 By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR  
 By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT  
 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<br>from <u>January 1, 2023</u><br>through <u>June 30, 2023</u> | <b>CALIFORNIA<br/>FORM</b> <b>450</b> |
|  | Page <u>2</u> of <u>3</u>             |
| NAME OF COMMITTEE  | I.D. NUMBER                           |
| Azusa Educators Association Political Action Committee                                 | 1344516                               |

**Expenditures Made**

|   |    |             |
|---|----|-------------|
| 1. Expenditures of \$100 or more made this period .....   | \$ | <u>0.00</u> |
| 2. Expenditures under \$100 made this period (Not itemized.) .....  |    | <u>0.0</u>  |
| 3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>   | \$ | <u>0.00</u> |
| 4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>   |    | <u>0.0</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>0.0</u>  |
| 6. TOTAL EXPENDITURES MADE TO DATE ..... <i>Add Lines 3 + 4 + 5</i>   | \$ | <u>0.00</u> |

**Contributions Received**

|  |    |                |
|--|----|----------------|
| 7. Monetary contributions received this period.....  | \$ | <u>2728.00</u> |
| 8. Non-monetary contributions received this period.....  |    | <u>0.0</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>0.0</u>     |
| 10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... <i>Add Lines 7 + 8 + 9</i>  | \$ | <u>2728.00</u> |

**Current Cash Statement**

|  |    |                  |
|--|----|------------------|
| 11. Beginning cash balance ..... <i>Previous Summary Page, Line 15</i>                         | \$ | <u>17,925.48</u> |
| 12. Cash receipts this period..... <i>Line 7 above</i>   |    | <u>2728.00</u>   |
| 13. Miscellaneous increases to cash .....  | \$ | <u>0.0</u>       |
| 14. Cash expenditures this period..... <i>Line 3 above</i>                                     |    | <u>0.0</u>       |
| 15. ENDING CASH BALANCE THIS PERIOD ..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i> | \$ | <u>20656.78</u>  |

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**CALIFORNIA FORM 450**

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NAME OF COMMITTEE

Azusa Educators Association Political Action Committee

I.D. NUMBER

1344516

**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*                               |
|--------------------|---|------------------------|--|-----------------------|--|
|                    |   |                        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp. |                       | <b>Calendar Year</b><br>\$ _____<br><b>Other</b><br>\$ _____ |
|                    |   |                        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp. |                       | <b>Calendar Year</b><br>\$ _____<br><b>Other</b><br>\$ _____ |
|                    |   |                        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp. |                       | <b>Calendar Year</b><br>\$ _____<br><b>Other</b><br>\$ _____ |
| <b>SUBTOTAL \$</b> |   |                        |  |                       |  |

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