

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
7/14/23
RECEIVED BY
LOS ANGELES COUNTY
2023 JUL 17 PM 2:19

CALIFORNIA FORM **450**

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For Official Use Only

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

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

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
1342729

COMMITTEE NAME

Citrus College Adjunct Faculty Federation Committee on Political Education

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Glendora	CA	91741	714-743-1269

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Glendora	CA	91740	714-743-1269

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Laura Wills

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Upland	CA	91786	909-238-7251

NAME OF ASSISTANT TREASURER, IF ANY

Bill Zeman

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Norco	CA	92860	714-743-1269

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

Executed on 07/12/2023
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

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.

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NAME OF COMMITTEE

Citrus College Adjunct Faculty Federation Committee on Political Education

I.D. NUMBER

1342729

Expenditures Made

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

Contributions Received

7. Monetary contributions received this period	\$ <u>4250</u>
8. Non-monetary contributions received this period	<u>0</u>
9. Total contributions received from previous statement	\$ <u>0</u>
(If this is the first statement for the calendar year, enter zero.)	
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$ <u>4250</u>

Current Cash Statement

11. Beginning cash balance	\$ <u>13160.49</u>
12. Cash receipts this period	<u>4250</u>
13. Miscellaneous increases to cash	\$ <u>0</u>
14. Cash expenditures this period	<u>0</u>
15. ENDING CASH BALANCE THIS PERIOD	\$ <u>17410.49</u>

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NAME OF COMMITTEE

Citrus College Adjunct Faculty Federation Committee on Political Education

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*
				0	Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
				0	Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
				0	Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
SUBTOTAL				\$ 0	

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