

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.

SHORT FORM

CALIFORNIA FORM 450

Date Stamp
 RECEIVED BY
 LOS ANGELES COUNTY
 2023 JAN 30 PM 12:46
 CAMPAIGN FINANCE DISCLOSURE SECTION

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 For Official Use Only
G10369

Statement covers period
 from July 1, 2022
 through December 31, 2022

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
 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
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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
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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 and

Executed on January 27, 2023
 DATE

Executed on _____
 DATE

Executed on _____
 DATE

Executed on _____
 DATE

By _____
 SIGNATURE OF 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 from <u>July 1, 2022</u> through <u>December 31, 2022</u>	CALIFORNIA FORM	450
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NAME OF COMMITTEE Azusa Educators Association Political Action Committee	I.D. NUMBER 1344516
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Expenditures Made

1. Expenditures of \$100 or more made this period	\$ _____
2. Expenditures under \$100 made this period (Not itemized.)	0.0
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$ _____
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>	0.0
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>	\$ 1100.00
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$ 1100.00

Contributions Received

7. Monetary contributions received this period.....	\$ 1136.00
8. Non-monetary contributions received this period.....	0.0
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>	\$ 2328.00
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$ 2328.00

Current Cash Statement

11. Beginning cash balance <i>Previous Summary Page, Line 15</i>	\$ 16,789.48
12. Cash receipts this period..... <i>Line 7 above</i>	1136.00
13. Miscellaneous increases to cash	\$ 0.0
14. Cash expenditures this period..... <i>Line 3 above</i>	_____
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ 17,925.48

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I.D. NUMBER
1344516

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NAME OF COMMITTEE

Azusa Educators Association Political Action Committee

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*
			<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.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$					

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