

# 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.

Statement covers period  
from 07/01/2023  
through 12/31/2023

Date of election if applicable:  
(Month, Day, Year)  
11/07/2023

Date Stamp  
1/16/24  
RECEIVED BY  
LOS ANGELES COUNTY  
2024 JAN 18 PM 2:28

CALIFORNIA FORM **450**  
Page 1 of 3  
For Official Use Only  
G-10355

### 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
<u>Glendora</u>	<u>CA</u>	<u>92860</u>	<u>714-743-1269</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Glendora</u>	<u>CA</u>	<u>92860</u>	<u>714-743-1269</u>

OPTIONAL: FAX / E-MAIL ADDRESS

### Treasurer(s)

NAME OF TREASURER  
Laura Wills

MAILING ADDRESS

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

NAME OF ASSISTANT TREASURER, IF ANY  
Bill Zeman

MAILING ADDRESS

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

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

Executed on 01/10/2024  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

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 07/01/2023	<b>CALIFORNIA FORM 450</b>
from _____ through 12/31/2023	
Page 2 of 3	

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 .....	\$ 0
2. Expenditures under \$100 made this period (Not itemized.).....	0
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$ 0
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>	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>	\$ 0
6. TOTAL EXPENDITURES MADE TO DATE..... <i>Add Lines 3 + 4 + 5</i>	\$ 0

**Contributions Received**

7. Monetary contributions received this period.....	\$ 157
8. Non-monetary contributions received this period.....	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>	\$ 4250
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE..... <i>Add Lines 7 + 8 + 9</i>	\$ 4407

**Current Cash Statement**

11. Beginning cash balance..... <i>Previous Summary Page, Line 15</i>	\$ 17410.49
12. Cash receipts this period..... <i>Line 7 above</i>	157
13. Miscellaneous increases to cash .....	\$ 0
14. Cash expenditures this period..... <i>Line 3 above</i>	0
15. ENDING CASH BALANCE THIS PERIOD..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ 17657.49

# Recipient Committee Campaign Statement – Short Form

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/2023  
through 12/31/2023

SHORT FORM  
**CALIFORNIA FORM 450**

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Citrus College Adjunct Faculty Federation Committee on Political Education

I.D. NUMBER

1342729

## 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 \$ _____
<b>SUBTOTAL \$</b>					

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