SHORT FORM 5123

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 7/1/22
through 12/31/22

Date of election if applicable: (Month, Day, Year)
11/8/22

Date Stamp
2/1/23 C
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CAMPAIGN FINANCE

CALIFORNIA FORM 450

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For Official Use Only
G10621

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
- ☐ Quarterly Statement
- ☐ Special Odd-year Report
- ☐ Amendment (Explain) _____
  (Also check type of statement you are amending)

3. Committee Information

I.D. NUMBER: 1351318

COMMITTEE NAME
Claremont Faculty Association's Claremont Teacher Action Committee (CTAC)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Claremont	Ca	91711	(909) 624-6113

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
Jessica Rodriguez

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Claremont	Ca	91711	(951)285-0802

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 review ...ained herein is true and complete. I certify under penalty of perjury under the laws of the State of Califc

Executed on 1/31/2023 (DATE) ...EASURER

Executed on _____ (DATE) _____ (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.

Statement covers period
from 7/1/22
through 12/31/22

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NAME OF COMMITTEE
Claremont Faculty Association Teacher Action Committee (CTAC)

I.D. NUMBER
1351318

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	*Add Lines 1 + 2*	$ 0
4.	Nonmonetary Adjustment	*From Line 8 Below*	0
5.	Total expenditures made from previous statement *(If this is the first statement for the calendar year, enter zero.)*	*Previous Summary Page, Line 6*	$ 0
6.	TOTAL EXPENDITURES MADE TO DATE	*Add Lines 3 + 4 + 5*	$ 0

Contributions Received

7.	Monetary contributions received this period		$ 342.00
8.	Non-monetary contributions received this period		0
9.	Total contributions received from previous statement *(If this is the first statement for the calendar year, enter zero.)*	*Previous Summary Page, Line 10*	$ 0
10.	TOTAL CONTRIBUTIONS RECEIVED TO DATE	*Add Lines 7 + 8 + 9*	$ 342.00

Current Cash Statement

11.	Beginning cash balance	*Previous Summary Page, Line 15*	$ 17,931.84
12.	Cash receipts this period	*Line 7 above*	0
13.	Miscellaneous increases to cash		$ 0
14.	Cash expenditures this period	*Line 3 above*	0
15.	**ENDING CASH BALANCE THIS PERIOD**	*Add Lines 11 + 12 + 13, then subtract Line 14*	$ 18,273.84