

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

90 8 18 2015

Date Stamp	CALIFORNIA FORM 450
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For Official Use Only	

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 February 08, 2015
 through February 18, 2015

Date of election if applicable:
 (Month, Day, Year)
February 24, 2015

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
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1344683

COMMITTEE NAME
Burbank Teachers Association Fund for Children in Public Education

STREET ADDRESS (NO P.O. BOX)
3021 W Burbank Blvd

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Burbank</u>	<u>CA</u>	<u>91505</u>	<u>(818) 240-9180</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
(818) 846-1341

Treasurer(s)

NAME OF TREASURER
Jerome Mullady

MAILING ADDRESS
3021 W Burbank Blvd

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Burbank</u>	<u>CA</u>	<u>91505</u>	<u>(818) 240-9180</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
(818) 846-1341

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 correct.

Executed on 02/18/15 By _____ TREASURER

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

**Recipient Committee
Campaign Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

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1344683	

NAME OF COMMITTEE

Burbank Teachers Association Fund for Children in Public Education

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	594.25
2. Expenditures under \$100 made this period (Not itemized.)		0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$	594.25
4. Nonmonetary Adjustment		0.00
5. Total expenditures made from previous statement	\$	7,193.78
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
6. TOTAL EXPENDITURES MADE TO DATE	\$	7,788.03

Contributions Received

7. Monetary contributions received this period	\$	0.00
8. Non-monetary contributions received this period		0.00
9. Total contributions received from previous statement	\$	359.50
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$	359.50

Current Cash Statement

11. Beginning cash balance	\$	7,969.78
12. Cash receipts this period		0.00
13. Miscellaneous increases to cash	\$	0.00
14. Cash expenditures this period		594.25
15. ENDING CASH BALANCE THIS PERIOD	\$	7,375.53

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NAME OF COMMITTEE

Burbank Teachers Association Fund for Children in Public 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*
02/17/15	Los Angeles Times Media Group 202 W 1st St Los Angeles, CA 90012	Advertising		594.25	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 \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
SUBTOTAL \$				594.25	

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