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.

1. Type of Recipient Committee:
   □ Ballot Measure Committee
   ○ Primarily Formed
   ○ Controlled
   ○ Sponsored
   □ Primarily Formed Candidate/Officeholder Committee
   □ General Purpose Committee
   ○ Sponsored
   ○ Small Contributor 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 1360882

   COMMITTEE NAME
   Albany Teachers Association Political Action Committee

   STREET ADDRESS (NO P.O. BOX)
   [Redacted]

   CITY     STATE     ZIP CODE     AREA CODE/PHONE
   [Redacted]

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

   CITY     STATE     ZIP CODE     AREA CODE/PHONE
   [Redacted]

   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 information is true and complete.

   Executed on September 24 2020

   By [Redacted]
   NAME OF TREASURER
   Mailing Address [Redacted]

   City
   [Redacted]

   State
   [Redacted]

   ZIP Code
   [Redacted]

   Area Code/Phone
   [Redacted]

   Name of Assistant Treasurer, if any
   [Redacted]

   Mailing Address
   [Redacted]

   City
   [Redacted]

   State
   [Redacted]

   ZIP Code
   [Redacted]

   Area Code/Phone
   [Redacted]

   Optional: FAX / E-MAIL ADDRESS

   By [Redacted]
   Signature of Controlling OfficerHOLDER, CANDIDATE, STATE MEASURE PROONENT, OR RESPONSIBLE OFFICER OF SPONSOR

   By [Redacted]
   Signature of Controlling OfficerHOLDER, CANDIDATE, STATE MEASURE PROONENT

   By [Redacted]
   Signature of Controlling OfficerHOLDER, CANDIDATE, STATE MEASURE PROONENT

   [FPPC Form 450 (Jan/2016)]

   [FPPC Advisory: Adobe PDF can be opened by going to File > Open with > Adobe PDF]
**Recipient Committee**  
**Campaign Statement**  
**Summary Page**  

**Amounts may be rounded to whole dollars.**

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>from July 1 2020</td>
<td>450</td>
</tr>
<tr>
<td>through September 15 2020</td>
<td>Page 2 of 2</td>
</tr>
</tbody>
</table>

**NAME OF COMMITTEE**  
Albany Teachers Association PAC

**Expenditures Made**

1. Expenditures of $100 or more made this period .......................... $0
2. Expenditures under $100 made this period (Not itemized.) ........... 20.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD ................................ Add Lines 1 + 2 $20.00
4. Nonmonetary Adjustment ......................................................... From Line 8 Below $0
5. Total expenditures made from previous statement ........................ Previous Summary Page, Line 6 $40.00
   (If this is the first statement for the calendar year, enter zero.)
6. TOTAL EXPENDITURES MADE TO DATE ........................................ Add Lines 3 + 4 + 5 $60.00

**Contributions Received**

7. Monetary contributions received this period ............................ $0
8. Non-monetary contributions received this period ......................... $0
9. Total contributions received from previous statement ................ Previous Summary Page, Line 10 $690.00
   (If this is the first statement for the calendar year, enter zero.)
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ................................ Add Lines 7 + 8 + 9 $690.00

**Current Cash Statement**

11. Beginning cash balance ....................................................... Previous Summary Page, Line 15 $682.09
12. Cash receipts this period ..................................................... Line 7 above 0
13. Miscellaneous increases to cash ............................................ $0
14. Cash expenditures this period ............................................. Line 3 above 20.00
15. ENDING CASH BALANCE THIS PERIOD ...................................... Add Lines 11 + 12 + 13, then subtract Line 14 $642.09

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FPPC Form 450 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov