

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.



Type or print in ink.

SHORT FORM

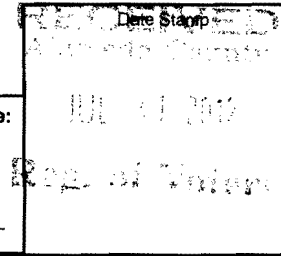
CALIFORNIA FORM **450**

Page 1 of 3

For Official Use Only

Statement covers period
from January 1, 2012
through June 30, 2012

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



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:

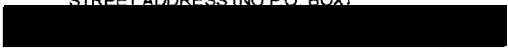
- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) _____
(Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1326421

COMMITTEE NAME
Alameda Education Association Political Action Committee or AEA PAC

STREET ADDRESS (NO P.O. BOX)



CITY STATE ZIP CODE AREA CODE/PHONE
Alameda CA 94501

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
Laurea Baker

MAILING ADDRESS



CITY STATE ZIP CODE AREA CODE/PHONE
Castro Valley CA 94552

NAME OF ASSISTANT TREASURER, IF ANY
Patricia Sanders

MAILING ADDRESS



CITY STATE ZIP CODE AREA CODE/PHONE
Oakland CA 94609

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and certify that the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information provided is true and complete as of **July 30, 2012**.

Executed on _____
DATE



TREASURER

Executed on _____
DATE

By _____
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**

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

Statement covers period
from January 1, 2012
through June 30, 2012

SHORT FORM

CALIFORNIA FORM	450
Page <u>2</u> of <u>3</u>	
I.D. NUMBER 1326421	

NAME OF COMMITTEE

Alameda Education Association Political Action Committee or AEA PAC

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

Contributions Received

7. Monetary contributions received this period	\$	9,000.00
8. Non-monetary contributions received this period		0
9. Total contributions received from previous statement		0
<i>Previous Summary Page, Line 10</i>		
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE		9,000.00
<i>Add Lines 7 + 8 + 9</i>		

Current Cash Statement

11. Beginning cash balance	\$	20,482.91
<i>Previous Summary Page, Line 15</i>		
12. Cash receipts this period		9,000.00
<i>Line 7 above</i>		
13. Miscellaneous increases to cash		0
14. Cash expenditures this period		0
<i>Line 3 above</i>		
15. ENDING CASH BALANCE THIS PERIOD		29,482.91
<i>Add Lines 11 + 12 + 13, then subtract Line 14</i>		

**Recipient Committee
Campaign Statement – Short Form**

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

Statement covers period
January 1, 2012
from _____
through June 30, 2012

SHORT FORM

CALIFORNIA FORM 450

Page 3 of 3

I.D. NUMBER
1326421

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE
Alameda Education Association Political Action Committee or AEA PAC

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*
N/A					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.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$				0	

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