

Recipient Committee Campaign Statement – Short Form

SHUKI FUKUI

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 August 1, 2021 through December 31, 2021

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

Date Stamp
FILED
 REGISTRAR OF VOTERS
FEB 01 2022
 BY DONNA M. JOHNSTON
 DEPUTY CLERK

CALIFORNIA **450** FORM
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 For Official Use Only

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
1032267

Treasurer(s)

NAME OF TREASURER
Jill Wilhelm
 MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Sutter CA 95982 5307015797

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Sutter CA 95982 5307015797

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

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 is true and correct.

Executed on 1/16/2022 DATE
 By Jill Wilhelm SIGNATURE OF TREASURER OR ASSISTANT 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

Amounts may be rounded
to whole dollars.

SHORT FORM

NAME OF COMMITTEE

Live Oak Teachers Association Education Improvement Fund

Statement covers period
from August 1, 2021
through December 31, 2021

**CALIFORNIA
FORM 450**

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I.D. NUMBER

1302267

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 Previous Summary Page, Line 6 \$ 0
(If this is the first statement for the calendar year, enter zero.)
6. TOTAL EXPENDITURES MADE TO DATE Add Lines 3 + 4 + 5 \$ 0

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 \$ 0
(If this is the first statement for the calendar year, enter zero.)
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE Add Lines 7 + 8 + 9 \$ 0

Current Cash Statement

11. Beginning cash balance..... Previous Summary Page, Line 15 \$ 4779
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 \$ 4779