

TATPAC

# Recipient Committee Campaign Statement - Short Form

Type or print in ink.

KERN COUNTY ELECTIONS  
Date Stamp  
FILED:  
2008 JUL 18 PM 3:28  
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CALIFORNIA FORM **450**  
Page 1 of 3  
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 January 1, 2008  
through June 30, 2008

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

## 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  
1303107

COMMITTEE NAME

Tehachapi Association of Teacher PAC TAT

STREET ADDRESS (NO P.O. BOX)

117 S. Mill St., Suite G

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Tehachapi</u>	<u>CA</u>	<u>93561</u>	<u>661-823-7040</u>

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

PO Box 801

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Tehachapi</u>	<u>CA</u>	<u>93561</u>	

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

Hugh Hollis Kimbrough

MAILING ADDRESS

901 Elm Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Tehachapi</u>	<u>CA</u>	<u>93561</u>	<u>661-823-8353</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

hkimbrough@teh.k12.ca.us

## 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 July 15, 2008  
DATE

By Hugh Hollis Kimbrough  
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**

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

SHORT FORM

Statement covers period from <u>January 1, 2008</u> through <u>June 30, 2008</u>	CALIFORNIA FORM <b>450</b>
	Page <u>2</u> of <u>3</u>
NAME OF COMMITTEE	
Tehachapi Association of Teachers PAC TAT	
I.D. NUMBER	
1303107	

**Expenditures Made**

1. Expenditures of \$100 or more made this period .....	\$ <u>0</u>
2. Expenditures under \$100 made this period (Not itemized.) .....	<u>106.70</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD ..... <i>Add Lines 1 + 2</i>	\$ <u>106.70</u>
4. Nonmonetary Adjustment ..... <i>From Line 8 Below</i>	<u>0</u>
5. Total expenditures made from previous statement ..... <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ <u>0</u>
6. TOTAL EXPENDITURES MADE TO DATE ..... <i>Add Lines 3 + 4 + 5</i>	\$ <u>106.70</u>

**Contributions Received**

7. Monetary contributions received this period .....	\$ <u>1810.00</u>
8. Non-monetary contributions received this period .....	<u>0</u>
9. Total contributions received from previous statement ..... <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ <u>0</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... <i>Add Lines 7 + 8 + 9</i>	\$ <u>1810.00</u>

**Current Cash Statement**

11. Beginning cash balance ..... <i>Previous Summary Page, Line 15</i>	\$ <u>1694.00</u>
12. Cash receipts this period ..... <i>Line 7 above</i>	<u>1810.00</u>
13. Miscellaneous increases to cash .....	\$ <u>0</u>
14. Cash expenditures this period ..... <i>Line 3 above</i>	<u>106.7</u>
15. ENDING CASH BALANCE THIS PERIOD ..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>3397.30</u>

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FORM **450**

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NAME OF COMMITTEE

Tehachapi Association of Teachers PAC TAT

I.D. NUMBER

1303107

**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*
1/25/08	Tehachapi Association of Teachers 117 S, Mill St, Suite G Tehachapi CA 93561	Return of PAC contributions for teachers who "opted out" of supporting the PAC TAT for the period September 2007 - December 2007.	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$96.00	Calendar Year \$ _____ Other \$ 96.00
3/12/08	Roberta Wieder 28250 Black Gold Way Tehachapi CA 93561 PAC TAT Chairperson	Reimbursement of expenses for sending PAC TAT certified mail.	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$10.70	Calendar Year \$ _____ Other \$ 10.70
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
<b>SUBTOTAL \$</b>				<b>106.70</b>	

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