

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.

Statement covers period
 from 1/01/2022
 through 6/30/2022

Date of election if applicable
 (Month, Day, Year)
 N/A

7/12/22
 RECEIVED BY
 LOS ANGELES COUNTY
 2022 JUL 14 PH 1:28
 CAMPAIGN FINANCE

CALIFORNIA FORM 450
 Page 1 of 3
 For Official Use Only

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
- Quarterly Statement
- Special Odd-year Report
- Amendment (Explain) _____
 (Also check type of statement you are amending)

3. Committee Information

I.D. NUMBER
1322835

COMMITTEE NAME
 HAWTHORNE FEDERATION OF CLASSIFIED EMPLOYEES LOCAL 6041 PAC

STREET ADDRESS (NO P.O. BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------|-------|----------|-----------------|
| HAWTHORNE | CA | 90250 | 310-349-2181 |

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

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------|-------|----------|-----------------|
| HAWTHORNE | CA | 90251 | |

OPTIONAL: FAX / E-MAIL ADDRESS
 mrbigbrocha@sbcglobal.net

Treasurer(s)

NAME OF TREASURER
 SILVANA BECKETT

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------|-------|----------|-----------------|
| HAWTHORNE | CA | 90251 | |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
| | | | |

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the under penalty of perjury under the laws of the State of California that the foregoing is true

is true and complete. I certify

Executed on 7/7/22
 DATE

Executed on _____
 DATE

Executed on _____
 DATE

Executed on _____
 DATE

By _____

By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

| | | |
|---|-----------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 450 |
| from | 1/01/2022 | |
| through | 6/30/2022 | Page <u>2</u> of <u>3</u> |
| NAME OF COMMITTEE | | I.D. NUMBER |
| HAWTHORNE FEDERATION OF CLASSIFIED EMPLOYEES LOCAL 6041 PAC | | 1322835 |

Expenditures Made

| | | |
|---|----|------|
| 1. Expenditures of \$100 or more made this period | \$ | 0.00 |
| 2. Expenditures under \$100 made this period (Not itemized.) | | 0.00 |
| 3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i> | \$ | 0.00 |
| 4. Nonmonetary Adjustment..... <i>From Line 8 Below</i> | | 0.00 |
| 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> | \$ | 0.00 |
| 6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i> | \$ | 0.00 |

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 <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i> | \$ | 0.00 |
| 10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i> | \$ | 0.00 |

Current Cash Statement

| | | |
|--|----|---------|
| 11. Beginning cash balance <i>Previous Summary Page, Line 15</i> | \$ | 2294.00 |
| 12. Cash receipts this period..... <i>Line 7 above</i> | | 0.00 |
| 13. Miscellaneous increases to cash | \$ | 0.00 |
| 14. Cash expenditures this period..... <i>Line 3 above</i> | | 0.00 |
| 15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i> | \$ | 2294.00 |

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SHORT FORM

**CALIFORNIA
FORM 450**

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I.D. NUMBER
1322835

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

HAWTHORNE FEDERATION OF CLASSIFIED EMPLOYEES LOCAL 6041 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* |
|--------------------|---|------------------------|--|-----------------------|--|
| | | | <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 \$ | | | | | |

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