

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

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LOS ANGELES COUNTY
02/10/23
2023 FEB 13 PM 3:08
CAMPAIGN FINANCE

SHORT FORM

CALIFORNIA FORM 450

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees which have not received a contribution or other receipt which must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
from 10/23/2022
through 12/31/2022

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

Page 1 of 3
For Official Use Only

1. Type of Recipient Committee:

- Ballot Measure Committee
 - Primary 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
1227710

COMMITTEE NAME

Los Angeles College Faculty Guild COPE

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Los Angeles CA 90068 (323)851-1521

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

CITY STATE ZIP CODE AREA CODE/PHONE

Los Angeles CA 90068

OPTIONAL: FAX/E-MAIL ADDRESS

(323) 851-0443 / jkpooley@earthlink.net

Treasurer(s)

NAME OF TREASURER

Xiao Behlendorf

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Los Angeles CA 90068 (323) 851-1521

NAME OF ASSISTANT TREASURER, IF ANY

Bill Elarton

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Los Angeles CA 90068 (323) 851-1521

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

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

ned herein is true and complete. I certify

Executed on 2/10/2023 DATE

By _____ 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		CALIFORNIA FORM 450
from	10/23/2022	
through	12/31/2022	Page 2 of 3
NAME OF COMMITTEE Los Angeles College Faculty Guild COPE		I.D. NUMBER 1227710.

Expenditures Made

1. Expenditures of \$100 or more made this period	\$4,402.00
2. Expenditures under \$100 made this period (Not itemized.)	\$0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	Add Lines 1 + 2 \$4,402.00
4. Nonmonetary Adjustment	From Line 8 Below \$0.00
5. Total expenditures made from previous statement	Previous Summary Page, Line 6 \$662,540.00
(If this is the first statement for the calendar year, enter zero.)	
6. TOTAL EXPENDITURES MADE TO DATE	Add Lines 3 + 4 + 5 \$666,942.00

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	Previous Summary Page, Line 10 \$338,606.05
(If this is the first statement for the calendar year, enter zero.)	
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	Add Lines 7 + 8 + 9 \$338,606.05

Current Cash Statement

11. Beginning cash balance	Previous Summary Page, Line 15 \$109,971.42
12. Cash receipts this period	Line 7 above \$0.00
13. Miscellaneous increases to cash	\$48.40
14. Cash expenditures this period	Line 3 above \$4,402.00
15. ENDING CASH BALANCE THIS PERIOD.....	Add Lines 11 + 12 + 13, then subtract Line 14 \$105,617.82

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Statement covers period from <u>10/23/2022</u> through <u>12/31/2022</u>	CALIFORNIA FORM 450
Page <u>3</u> of <u>3</u>	I.D. NUMBER <u>1227710</u>

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NAME OF COMMITTEE

Los Angeles College Faculty Guild COPE

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*
10/23/2022	John Pooley Studio City, CA 91004	PRO		\$4,320.00	Calendar Year \$8,100.00 Other
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp		
11/30/2022	California Credit Union Los Angeles, CA 90078	BANK CHARGES		\$32.00	Calendar Year \$32.00 Other
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp		
12/12/2022	Secretary of State Sacramento, CA 958...	ANNUAL FILING FEES		\$50.00	Calendar Year \$100.00 Other
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" 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		
SUBTOTAL				\$4,402.00	

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