

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp
**RECEIVED BY
LOS ANGELES COUNTY
2023 FEB -6 PM 3: 24
CAMPAIGN FINANCE**

CALIFORNIA FORM 460

Page 1 of 4

For Official Use Only

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

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

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

Adjust entries _____

3. Committee Information

I.D. NUMBER
801796

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

National Women's Political Caucus - San Fernando Valley Chapter

STREET ADDRESS (NO P.O. BOX)

| | | | |
|-----------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Woodland Hills</u> | <u>CA</u> | <u>91367</u> | <u>818 731 3228</u> |

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

cecile.bendavid@gmail.com

Treasurer(s)

NAME OF TREASURER

Cecile Bendavid

MAILING ADDRESS

| | | | |
|-----------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Woodland Hills</u> | <u>CA</u> | <u>91367</u> | <u>818 731 3228</u> |

NAME OF ASSISTANT TREASURER, IF ANY

--

MAILING ADDRESS

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

OPTIONAL: FAX / E-MAIL ADDRESS

cecile.bendavid@gmail.com

4. Verification

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

rules is true and complete. I

Executed on 1-31-23
Date

By _____

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

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>10/23/2022</u> | CALIFORNIA FORM 460 |
| through <u>12/31/2022</u> | |
| Page <u>2</u> of <u>4</u> | |
| I.D. NUMBER 801796 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

National Women's Political Caucus - San Fernando Valley Chapter

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ 0 | \$ 0 |
| 2. Loans Received..... Schedule B, Line 3 | 0 | 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ 0 | \$ 0 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 0 | 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 0 | \$ 0 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ 0 | \$ 0 |
| 21. Expenditures Made | \$ 500.00 | \$ 1900.00 |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4 | \$ 500.00 | \$ 1900.00 |
| 7. Loans Made..... Schedule H, Line 3 | 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ 500.00 | \$ 1900.00 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | 0 | 0 |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | 0 | 0 |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ 500.00 | \$ 1900.00 |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|--|------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16 | \$ 1532.05 |
| 13. Cash Receipts..... Column A, Line 3 above | 0 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | 0 |
| 15. Cash Payments..... Column A, Line 8 above | 500.00 |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 1032.05 |

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

| | |
|--|------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ 0 |
|--|------|

Cash Equivalents and Outstanding Debts

| | |
|--|------|
| 18. Cash Equivalents..... See instructions on reverse | \$ 0 |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ 0 |

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

| | |
|--|--------------------------------|
| Statement covers period from <u>10/23/2022</u> through <u>12/31/2022</u> | CALIFORNIA FORM 460 |
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| I.D. NUMBER 801796 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

National Women's Political Caucus - San Fernando Valley Chapter

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 10/24/2022 | Pilar Schiavo for Assembly AD40; FPPC 1438397; | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | Campaign Contribution | 500.00 | 500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ 500.00 | | | | | | |

Schedule D Summary

| | |
|---|------------------------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... | \$ 500.00 |
| 2. Unitemized contributions and independent expenditures made this period of under \$100..... | \$ 0 |
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... | TOTAL \$ 500.00 |

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | |
|--|----------------------------|
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| | I.D. NUMBER 801796 |

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NAME OF FILER

National Women's Political Caucus - San Fernando Valley Chapter

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Pilar Schiavo for Assembly AD 40; #1438397; Chatsworth, CA 91311 | CTB | Campaign Contribution | 500.00 |
| | | | |
| | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 500.00

Schedule E Summary

| | |
|---|------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ 500.00 |
| 2. Unitemized payments made this period of under \$100..... | \$ 0 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$ 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$ 500.00 |