

# Recipient Committee Campaign Statement – Short Form

1/23/23 NY SHORT FORM

50

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 07/01/2022  
 through 12/31/2022

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

Date Stamp  
 RECEIVED BY  
 LOS ANGELES COUNTY  
 2023 JAN 23 PM 3:30  
 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
- Amendment (Explain) \_\_\_\_\_  
 (Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report

## 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 best of my knowledge and belief, 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.

on contained herein is true and complete. I certify

Executed on 1/13/23  
 DATE

Executed on \_\_\_\_\_  
 DATE

Executed on \_\_\_\_\_  
 DATE

Executed on \_\_\_\_\_  
 DATE

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 |            | <b>CALIFORNIA<br/>FORM</b> | <b>450</b> |
| from                    | 07/01/2022 |                            |            |
| through                 | 12/31/2022 | 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><br><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><br><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 |

**Recipient Committee  
Campaign Statement – Short Form**

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to whole dollars.

Statement covers period  
from 07/01/2022  
through 12/31/2022

SHORT FORM

**CALIFORNIA  
FORM 450**

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

HAWTHORNE FEDERATION OF CLASSIFIED EMPLOYEES LOCAL 6041 PAC

I.D. NUMBER

1322835

**5. Payments Made** (If more space is needed, use additional copies of this page for continuation sheets.)

| DATE*              | NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF PAYMENT | NAME OF CANDIDATE AND OFFICE OR<br>NAME OF BALLOT MEASURE AND<br>BALLOT NUMBER OR LETTER<br>AND JURISDICTION                                 | AMOUNT<br>THIS PERIOD | CUMULATIVE<br>AMOUNTS TO DATE*                               |
|--------------------|---|------------------------|--|-----------------------|--|
|                    |   |                        |  |                       | <b>Calendar Year</b><br>\$ _____<br><b>Other</b><br>\$ _____ |
|                    |   |                        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp. |                       |  |
|                    |   |                        |  |                       | <b>Calendar Year</b><br>\$ _____<br><b>Other</b><br>\$ _____ |
|                    |   |                        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp. |                       |  |
|                    |   |                        |  |                       | <b>Calendar Year</b><br>\$ _____<br><b>Other</b><br>\$ _____ |
|                    |   |                        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp. |                       |  |
| <b>SUBTOTAL \$</b> |   |                        |  |                       |  |

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