

**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.

02/01/2023
Date Stamp

SHORT FORM

CALIFORNIA FORM **450**

Page 1 of 3

For Official Use Only

611364

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

Date of election if applicable:
(Month, Day, Year) 2023 FEB -3 PM 12: 04
CAMPAIGN FINANCE

RECEIVED BY
LOS ANGELES COUNTY
CAMPAIGN FINANCE

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:

- Preelection 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 1446339

COMMITTEE NAME
United Citizens Crusade

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Chula Vista CA 91910 (888)363-3912

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
akstrategies@yahoo.com

Treasurer(s)

NAME OF TREASURER
Mason Inocentes

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Chula Vista CA 91910 (888)363-3912

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
akstrategies@yahoo.com

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

Executed on 1/30/2023 By _____
DATE

Executed on _____ By _____
DATE

Executed on 1/30/2023 By _____
DATE

Executed on 1/30/2023 By _____
DATE

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period		CALIFORNIA FORM 450
from	07/01/2022	
through	12/31/2022	Page <u>2</u> of <u>3</u>
NAME OF COMMITTEE United Citizens Crusade		I.D. NUMBER 1446339

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	3,785.88
2. Expenditures under \$100 made this period (Not itemized.)		0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$	3,785.88
4. Nonmonetary Adjustment		0.00
5. Total expenditures made from previous statement	\$	9,321.00
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
6. TOTAL EXPENDITURES MADE TO DATE	\$	13,106.88

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	\$	14,526.00
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$	14,526.00

Current Cash Statement

11. Beginning cash balance	\$	5,205.00
12. Cash receipts this period		0.00
13. Miscellaneous increases to cash	\$	0.00
14. Cash expenditures this period		3,785.88
15. ENDING CASH BALANCE THIS PERIOD	\$	1,419.12

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NAME OF COMMITTEE

United Citizens Crusade

I.D. NUMBER

1446339

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 *
10/14/2022	Consuelo Carrillo Palmdale CA 93550	Printing and Mailing Jason Lee Research	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	2808.14	Calendar Year \$ _____ Other \$ _____
10/14/2022	Consuelo Carrillo Palmdale CA 93550	Postage Jason Lee Research	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	977.74	Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	0	Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$				3,785.88	

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