

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 01/01/2023
 through 12/31/2023

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

Date Stamp
 RECEIVED BY
 LOS ANGELES COUNTY
 2024 FEB -8 PM 2:20
 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
- 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

3. Committee Information

I.D. NUMBER applied for

COMMITTEE NAME
 Los Angeles County Public Defenders Union Local 148 Political Legislative Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90014	(213) 222-8092

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
 (818) 985-7266/jkpooley@earthlink.net

Treasurer(s)

NAME OF TREASURER

Amy Loeliger

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90014	(310) 625-5721

NAME OF ASSISTANT TREASURER, IF ANY

Garrett Miller

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90014	(310) 625-5721

OPTIONAL: FAX / E-MAIL ADDRESS
 (818) 985-7266/jkpooley@earthlink.net

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 foregoing is true and correct.

Executed on 1/31/2024
DATE

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

Executed on _____
DATE

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

Executed on _____
DATE

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

Executed on _____
DATE

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

Clear Cover Pg

Print Form

Specify pages to print

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period		CALIFORNIA FORM 450
from	01/01/2023	
through	12/31/2023	Page <u>2</u> of <u>3</u>

NAME OF COMMITTEE

Los Angeles County Public Defenders Union Local 148 Political Legislative Action Committee

I.D. NUMBER

applied for

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	0
2. Expenditures under \$100 made this period (Not itemized.)		0
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$	0
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>		0
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
6. TOTAL EXPENDITURES MADE TO DATE	\$	0

Contributions Received

7. Monetary contributions received this period.....	\$	42,802
8. Non-monetary contributions received this period.....		0
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
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$	42,802

Current Cash Statement

11. Beginning cash balance..... <i>Previous Summary Page, Line 15</i>	\$	0
12. Cash receipts this period..... <i>Line 7 above</i>		42,802
13. Miscellaneous increases to cash	\$	0
14. Cash expenditures this period..... <i>Line 3 above</i>		0
15. ENDING CASH BALANCE THIS PERIOD	\$	42,802

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**CALIFORNIA
FORM 450**

Page 3 of 3

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NAME OF COMMITTEE

Los Angeles County Public Defenders Union Local 148 Political Legislative Action Committee

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 \$				0	

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

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