

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.

3 01/23/2024
Date Stamp

5124
SHORT FORM

CALIFORNIA FORM 450

Statement covers period
from July 1, 2023
through December 31, 2023

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

RECEIVED BY
LOS ANGELES COUNTY
2024 JAN 25 PM 3:21
CAMPAIGN FINANCE
Page 1 of 3
For Official Use Only
3:21605021

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
801796

COMMITTEE NAME
National Women's Political Caucus - San Fernando Valley Chapter

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Woodland Hills	CA	91367	8187313228

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
Woodland Hills	CA	91367	8187313228

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 the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the for

Executed on 1-23-24 By _____
DATE ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE 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 July 1, 2023		CALIFORNIA FORM 450
from	December 31, 2023	
through		Page <u>2</u> of <u>3</u>

NAME OF COMMITTEE National Women's Political Caucus - San Fernando Valley Chapter	I.D. NUMBER 801796
--	-----------------------

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ 200.00
2. Expenditures under \$100 made this period (Not itemized.)	0
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$ 200.00
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 <i>Add Lines 3 + 4 + 5</i>	\$ 200.00

Contributions Received

7. Monetary contributions received this period.....	\$ 0
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..... <i>Add Lines 7 + 8 + 9</i>	\$ 0

Current Cash Statement

11. Beginning cash balance <i>Previous Summary Page, Line 15</i>	\$ 1032.05
12. Cash receipts this period..... <i>Line 7 above</i>	0
13. Miscellaneous increases to cash	\$ 0
14. Cash expenditures this period..... <i>Line 3 above</i>	200.00
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ 832.05

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period
from July 1, 2023
through December 31, 2023

**CALIFORNIA
FORM 450**

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

National Women's Political Caucus - San Fernando Valley Chapter

I.D. NUMBER

801796

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*
10/11/23	Imelda Padilla for L.A. City Council 2023 Gene	Campaign Contribution	Imelda Padilla for L.A. City Cour <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	200.00	Calendar Year 200.00 \$ _____ Other \$ _____
	.,Covina,CA 91722 ID1459832		<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				\$ 200.00	

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