

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 07/01/2022
 through 12/31/2022

Date of election if applicable:
 (Month, Day, Year)
11/08/2022

Date Stamp
 RECEIVED BY
 LOS ANGELES COUNTY
 2023 JAN 11 AM 11:44

CALIFORNIA FORM 450
 Page 1 of 7
 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
98-1728

COMMITTEE NAME

New Frontier Democratic Club

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hawthorne	CA	90250	(310) 344-1730

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90045	

OPTIONAL: FAX / E-MAIL ADDRESS
treasurer@newfrontierdemocraticclub.org

Treasurer(s)

NAME OF TREASURER
William H. Thomas

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hawthorne	CA	90250	9310) 344-1730

NAME OF ASSISTANT TREASURER, IF ANY

N/A

MAILING ADDRESS

N/A

CITY	STATE	ZIP CODE	AREA CODE/PHONE
N/A	N/A	N/A	N/A

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

Executed on 12/22/2022
DATE

By _____
SIGNATURE OF THE RECIPIENT COMMITTEE TREASURER

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

**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>7</u>

NAME OF COMMITTEE	I.D. NUMBER
NEW Frontier Democratic Club	98-1728

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ 2,900.00
2. Expenditures under \$100 made this period (Not itemized.)	0
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	<i>Add Lines 1 + 2</i> \$ 2,900.00
4. Nonmonetary Adjustment.....	<i>From Line 8 Below</i> 0
5. Total expenditures made from previous statement	<i>Previous Summary Page, Line 6</i> \$ 0
<i>(If this is the first statement for the calendar year, enter zero.)</i>	
6. TOTAL EXPENDITURES MADE TO DATE	<i>Add Lines 3 + 4 + 5</i> \$ 2,900.00

Contributions Received

7. Monetary contributions received this period.....	\$ 2,900.00
8. Non-monetary contributions received this period.....	0
9. Total contributions received from previous statement.....	<i>Previous Summary Page, Line 10</i> \$ 3,200.00
<i>(If this is the first statement for the calendar year, enter zero.)</i>	
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	<i>Add Lines 7 + 8 + 9</i> \$ 6,100.00

Current Cash Statement

11. Beginning cash balance	<i>Previous Summary Page, Line 15</i> \$ 7,464.30
12. Cash receipts this period.....	<i>Line 7 above</i> 2,900.00
13. Miscellaneous increases to cash	\$ 0
14. Cash expenditures this period.....	<i>Line 3 above</i> 2,900.00
15. ENDING CASH BALANCE THIS PERIOD	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i> \$ 7,464.30

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

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

SHORT FORM

**CALIFORNIA
FORM 450**

Page 3 of 7

I.D. NUMBER
98-1728

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

New Frontier Democratic Club

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*
9/28/2022	Gloria Gray Inglewood, CA 90302 FPPC# 1450193	Monetary Contribution	Gloria Gray for City Council 2022 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$200.00	Calendar Year \$ _____ Other \$ <u>200-6-22</u>
9/29/2022	Harold Williams Inglewood, CA 90301 FPPC# 1395290	Monetary Contribution	Re-Elect Harold Williams to Water Board 2022 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$200.00	Calendar Year \$ _____ Other \$ <u>200-6-22</u>
9/29/2022	Katrina Manning Inglewood, CA 90301 FPPC # 1450748	Monetary Contribution	Katrina Manning for City Council 2022 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$200.00	Calendar Year \$ _____ Other \$ <u>200-6-22</u>
SUBTOTAL \$				<u>600.00</u>	

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

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

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

SHORT FORM
CALIFORNIA FORM 450
Page 4 of 7
I.D. NUMBER
98-1728

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

New Frontier Democratic Club

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*
9-30-22	Alexandre Monterio Hawthorne, CA 90250 FPPC # 1435329	Monetary Contribution	Re-Elect Alexandre Monterio for Hawthorne City Council 2022 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$ 200.00	Calendar Year \$ _____ Other \$ 200-6-22
9-30-22	Karen Bass Los Angeles, CA 90017 FPPC # 1448983	Monetary Contribution	Karen Bass for Mayor 2022 - General <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$ 300.00	Calendar Year \$ _____ Other \$ 200-6-22
9-30-22	Hydee Feldstein Soto Encino, CA 91436 FPPC # 1449329	Monetary Contribution	Hydee Feldstein Soto for City Attorney 2022 General <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$ 400.00	Calendar Year \$ _____ Other \$ 200-6-22
SUBTOTAL \$				<u>900.00</u>	

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

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

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

SHORT FORM
CALIFORNIA FORM 450
Page 5 of 7
I.D. NUMBER
98-1728

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

New Frontier Democratic Club

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*
10-4-2022	Joy Langford Inglewood, CA 90301 FPPC # 1444644	Monetary Contribution	Langford for Water Board 2022 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$200.00	Calendar Year \$ _____ Other \$ <u>200-6-22</u>
10-22-2022	Robert Luna Long Beach, CA 90802 FPPC # 1442721	Monetary Contribution	Luna for Sheriff 2022 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$200.00	Calendar Year \$ _____ Other \$ <u>200-6-22</u>
11/31/2022	Tina McKinnor Suite # 1110 Los Angeles, CA 90071 FPPC # 1444548	Monetary Contribution	Tina McKinnor for Assembly District 61 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$200.00	Calendar Year \$ _____ Other \$ <u>200-6-22</u>
SUBTOTAL \$				<u>600.00</u>	

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

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

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

SHORT FORM
CALIFORNIA FORM 450
Page 6 of 7
I.D. NUMBER
98-1728

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

New Frontier Democratic Club

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*
<i>11/7/2022</i>	<i>Jan Perry Los Angeles, CA 90071 FPPC # C 00 800489</i>	<i>Monetary Contribution</i>	<i>Jan Perry for Congress</i> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	<i>\$ 200.00</i>	Calendar Year \$ _____ Other <i>200-G-22</i> \$ _____
<i>10/15/2022</i>	<i>Juanita Doplemore Inglewood, CA 90301 FPPC # 1445106</i>	<i>Monetary Contribution</i>	<i>Doplemore for Community College Board 2022</i> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	<i>\$ 200.00</i>	Calendar Year \$ _____ Other <i>200-G-22</i> \$ _____
<i>10/22/2022</i>	<i>Dr. Sharoni Little Compton, CA 90220 FPPC # 1412208</i>	<i>Monetary Contribution</i>	<i>Little for Community College Board 2022</i> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	<i>\$ 200.00</i>	Calendar Year \$ _____ Other <i>200-G-22</i> \$ _____
SUBTOTAL \$				<i>600.00</i>	

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

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

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

SHORT FORM
CALIFORNIA FORM 450
Page 7 of 7
I.D. NUMBER
98-1728

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

New Frontier Democratic Club

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*
10-4-2022	Andres Ramos Andres Ramos Lynwood, CA 90262 FPPC # 1452941	Monetary Contribution	Andres Ramos for Compton College Board <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$ 200.00	Calendar Year \$ _____ Other \$ 200-5-22
			<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	

Total = \$ 2,900.00

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