

**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.

01/11/2024  
Date Stamp

3/24 SHORT FORM CALIFORNIA FORM 450

Statement covers period  
from 07/01/2023  
through 12/31/2023

Date of election if applicable  
(Month, Day, Year)  
2024 JAN 16 PM 12:27  
RECEIVED BY LOS ANGELES COUNTY CAMPAIGN FINANCE

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For Official Use Only  
G10842

**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(s)**

NAME OF TREASURER

William H, Thomas

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hawthorne	CA	90250	(310) 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 1-01-2024 By \_\_\_\_\_ STANT TREASURER

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

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ 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  
from 07/01/2023  
through 12/31/2023

**CALIFORNIA  
FORM 450**

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NAME OF COMMITTEE

NEW FRONTIER DEMOCRATIC CLUB

I.D. NUMBER

98-1728

**Expenditures Made**

Expenditures of \$100 or more made this period .....	\$ <u>0</u>
Expenditures under \$100 made this period (Not itemized.) .....	<u>0</u>
SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$ <u>0</u>
Nonmonetary Adjustment..... <i>From Line 8 Below</i>	<u>0</u>
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>	\$ <u>0</u>
TOTAL EXPENDITURES MADE TO DATE ..... <i>Add Lines 3 + 4 + 5</i>	\$ <u>0</u>

**Contributions Received**

Monetary contributions received this period.....	\$ <u>0</u>
Non-monetary contributions received this period.....	<u>0</u>
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>	\$ <u>0</u>
TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... <i>Add Lines 7 + 8 + 9</i>	\$ <u>0</u>

**Current Cash Statement**

1. Beginning cash balance..... <i>Previous Summary Page, Line 15</i>	\$ <u>7,464.30</u>
2. Cash receipts this period..... <i>Line 7 above</i>	<u>0</u>
3. Miscellaneous increases to cash .....	\$ <u>0</u>
4. Cash expenditures this period..... <i>Line 3 above</i>	<u>0</u>
5. ENDING CASH BALANCE THIS PERIOD ..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>7,464.50</u>

**Recipient Committee  
Campaign Statement – Short Form**

Amounts may be rounded  
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Statement covers period  
from 07,012023  
through 12/312023

SHORT FORM  
**CALIFORNIA FORM 450**

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NAME OF COMMITTEE

NEW FRONTIER DEMOCRATIC CLUB

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98-1728

**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*
<u>N/a</u>	<u>N/A/</u>	<u>N/A</u>	<u>N/A</u> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	<u>\$0</u>	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 \$ _____
<b>SUBTOTAL \$ 0</b>					

Required only for payments which are contributions or independent expenditures.