Recipient Committee Campaign Statement Cover Page		Date Stamp	CALIFORNIA 460
	Statement covers period from01/01/2023	Date of election if applicable: HGELES COUNTY (Month, Day, Year) 2023 JUL 26 PM 2: 33	Page1 of4 For Official Use Only G 96 4 9
SEE INSTRUCTIONS ON REVERSE	through06/30/2023	CAMPAIGN FINANCE	001071
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	
O State Candidate Election Committee O Recall (Also Complete Part 5) ✓ General Purpose Committee O Sponsored O Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)		terly Statement ial Odd-Year Report
2 Cammittae Intermation	D. NUMBER 1310937	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	
SAN FERNANDO VALLEY REPUBLICAN CLU	В	Doris Nova-Volper	
· ·		MAILING ADDRESS t E	
STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CO	DE AREA CODE/PHONE
c/o Benning	h.	Sherman Oaks CA 9140	3 213-819-2309
CITY STATE ZIP CO		NAME OF ASSISTANT TREASURER, IF ANY	
Woodland Hills CA 9136 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	818-703-7055	MAILING ADDRESS	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	
CITY STATE ZIP CO	ODE AREA CODE/PHONE	CITY STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	-
4. Verification			
	ing this statement and to the best of my k f California that the foregoin	knowledge the information contained herein and in the attached sch	edules is true and complete. I
Executed on	Ву	olynkiule oi i peasulei oi Assistant Treasurer	 .
Executed onDate	By Signature of Control	olling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponso	or .
Executed on	Bysi	ignature of Controlling Officeholder, Candidate, State Measure Proponent	 .
Executed on	BySi	ignature of Controlling Officeholder, Candidate, State Measure Proponent	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

_		SOIVIIVIANT PAGE
	Statement covers period 01/01/2023	CALIFORNIA 460
	06/30/2023	Page of4
,	,	I.D. NUMBER

CHAMADY DACE

www.fppc.ca.gov

NAME OF FILER SAN FERNANDO VALLEY REPUBLICAN CLUB 1310937 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR, Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 274.00 274.00 1. Monetary Contributions...... Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 0.00 0.00 20. Contributions 274.00 274.00 Received 0.00 0.00 Nonmonetary Contributions..... Schedule C, Line 3 21. Expenditures 274.00 274.00 Made **Expenditures Made Expenditure Limit Summary for State** 663.24 6. Payments Made...... Schedule E. Line 4 \$ _____ 663.24 **Candidates** 0.00 0.00 7. Loans Made..... Schedule H, Line 3 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ 663.24 663.24 (If Subject to Voluntary Expenditure Limit) 0.00 0.00 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date 0.00 (mm/dd/yy) 0.00 663.24 663.24 **Current Cash Statement** ·1350.75 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _ To calculate Column B. 274.00 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. 663.24 of your last report. Some 15, Cash Payments Column A, Line 8 above amounts in Column A may 961.51 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 0.00 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents...... See instructions on reverse \$ 0.00 0.00 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ _____ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A		Amounts may be rounded				SCHEDULE A	
Monetary Contributions Received		to	whole dollars.	Statement covers period 01/01/2023		CALIFORNIA 460	
		•		through06/30/2023		Page3 of4	
NAME OF FILER	NANDO VALLEY REPUBLICAN CLUB					I.D. NUM 131093	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				,	,
		□IND □COM □OTH □PTY □SCC		·			
			SUBTOTAL	\$			
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	0.00	IND		
2. Amount received this period – unitemized monetary contributions of less than \$100\$			•	274.00			e.g., business entity)
3. Total mon	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	lumn A, Line 1	i.)TOTAL \$	274.00			ontributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from01/01/2023		CALIFORNIA 46
SEE INSTRUCTIONS ON REVERSE	,		through06/30/2023	Page4 of4
NAME OF FILER		,		I.D. NUMBER
SAN FERNANDO VALLEY REPUBLICAN CLUB				1310937

CART ENTINGS VALLET THE OBEIGNIT GEOD		19109	
CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events FND independent expenditure supporting/opposing others (explain)* OFC office expendence of petition circumpatters of petition circu	nmunications d appearances ses lating	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Constant Contact Waltham, MA 02451	WEB Online databa	ase and email service	300,00
Meetup New York, NY 10012	WEB Online meeting	ng announcements	205.80
-			·

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	505.80
Schedule E Summary		
Itemized payments made this period. (Include all Schedule E subtotals.)	· \$	505.80
Unitemized payments made this period of under \$100		157.44
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	663,24