Date Stamp

Recipient Committee Campaign Statement

Recipient Committee Campaign Statement Cover Page	. The second of	i nstal	Date Stamp OELVED BY NOELES COUNTY	CALIFORNIA 460
	Statement covers period from 07/01/2020	Date of election if applicable (Month, Day, Year))	EC TO PH 2: 12	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2020	CAM	PAIGN FINANCE	611247
1. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	2	in the second
☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall (Also Complete Part 5) ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	☐ Preelection Stateme ☑ Semi-annual Stateme ☐ Termination Stateme (Also file a Form 410 ☐ Amendment (Explain	ent □ ent D Termination)	Quarterly Statement Special Odd-Year Report
	I.D. NUMBER 1402240	Treasurer(s)	·	A- 51 7
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	NAME OF TREASURER		
National Women's Political Caucus - Los Angeles M	letro	Tricia Robbins MAILING ADDRESS		
1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	16 2	MAILING ADDRESS	ů	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE AREA CODE/PHONE
CITY STATE ZIPC	CODE AREA CODE/PHONE	Van Nuys NAME OF ASSISTANT TREAS	CA_	91405 323-552-3231
		NAME OF ASSISTANT TREAS	OREN, IF ANT	* · ·
Van Nuys CA 914 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B		MAILING ADDRESS	<u> </u>	
			1	
CITY STATE ZIP C	AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADD	DEE6	··
tricia.d.robbins@gmail.com		OFTIONAL. FAXTE-MAILADI	JRESS,	
4. Verification		<u>11</u>	7	
I have used all reasonable diligence in preparing and review	ving this statement and to the best of mu-	lenauladas the information socialis	and harris and in the attach	ed schedules is true and complete. I
certify under penalty of perjury under the laws of the State of	of California that the foregoing is tru			·
Executed on 12/06/2021	By			
7 2	, , , , , , , , , , , , , , , , , , ,			
Executed on	BySignature of Cont	rolling Officeholder, Candidate, State Measure	Proponent or Responsible Officer of	of Sponsor
Executed onDate	Ву	: Signature of Controlling Officeholder, Candida	te. State Measure Proponent	
	By		, and proceed topologic	
Executed on		Signature of Controlling Officeholder, Candida	te, State Measure Proponent	FPPC Form 460 (Jan/2016))

Recipient Committee Campaign Statement Cover Page — Part 2

CALII F(FORNIA DRM	460
Pane	2 .	. 14

Officeholder or Candidate Co	ontrolled Committee	6.	. Primarily Formed Ballot Measure	Committee
NAME OF OFFICEHOLDER OR CANDID	DATE		NAME OF BALLOT MEASURE	7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Not Applicable	الله الله الله الله الله الله الله الله		Not Applicable	
OFFICE SOUGHT OR HELD (INCLUDE	LOCATION AND DISTRICT NUMBER IF APPLICA	ABLE)	BALLOT NO. OR LETTER JURISDICT	∐ SUPPORT
7. 37	1			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE	ZIP	Identify the controlling officeholder, cand	lidate, or state measure proponent, if any.
· ·			NAME OF OFFICEHOLDER, CANDIDATE, OR	PROPONENT
Related Committees Not Incl	uded in this Statement: List any com	mittaas		
	controlled by you or are primarily formed to i		OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
COMMITTEE NAME	I.D. NUMBER			
<u>;</u>			1	
7		7	. Primarily Formed Candidate/Offic	ceholder Committee
NAME OF TREASURER	CONTROLLED COMMIT	TTEE?	officeholder(s) or candidate(s) for which this	s committee is primarily formed.
	☐ YES ☐ NO		1	
COMMITTEE ADDRESS STREET	ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
- <u>4</u>			Not Applicable	☐ OPPOSE
CITY	STATE ZIP CODE AREA COD	DE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
	P			SUPPORT
COMMITTEE NAME	I.D. NUMBER			□ OPPOSE
A Comment of the Comm	4		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
	\$ \$6.			□ OPPOSE
NAME OF TREASURER	CONTROLLED COMMIT	TTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
** ***********************************	YES NO		r d	☐ SUPPORT
COMMITTEE ADDRESS STREET	ADDRESS (NO P.O. BOX)		7	☐ OPPOSE
			2	
CITY	STATE ZIP CODE AREA COD	E/PHONE	Attach continuati	ion sheets if necessary
72 72			, , , , , , , , , , , , , , , , , , ,	and the second s
9	*		r e _e .	· · · · · · · · · · · · · · · · · · ·

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars

SUMMARY PAGE

Summary Page		to whole dollars.		, de la constante de la consta	State from 07/	ement covers period 01/2020	CALIF FO	RM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER National Women's Political Caucus - Los Angel	es Metro			Sign of the second seco	through _	12/31/2020	Page I.D. NUME 1402240	ER
Contributions Received 1. Monetary Contributions	Schedule B, Line 3 Add Lines 1 + 2 Schedule C, Line 3	**Example 1.116.78** **Example 1.116.78** **O00** **Example 1.116.78** **O00** **Index on the properties of the pro	\$ \$	2,090.40 0.00 2,090.40 0.00 2,090.40 0.00	/EAR	Calendar Year Sum Running in Both th General Elections 1/1 tt 20. Contributions Received \$ 21. Expenditures Made \$		
Expenditures Made 6. Payments Made	Schedule H, Line 3 Add Lines 6 + 7 Schedule F, Line 3 Schedule C, Line 3	\$ 2,450 0.00 \$ 2,450 0.00 0.00 2,450	\$	3,250 0.00 3,250 0.00 0.00 3,250		Expenditure Limit S Candidates 22. Cumulating (If Subject to Mate of Election (mm/dd/yy)	ve Expendi	
Current Cash Statement 12. Beginning Cash Balance	Column A, Line 3 above Schedule I, Line 4 Column A, Line 8 above 13 + 14, then subtract Line 15 zero. Schedule B, Part 2 g Debts See instructions on reverse	\$\frac{3969.63}{1,116.78} \tag{0.00} \tag{2.450} \tag{2,636.41} \$\frac{0.00}{0.00}	A ar of ar be sh pr th file or from	calculate Colurida amounts in Columbia to the corresponding to the corresponding to the columbia repetition of the columbia repetition of the calendary over the columbia carry over the columbia carry over the columbia carry over the calendary over the carry over the calendary ov	olumn ading umn B Some in A may s that ted from mounts. If ort being dar year, a amounts	*Amounts in this section r reported in Column B.		rent from amounts Form 460 (Jan/2016))
3	Y.	, ,	I	Y		FPPC Advice: adv		a.gov (866/275-3772) www.fppc.ca.gov

Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement cov		CALIF	SCHEDULE A
-	No.			from 07/01/2020	*	FC	ORM 400
SEE INSTRUCTIO	NS ON REVERSE			through <u>12/31/20</u>	20	Page _	4 of 14
NAME OF FILER National Wor	nen's Political Caucus - Los Angeles Metro				Part Care	1.D. NUM 1402240	
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)

					7 0	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/02/2020	Margaret Llinas Valley Village, CA 91607	IND COM OTH PTY SCC	Administrator Oakwood School	\$215.42	\$265.68	
07/21/2020	Sarah Kate Levy Los Angeles, CA 90068	IND COM OTH PTY	Writer, Freelance	\$289.50	\$575.40	
07/28/2020	Tricia Robbins Van Nuys, CA 91405	IND COM OTH PTY	Council Deputy. City of Los Angeles	\$289.50	\$575.40	
09/08/2020	Nicki Genovese Los Angeles, CA 91604	IND COM OTH PTY	Arts Manager, City of Los Angeles	\$190.60	\$190.60	
09/21/2020	Jessica Wethington McLean Los Angeles, CA 90041	IND COM OTH PTY	Unemployed	\$138.96	\$138.96	
	, , , , , , , , , , , , , , , , , , ,		SUBTOTAL \$	1 116 78		

<u> </u>	 	SUBTO	,		
Schedule A Summary		£ 2		*Contributor Codes	

IND - Individual

COM - Recipient Committee

(other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

3. Total monetary contributions received this period.

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

		Š	<u>.</u>				`		
Schedule B – Part 1 Loans Received								IFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER National Women's Political Caucus Los Ang	eles Metro	The Control of the Co			through <u>12/31/20</u>	020	Page	of 14	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b): AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE	
Not Applicable		s	and the second s	PAID FORGIVEN \$	\$DATE DUE	% RATE	\$ DATE INCURRED	\$PER-ELECTION*	
TO IND COM OTH PTY SCC		7,7	S. Johnson S. Commercial Commerci	PAID S FORGIVEN S	\$	RATE	\$	\$ PER ELECTION*	
TO IND COM OTH PTY SCC		\$		PAID \$ FORGIVEN	\$		DATE INCURRED	CALENDAR YEAR \$ PER ELECTION	
TO IND COM OTH PTY SCC	s	SUBTOTALS \$	s	\$ }	DATE DUE	\$ \$	DATE INCURRED	\$	
Schedule B Summary 1. Loans received this period	ns of less than \$100.)	, ,		\$		(Enter (e) on Sched	ule E, Line 3)		

1.	Loans received this period		i,	Ъ	
	(Total Column (b) plus unitemized loans of less than \$100.) Loans paid or forgiven this period	2	C V V	\$	
	(Total Column (c) plus loans under \$100 paid or forgiven.)	;	e 4		
	(Include loans paid by a third party that are also itemized on Schedule A.)	1	· ·		
	Net change this period. (Subtract Line 2 from Line 1.)		NE	I \$	
	Enter the net here and on the Summary Page, Column A, Line 2.	11	1. 1.		

IND - Individual

(May be a negative number)

COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Rolitical Party

SCC - Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

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

Schedule B - Part 2 **Loan Guarantors**

Amounts may be rounded to whole dollars.

CALIFORNIA 460 Statement covers period from $\frac{07/01/2020}{}$ through 12/31/2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

.D. NUMBER	l
402240	
	ľ

National Women's Political Caucus - Los Ang	geles Metro	₩			1402240	
FULL NAME, STREET ADDRESS AND ZIP CODE CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OF CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOŪNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
Not Applicable	☐IND ☐COM ☐OTH ☐PTY ☐SCC	e de la company de la comp	LENDER DATE		S PER ELECTION (IF REQUIRED)	
	☐ IND		LENDER	- 0	CALENDAR YEAR	
	□ OTH □ PTY □ SCC		DATE	-	PER ELECTION (IF REQUIRED)	
	☐ IND	1	LENDER	-	CALENDAR YEAR	
	□ OTH □ PTY □ SCC		DATE	-	PER ELECTION (IF REQUIRED)	
	□ IND □ COM		LENDER	-	CALENDAR YEAR	
1	□ OTH □ PTY □ SCC		DATE	-	PER ELECTION (IF REQUIRED)	
			SUBTOTAL	\$	Enter on Summary Page, Line 17 only.	

Scneau			to whole dollars.	г			SCHEDULE
Nonmo	netary Contributions Rec	eivea			Statement covers from <u>07/01/2020</u>	CALIF	ORNIA 460
	CTIONS ON REVERSE		September 1		through <u>12/31/2020</u>	Page _	7 of 14
NAME OF FILE National W	omen's Political Caucus - Los Angeles	Metro				I.D. NUN 140224	
DATE RECEIVED	FULL NAME STREET ADDRESS A ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBE	CONTRIBUTOR	F AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	Not Applicable	□IND □COM □OTH □PTY □SCC	de sour a de participa				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC	Respondence of the last of the				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
Attach add	ditional information on appropriately	/ labeled continuation s	sheets.	SUBTO	TAL\$		
1. Amount (Include 2. Amount	received this period – itemized nor all Schedule C subtotals.)received this period – unitemized r	nonmonetary contribution				OTH – Other (e	I nt Committee nan PTY or SCC) .g., business entity)
3. Total noi (Add Lin	nmonetary contributions received these 1 and 2. Enter here and on the	nis period. Summary Page, Colum	nn A, Lines 4 and 10.)	TOTA	L \$		

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

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may b		Statement cover	F	CALIFORNIA 460		
SEE INSTRUCT	IONS ON REVERSE	and the second s		through <u>12/31/202</u>	0 Page	8 of 14		
NAME OF FILER Natonal Wor	nen's Political Caucus - Los Angeles Metro	S. Translet Species			I.D. NI 1402	UMBER 240		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	1		
09/24/2020	Andra Hoffman for College Trustee 2020	Monetary Contribution	ID #1363198	\$250.00	\$250.00	4.		
	Los Angeles, CA 90004	Nonmonetary Contribution		Grand lay				
	☑ Support ☐ Oppose	Independent Expenditure		\$ 100 And 100		**		
09/25/2020	Holly J. Mitchell for County Supervisor 2020	Monetary Contribution	ID #1415889	\$500.00	\$500.00	, X		
	Long Beach, CA 90814	Nonmonetary Contribution						
	. Support ☐ Oppose	Independent Expenditure		*				
10/14/2020	Nancy Pearlman for College Board Re-election	Monetary Contribution	ID #1265596	\$250.00	\$250.00			
	Committee 2020 Los Angeles, CA 90004	Nonmonetary Contribution						
	☑ Support ☐ Oppose	Independent Expenditure		, P				
		V 40 10 10 10 10 10 10 10 10 10 10 10 10 10	SUBTOTAL	\$ 1,000.00				
Schedule	D Summary	- A		, , , , , , , , , , , , , , , , , , ,				
	contributions and independent expenditures made	e this period. (Includ	de all Schedule D subtotals.		9	1,250.00		
	ed contributions and independent expenditures m							
3. Total conf	tributions and independent expenditures made thi	s period. (Add Line	s 1 and 2. Do not enter on t	he Summary Page	.) TOTAL \$	1,250.00		

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

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees NAME OF FILER National Women's Political Caucus - Los Angeles Metro					Page I.D. NUM	SCHEDULE D (CONT CALIFORNIA 460 FORM Page 9 of 14 I.D. NUMBER 1402240		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
10/14/2020	Nichelle M. Henderson Henderson for LACCD 2020	Monetary Contribution Nonmonetary	ID #1417140	\$250.00	\$250.00	6		
; ; ;	Inglewood. CA 90301 ☑ Support ☐ Oppose	Contribution Independent Expenditure				ST ANTIBODY A		
		Contribution Nonmonetary Contribution		**				
- ;	Support Dppose	Independent Expenditure Monetary Contribution						
*		Nonmonetary Contribution Independent	-					
	Support Oppose	Expenditure Monetary Contribution						
:		Nonmonetary Contribution Independent				* · · · · · · · · · · · · · · · · · · ·		
	Support Oppose	Expenditure		T \$ 250.00	「日本年本の日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日			

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE	Amounts may t to whole d			Statement covers period from 07/01/2020 through 12/31/2020	CALIFORNIA 460 FORM Page 10 of 14
NAME OF FILER National Women's Political Caucus - Los Angeles Metro	ili. Santanananananananananananananananananan		A Company of the Comp	1	1.D. NUMBER 1402240
CODES: If one of the following codes accurately des CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s	nmunications d appearances ses lating urvey research		RAD radio airtime and production cost RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and product TRC candidate travel, lodging, and more staff/spouse travel, lodging, and	tion costs neals
IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	 POS postage, deli 	very and messenger serv services (legal, accountin	rices g)	TSF transfer between committees of VOT voter registration WEB information technology costs (in	f the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	र २	CODE OR) DES	CRIPTION OF PAYMENT	AMOUNT PAID
Stripe		OFC Service	Fee/Payme	ent Processing	\$55.57
CA Secretary of State	# # # #	OFC Politica	l Reform D	Division Annual Fee	\$200.00
NWPC LA Metro (CA FPPC #12-43698)	4 17 14 14 14 14 14 14 14 14 14 14 14 14 14		r to 501(c) es/legal fee	4 NWPC - LA Metro for office/inter	net \$1,000.00
* Payments that are contributions or independent expenditures must a	also be summarized on Sche	edule D.	\(\sqrt{\chi}\)	SUBT	TOTAL \$ \$1,255.57
Schedule E Summary 1. Itemized payments made this period. (Include all Sch	edule E subtotals.)		2		\$
 Unitemized payments made this period of under \$100 Total interest paid this period on loans. (Enter amount Total payments made this period. (Add Lines 1, 2, and 	t from Schedule B, Par	t 1, Column (e).)		, , , , , , , , , , , , , , , , , , ,	\$

SCHEDULE E

Schedule F Accrued Expenses (Unpaid Bills	s)	to whole dollars.			ers period CALI	CALIFORNIA 460		
ASSESSMENT OF STATE O	Ť.			through <u>12/31/20</u>	20 Page	11 of 14		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	*	·			I.D. NU	IMBER		
National Women's Political Caucus - Los Angele	s Metro				14022	240		
CODES: If one of the following codes according campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing off legal defense LIT campaign literature and mailings		MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	ns nces arch nessenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registratio	nd production costs butions cers' salaries time and production cost l, lodging, and meals avel, lodging, and meals committees of the san	ne candidate/sponsor		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	₹	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALÂNCE AT CLOSE OF THIS PERIOD		
Not Applicable	į.				3	:		
10 10 10 10 10 10 10 10 10 10 10 10 10 1	û b		i i i i i i i i i i i i i i i i i i i	,	· ·	6 6 5		
<u>, , , , , , , , , , , , , , , , , , , </u>	*		· · · · · · · · · · · · · · · · · · ·			Š		
-	T T		,) #	# 5 2		
<u></u>	<u> </u>		3	•		3		
λ	Ç H				 			
	선 선 ·					# 19 10		
* Payments that are contributions or independent expenditures summarized on Schedule D.	must also be	SUBTOTALS S	\$	\$		\$		
Schedule F Summary	ý. X	_			91 1	√s 1		
Total accrued expenses incurred this period accrued expenses of \$100 or more, plus to the second expenses.	od. (Include all S otal unitemized	Schedule F, Column (b) sul accrued expenses under S	ototals for 5100.)	INCU	RRED TOTALS \$ _			
2. Total accrued expenses paid this period, accrued expenses of \$100 or more, plus t	(Include all Schootal unitemized	edule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.).		.PAID TOTALS \$_	<u> </u>		
3. Net change this period. (Subtract Line 2 on the Summary Page, Column A, Line 9.	from Line 1. En	ter the difference here and			NET \$			
on the Summary Page, Column A, Line 9.	/					May be a negative number C Form 460 (Jan/2016)) .ca.gov (866/275-3772) www.fppc.ca.gov		

Schedule G		e ethoritani	SCHEDULE
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 07/01/2020	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through <u>12/31/2020</u>	Page 12 of 14
NAME OF FILER National Women's Political Caucus - Los Angeles Metro		Tuggeral en	I.D. NUMBER 1402240
NAME OF AGENT OR INDEPENDENT CONTRACTOR	The state of the s	N. SER TY GAR.	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be seen accurately described.	MBR member communications meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, ar TRS staff/spouse travel, lodging,	costs fuction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYÉE OR CREDITOR (IF COMMITTEE, ALSO ENTER).D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Not Applicable		· •	

NA	ME AND ADDRESS OF P (IF COMMITTEE, ALSO EN	AYÉE OR CREDITOR TERJUD. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAIC
Not Applicable	; ;			6			
••	; ;	3 .A					
	<u> </u>	4		. £			
		F		1 1		· · · · · · · · · · · · · · · · · · ·	-
		년 - 1					
	:	: 	;				
	<u>:</u>	<u> </u>		: 9			
	· · · · · · · · · · · · · · · · · · ·			17 2.			
•	į	· · · · · · · · · · · · · · · · · · ·				3	
	<u>-</u> <u>-</u>	a)					
		इ. इ.		, ;	·		
,		8 8 9					
			L	3)		. <u> </u>	

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

SCHEDULE H							
RNIA	460						

Schedule H Amounts may be rounded to whole dollars. **Loans Made to Others***

Statement covers period CALIFO from __07/01/2020 FOR I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

OF RECIPIENT (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) REGINNING THIS PERIOD Not Applicable S	National Women's Po	100 mg/s 100 mg/s 100 mg/s	9				1402240			
Not Applicable \$	OF RE	ECIPIENT	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	OUTSTANDING BALANCE BEGINNING THIS	AMOUNT LOANED THIS	REPAYMENT OR FORGIVENESS	OUTSTANDING BALANCE AT CLOSE OF THIS	INTEREST	ORIGINAL AMOUNT OF	(g) CUMULATIVE LOANS TO DATE
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be	Not Applicable			\$	Sq. 2 (2) 2	\$	\$	RATE	\$DATE INCURRED	\$ PER ELECTION ^{†‡}
also be summarized on Schedule D. Loans forgiven must also be				\$	\$ 100 miles	\$	\$DATE DUE	RATE	\$	\$PER ELECTION**
reported on Schedule E. SUBTOTALS \$ \$ \$	also be summarized on	Schedule D. Loans forgive		SUBTOTALS	\$	\$	\$	\$		

Schedule H Summary

1.	Loans made this period	3		β	3	
	(Total Column (b) plus unitemized loans of less than \$100.)		*	:		,
2.	Payments received on loans	· · ·	<u> </u>	β'	<u>(</u>	ġ
	(Total Column (c) plus unitemized payments of less than \$100.)		E STATE OF THE STA		: 3	Ž,
3.	Net change this period. (Subtract Line 2 from Line 1.)		NET \$	َـــــــ ن		
	(Enter the net here and on the Summary Page, Column A, Line 7.)	, :	\$ \$			ž.
	(Enter the net nere and on the Summary Page, Column A, Line 7.)		*		(5	7

**If Required

Schedule		as to Cash	Amount to v	s may be rounded vhole dollars.	Statemen	covers period	SCHEDULE I
Miscellaneous Increases to Cash				from <u>07/01/</u>		california 460	
are Mathuati	ONO ON DEVEROR				through 12/	8 3	Page of 14
NAME OF FILER	ONS ON REVERSE						I.D. NUMBER
National Wor	nen's Political Comi	mittee - Los Angeles Metro				. the Contraction	1402240
DATE RECEIVED	**************************************	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	E - April (garan		DESCRIPTION OF RE	ÇEIPT	AMOUNT OF INCREASE TO CASH
	Not Applicable						
				·		<u> </u>	
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
					,	Š.	
	\$, , , , , , , , , , , , , , , , , , ,				
			\hat{e}				
	9 3		<u> </u>			j j	
	1 2		<u> </u>				·
	1 3		\$ \$ \$			ž.	
	43 2		ic.			1 (1) 14 14	
		·				* \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
Attach add	litional information or	n appropriately labeled continuation she	ets.			SUBTOTA	L\$
	I Summary		1 1			,	
	\$. \$ 21	his period	1 I		\$	1	
2. Unitemize	d increases to cas	h of under \$100 this period	*		\$	y š	
3. Total of all	interest received	this period on loans made to others.	(Schedule H,	Column (e).)	\$	 	_
4. Total misc	ellaneous increase	es to cash this period. (Add Lines 1,	2, and 3. Ente	r here and on the	TATL! 4	· · · · · · · · · · · · · · · · · · ·	
Summary	Page, Line 14.)				TOTAL \$	*	FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772)
	₹					TELC HUVICE, du	*!cc@ibhc:ca:Bo* (000/2/3-3//2)

www.fppc.ca.gov