

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.

Date Stamp
1/31/24
RECEIVED BY
ANGELES COUNTY
2024 FEB -5 PM 2:33
CAMPAIGN FINANCE

CALIFORNIA FORM 450

Page _____ of _____
For Official Use Only

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

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

1. Type of Recipient Committee:

- Ballot Measure Committee
 - Primarily Formed
 - Controlled
 - Sponsored
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
- Primarily Formed Candidate/ Officeholder 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
1322835

COMMITTEE NAME

HAWTHORNE FEDERATION OF CLASSIFIED EMPLOYEES

STREET ADDRESS (NO P.O. BOX)

| | | | |
|-----------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| HAWTHORNE | CA | 90250 | (310) 263-3955 |

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

| | | | |
|-----------|-------|------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| LA MIRADA | CA | 90637-0264 | |

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

MARISELA VASQUEZ

MAILING ADDRESS

| | | | |
|-----------|-------|------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| LA MIRADA | CA | 90637-0264 | (310) 263-3955 |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

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 01/31/2024
DATE

By _____
Treasurer or Assistant 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
from _____
through _____

**CALIFORNIA
FORM 450**

Page _____ of _____

NAME OF COMMITTEE

I.D. NUMBER

Expenditures Made

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 1. Expenditures of \$100 or more made this period | \$ 0.00 |
| 2. Expenditures under \$100 made this period (Not itemized.)..... | 0.00 |
| 3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i> | \$ 0.00 |
| 4. Nonmonetary Adjustment..... <i>From Line 8 Below</i> | 0.00 |
| 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> | \$ 0.00 |
| 6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i> | \$ 0.00 |

Contributions Received

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 7. Monetary contributions received this period..... | \$ 0.00 |
| 8. Non-monetary contributions received this period..... | 0.00 |
| 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> | \$ 0.00 |
| 10. TOTAL CONTRIBUTIONS RECEIVED TO DATE..... <i>Add Lines 7 + 8 + 9</i> | \$ 0.00 |

Current Cash Statement

| | |
|------------------------------------------------------------------------------------------------|-------------|
| 11. Beginning cash balance <i>Previous Summary Page, Line 15</i> | \$ 2,349.00 |
| 12. Cash receipts this period..... <i>Line 7 above</i> | 0.00 |
| 13. Miscellaneous increases to cash | \$ 0.00 |
| 14. Cash expenditures this period..... <i>Line 3 above</i> | 0.00 |
| 15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i> | \$ 2,349.00 |

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to whole dollars.

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Page _____ of _____

I.D. NUMBER _____

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NAME OF COMMITTEE _____

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* |
|--------------------|---------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------|
| | | | <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 \$ _____ |
| | | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp. | | Calendar Year \$ _____ Other \$ _____ |
| SUBTOTAL \$ | | | | | |

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