

**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.

2020-3 1/25/2021 No Post Mark

SHORT FORM

Date Stamp  
**RECEIVED BY ANGELES COUNTY**  
 2021 JAN 25 PM 4:26  
**CAMPAIGN FINANCE**

**CALIFORNIA FORM 450**

Page 1 of 4  
 For Official Use Only  
**G05677**

Statement covers period  
 from 10/18/2020  
 through 12/31/2020

Date of election if applicable  
 (Month, Day, Year)

**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
  - Quarterly Statement
  - Special Odd-year Report
- Amendment (Explain) Part 1 of Semi-annual statement was submitted  
 (Also check type of statement you are amending)  
10/17/2020 as a preelection statement

**3. Committee Information**

I.D. NUMBER  
 960-365

COMMITTEE NAME  
North Valley Democratic Club

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chatsworth	CA	91311	818 341-1955

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Woodland Hills	CA	91367	818 731 3228

OPTIONAL: FAX / E-MAIL ADDRESS  
 cecilebe@aol.com

**Treasurer(s)**

NAME OF TREASURER  
Cecile Bendavid

MAILING ADDRESS  
 \_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Woodland Hills	CA	91367	818 731 3228

NAME OF ASSISTANT TREASURER, IF ANY  
 --

MAILING ADDRESS  
 --

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

OPTIONAL: FAX / E-MAIL ADDRESS  
 cecilebe@aol.com

**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 the foregoing is true and correct.

Executed on January 21, 2021  
 DATE

Executed on \_\_\_\_\_  
 DATE

Executed on \_\_\_\_\_  
 DATE

Executed on \_\_\_\_\_  
 DATE

By \_\_\_\_\_  
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

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 <u>10/18/2020</u> through <u>12/31/2020</u>	<b>CALIFORNIA FORM 450</b>
	Page <u>2</u> of <u>4</u>

NAME OF COMMITTEE

North Valley Democratic Club

I.D. NUMBER

960-365

**Expenditures Made**

1. Expenditures of \$100 or more made this period .....	\$ <u>1000.10</u>
2. Expenditures under \$100 made this period (Not itemized.).....	<u>25.15</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$ <u>1025.25</u>
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>	<u>0</u>
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>	\$ <u>2539.20</u>
6. TOTAL EXPENDITURES MADE TO DATE ..... <i>Add Lines 3 + 4 + 5</i>	\$ <u>3564.45</u>

**Contributions Received**

7. Monetary contributions received this period.....	\$ <u>981.30</u>
8. Non-monetary contributions received this period.....	<u>0</u>
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>	\$ <u>264.06</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE..... <i>Add Lines 7 + 8 + 9</i>	\$ <u>1245.36</u>

**Current Cash Statement**

11. Beginning cash balance..... <i>Previous Summary Page, Line 15</i>	\$ <u>3063.66</u>
12. Cash receipts this period..... <i>Line 7 above</i>	<u>981.30</u>
13. Miscellaneous increases to cash .....	\$ <u>0</u>
14. Cash expenditures this period..... <i>Line 3 above</i>	<u>1025.25</u>
15. ENDING CASH BALANCE THIS PERIOD ..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>3019.71</u>

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FORM 450**

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NAME OF COMMITTEE

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**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*
10/19/2020	Schools and Communities First FPPC ID 1403098  LA CA 90017	Monitary Contribution	Proposition 15  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	250.00	Calendar Year \$ 250.00 Other \$ _____
10/29/2020	David Ryu L.A. City Council FPPC ID 1425762  LA CA 90017	Monitary Contribution	David Ryu L.A. City Council 2020  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	250.00	Calendar Year \$ 250.00 Other \$ _____
11/30/2020	New Georgia Project -  atlanta GA 30316	Monitary Contribution	  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	200.00	Calendar Year \$ 200.00 Other \$ _____
<b>SUBTOTAL</b>				<b>\$ 700.00</b>	

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

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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*
12/10/20	Los Angeles County Democratic Party  LA CA 90071	Monitory Contribution	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	150.00	Calendar Year \$ _____ Other
12/10/20	Democratic Party of the San Fernando Valley  Sherman Oaks CA 91413	Monitory Contribution	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	150.00	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</b>				<b>\$ 300.00</b>	

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