

**Recipient Committee  
Campaign Statement  
Cover Page**

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RECEIVED BY  
LOS ANGELES COUNTY  
2021 FEB -3 AM 10:00  
CAMPAIGN FINANCE

**CALIFORNIA FORM 460**

Page 1 of 5  
For Official Use Only

Statement covers period  
from July 1, 2020  
through Dec 31, 2020

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

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

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)

**2. Type of Statement:**

Preelection Statement  
 Semi-annual Statement  
 Termination Statement  
(Also file a Form 410 Termination)  
 Amendment (Explain below)

Quarterly Statement  
 Special Odd-Year Report

**3. Committee Information** I.D. NUMBER 1241812

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Green Party of Los Angeles County

STREET ADDRESS (NO P.O. BOX)  
Los Angeles, CA 90082

CITY Los Angeles STATE CA ZIP CODE 90082 AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
Los Angeles, CA 90082

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Douglas Barnett

MAILING ADDRESS  
Los Angeles CA 90082

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
doug@bar-nett.com

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief, the information contained herein and in the attached schedules 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 2 FEB 2021 Date By \_\_\_\_\_ 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

TO: +15626512548 P. 1 2/3/2021 1:07 AM FROM: Staples

R-91% Page:001 ID:CAMPAIGN FINANCE FEB-02-2021 04:36PM From:Staples

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2/2/21 FAX

COVER PAGE

Date Stamp	<b>CALIFORNIA FORM 460</b>
RECEIVED LOS ANGELES COUNTY 2021 FEB -4 PM 2:49 CAMPAIGN FINANCE	
Page 1 of 5	For Official Use Only

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<input type="checkbox"/> Officeholder, Candidate Controlled Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> State Candidate Election Committee	<input type="checkbox"/> Controlled
<input type="checkbox"/> Recall	<input type="checkbox"/> Sponsored
<small>(Also Complete Part 5)</small>	<small>(Also Complete Part 6)</small>
<input checked="" type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<input type="checkbox"/> Sponsored	<small>(Also Complete Part 7)</small>
<input type="checkbox"/> Small Contributor Committee	
<input checked="" type="checkbox"/> Political Party/Central Committee	

**2. Type of Statement:**

<input type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small>	
<input type="checkbox"/> Amendment (Explain below)	

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Douglas Barnett

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Executed on 2 FEB 2021 Date

Executed on \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

I herein and in the attached schedules is true and complete. I

By \_\_\_\_\_ 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