

**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.

2/5/2021 (B)

S121
SHUKI FURM

Date Stamp
**RECEIVED BY
LOS ANGELES COUNTY
2021 FEB -8 PM 2:36
CAMPAIGN FINANCE**

CALIFORNIA FORM 450

Page _____ of _____
For Official Use Only
G10842

Statement covers period
from 07-01-2020
through 12-31-2020

Date of election if applicable:
(Month, Day, Year)
2021 FEB -8 PM 2:36

1. Type of Recipient Committee:

- Ballot Measure Committee
- General Purpose Committee
 - Primarily Formed
 - Controlled
 - 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

COMMITTEE NAME

New Frontier Democratic Club
STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Los Angeles, CA 90034 (310) 960-5727

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
Los Angeles, CA 90045

CITY STATE ZIP CODE AREA CODE/PHONE
info @ New Frontier Democratic Club.org (310) 344-173
OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

William H. Thomas
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Newhome, CA 90250 (310) 347-1730
NAME OF ASSISTANT TREASURER, IF ANY

NA
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
N/A

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:

Executed on 1-1-2020 DATE

By _____ 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

dc

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>7-01-2010</u> through <u>12-31-2010</u>	CALIFORNIA FORM 450
Page <u>2</u> of <u>3</u>	I.D. NUMBER <u>90-1728</u>

NAME OF COMMITTEE

New Frontier Democratic Club

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>0</u>
2. Expenditures under \$100 made this period (Not itemized.)	\$ <u>0</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$ <u>0</u> <i>Add Lines 1 + 2</i>
4. Nonmonetary Adjustment	\$ <u>0</u> <i>From Line 8 Below</i>
5. Total expenditures made from previous statement	\$ <u>0</u> <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>
6. TOTAL EXPENDITURES MADE TO DATE	\$ <u>0</u> <i>Add Lines 3 + 4 + 5</i>

Contributions Received

7. Monetary contributions received this period	\$ <u>0</u>
8. Non-monetary contributions received this period	\$ <u>0</u>
9. Total contributions received from previous statement	\$ <u>0</u> <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$ <u>0</u> <i>Add Lines 7 + 8 + 9</i>

Current Cash Statement

11. Beginning cash balance	\$ <u>9,805.18</u> <i>Previous Summary Page, Line 15</i>
12. Cash receipts this period	\$ <u>0</u> <i>Line 7 above</i>
13. Miscellaneous increases to cash	\$ <u>0</u>
14. Cash expenditures this period	\$ <u>0</u> <i>Line 3 above</i>
15. ENDING CASH BALANCE THIS PERIOD	\$ <u>9,805.18</u> <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>

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Campaign Statement – Short Form**

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to whole dollars.

Statement covers period
from 7-01-2020
through 12-31-2020

SHORT FORM

CALIFORNIA FORM 450

Page 3 of 3

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE
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*
NA	NA	N/A	N/A <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	0	Calendar Year \$ _____ Other NA \$ _____
			<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 \$				0	

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