

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.

1/19/2021 (1) 5121
SHORT FORM

Date Stamp
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CAMPAIGN FINANCE

CALIFORNIA FORM 450
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For Official Use Only
GOS021

Statement covers period
from 7-1-2020
through 12-31-2020

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

1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Candidate/ Officeholder Committee
- General Purpose Committee
 - Sponsored
 - Small Contributor 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
801796

COMMITTEE NAME

National Women's Political Caucus - San Fernando Valley Chapter

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Woodland Hills	CA	91367	818/7313228

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Cecile Bendavid

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Woodland Hills	CA	91367	818/7313228

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

cecile.bendavid@gmail.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

Executed on 1/13/2021
DATE

By _____
SIGNATURE OF 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

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**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 450
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NAME OF COMMITTEE

National Women's Political Caucus - San Fernando Valley Chapter

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>400.00</u>
2. Expenditures under \$100 made this period (Not itemized.).....	<u>495.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$ <u>895.00</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>599.00</u>
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$ <u>1494.00</u>

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..... <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ <u>0</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$ <u>0</u>

Current Cash Statement

11. Beginning cash balance <i>Previous Summary Page, Line 15</i>	\$ <u>2967.05</u>
12. Cash receipts this period..... <i>Line 7 above</i>	<u>0</u>
13. Miscellaneous increases to cash	\$ <u>0</u>
14. Cash expenditures this period..... <i>Line 3 above</i>	<u>895.00</u>
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>2072.05</u>

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801796

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NAME OF COMMITTEE

National Women's Political Caucus - San Fernando Valley Chapter

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*
8/23/2020	Andra Hoffman for College Trustee 2020 FPPC 1363198 Chatsworth CA 91311	Monetary Contribution	Andra Hoffman L.A.C.C.D Trustee <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 \$ _____
9/4/2020	Grace Yoo for Los Angeles City Council 2020 LA CA 90010 FPPC 1410462	Monetary Contribution	Grace Yoo L.A. City Council 2020 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	150.00	Calendar Year \$ 150.00 Other \$ _____
					Calendar Year \$ _____ Other \$ _____
SUBTOTAL				\$ 400.00	

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