

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.

9/8/23 ^{Date Stamp} ①

CALIFORNIA FORM **450**

Statement covers period
from 01/01/2023
through 06/30/2023

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

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LOS ANGELES COUNTY
2023 SEP 11 PM 2:40
CAMPAIGN FINANCE
DISCLOSURE SECTION

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For Official Use Only

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) _____
(Also check type of statement you are amending)

3. Committee Information

I.D. NUMBER
1322835

COMMITTEE NAME

Hawthorne Federation of Classified Employees Local 6041 PAC

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hawthorne	CA	90250	310-498-2489

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hawthorne	CA	90250	310-498-2489

OPTIONAL: FAX / E-MAIL ADDRESS
isabelsnotes@yahoo.com

Treasurer(s)

NAME OF TREASURER

Isabel Christofferson

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hawthorne	CA	90250	310-498-2489

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 under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify

Executed on 06/30/2023
DATE

By _____

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

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FORM 450**
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NAME OF COMMITTEE
Hawthorne Federation of Classified Employees Local 6041 PAC

I.D. NUMBER
1322835

Expenditures Made

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

Contributions Received

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

Current Cash Statement

11. Beginning cash balance <i>Previous Summary Page, Line 15</i>	\$ <u>2349.00</u>
12. Cash receipts this period..... <i>Line 7 above</i>	<u>0.00</u>
13. Miscellaneous increases to cash	\$ <u>0.00</u>
14. Cash expenditures this period..... <i>Line 3 above</i>	<u>0.00</u>
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>2349.00</u>

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1322835

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NAME OF COMMITTEE

Hawthorne Federation of Classified Employees Local 6041 PAC

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.