Recipient Committee Campaign Statement Cover Page			Date Stamp		LIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2022 through06/30/2022	Date of election if applicable: (Month, Day, Year)	LOS AN 2022 JU	IGELES 196 L 25 PM AIGN FIN/	For Official Use Only 2: 59 GO9646
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		10 dil 1000	,,,,,, <u>,</u>
☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall (Also Complete Part 5)  ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Scomplete Part 6) rimarily Formed Candidate/ officeholder Committee Iso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain be	•	Quarterly Sta	
7 Committee Intormation	NUMBER 310937	Treasurer(s)  NAME OF TREASURER  Doris Nova-Volper  MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		city Sherman Oaks	STATE CA	ZIP CODE 91403	AREA CODE/PHONE 213-819-2309
Woodland Hills CA 91367  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		NAME OF ASSISTANT TREASURER MAILING ADDRESS	R, IF ANY		
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	S		
4. Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of CExecuted on	California that the foregoins  By ——  By ——  Signature of Cont	knowledge the information contained in signature or ireasurer or Assistant in trolling Officeholder, Candidate, State Measure Projections of Controlling Officeholder, Candidate, Candidate	ponent or Responsible Officer		is true and complete. I
Executed on	Ву	Signature of Controlling Officeholder Candidate St	tate Measure Proposed		

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Staten	nent covers period 01/01/2022	california 460
through _	06/30/2022	Page2 of4
		I.D. NUMBER
		1310937

SAN FERNANDO VALLEY REPUBLICAN CLUB						1310937
Contributions Received	(FI	Column A TOTAL THIS PERIOD ROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Running in Both th	mary for Candidates e State Primary and
1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$	0.00 231.00 0.00	\$ \$	231.00 0.00 231.00 0.00 231.00	20. Contributions Received \$	9
Expenditures Made  6. Payments Made	\$	0.00 659.52 0.00 0.00	\$	659.52 0.00 659.52 0.00 0.00 659.52	Expenditure Limit S Candidates  22. Cumulative (if Subject to the control of Election (mm/dd/yy)	Summary for State  ve Expenditures Made*  Voluntary Expenditure Limit)  Total to Date  \$
Current Cash Statement  12. Beginning Cash Balance	\$	231.00 0.00 659.52 1546.99 0.00	and Arian of an be ship or the file	o calculate Column B, and amounts in Column to the corresponding mounts from Column B your last report. Some mounts in Column A may be negative figures that could be subtracted from evious period amounts. If it is is the first report being and for this calendar year, and carry over the amounts om Lines 2, 7, and 9 (if any).	*Amounts in this section r reported in Column B.	nay be different from amounts
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$				FPPC Advice: adv	FPPC Form 460 (Jan/2016 ice@fppc.ca.gov (866/275-3772

Schedule	. A		ts may be rounded				SCHEDULE
Monetary Contributions Received		to	whole dollars.	1	nent covers period		FORNIA 460
•			from01/0				ORM TOU
				through06/3	30/2022	Page	3 of 4
SEE INSTRUCTION NAME OF FILER	DNS ON REVERSE					ID NI	JMBER
	NANDO VALLEY REPUBLICAN CLUB					13109	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC	Or Business)				
		IND   COM   OTH   PTY   SCC	-		,		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
-			SUBTOTAL	<del></del>			
1. Amount re	A Summary  eceived this period – itemized monetary contributions.  Ill Schedule A subtotals.)		\$	0.00	IND -		ual ient Committee
•	·			231.00	ОТН		than PTY or SCC) (e.g., business entity)
3. Total mon	eceived this period – unitemized monetary contribution letary contributions received this period.			231.00	PTY-	– Politica	
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Col	lumn A, Line 1	.)TOTAL \$	201.00			

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule	E
<b>Payments</b>	Made

legal defense

campaign literature and mailings

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from01/01/2022	FORM 400
through 06/30/2022	Page4 of4

I.D. NUMBER

1310937

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

SAN FERNANDO VALLEY REPUBLICAN CLUB

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CNS contribution (explain nonmonetary)\*

CVC civic donations

MBR member communications

MTG meetings and appearances

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

C civic donations

PET petition circulating

L candidate filing/ballot fees

PHO phone banks

TRC candidate travel, lodging, and meals

D fundraising events

POL polling and survey research

TRS staff/spouse travel, lodging, and meals

polling and survey research

POS postage, delivery and messenger services

TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

PRO professional services (legal, accounting) VOT voter registration

PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Constant Contact Waltham, MA 02451	WEB	Online database and email service	300.00
Meetup New York, NY 10012	WEB	Online meeting announcements	205.80

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 505.80

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 505.80
Unitemized payments made this period of under \$100	153.72
Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	659.52