Recipient Committee Campaign Statement – Short Form			Date Stamp	CALIFORNIA 450	
SEE INSTRUCTIONS ON REVERSE	Statement covers period from $\frac{7/1/2021}{\text{through}}$	Date of election if applicable: (Month, Day, Year)	RECEIVED BY FORW ANGELES COUPAGE of 2	O Taye Oi	
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.			ON THE SE	ni i	
1. Type of Recipient Committee:	,	2. Type of Stateme	ent:		
O Primarily Formed O Sp	ral Purpose Committee consored nall Contributor Committee	☐ Pre-election States ☐ Semi-annual States ☐ Termination States	ement 🗀	Quarterly Statement Special Odd-year Report	
Primarily Formed Candidate/ Officeholder Committee	`` {.	Amendment (Expla	ain)ement you are amending)	·	
3. Committee Information	1.D. NUMBER 960-365	Treasurer(s)	L. C.		
COMMITTEE NAME		NAME OF TREASURER	ý ·		
North Valley Democratic Club] 	Cecile Bendavidf MAILING ADDRESS	1		
STREET ADDRESS (NO P.O. BOX)	·		· · · · · · · · · · · · · · · · · · ·		
	1	CITY Woodland Hills	STATE CA	ZIP CODE AREA CODE/PHONI 91367 818 731 3228	
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREAS		91307 816 731 3226	
Chatsworth CA 9131	1 818 341 1955)		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	BOX	MAILING ADDRESS			
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONI	
Woodland Hills CA 9136	7 818 731 3228				
OPTIONAL: FAX / E-MAIL ADDRESS	1	OPTIONAL: FAX/E-MAIL ADD	DRESS		
cecile.bendavid@gmail.com	*	cecile.bendavid@gmail.co	om		
4. Verification I have used all reasonable diligence in preparing and runder penalty of perjury under the laws of the State of Executed on	California that the foregoing is true By		E		
Executed on	BySIGNATUR	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT			
Executed on	BySIGNATUR	E OF CONTROLLING OFFICEHOLDER, CAN	NDIDATE, STATE MEASURE PR	ROPONENT	

13 Miscellaneous increases to cash

112.00

5790.51