1/23/23 NF

SHORT FORM

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.

Statement covers period
from 07/01/2022
through 12/31/2022

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

Date Stamp
RECEIVED BY LOS ANGELES COUNTY
2023 JAN 23 PM 3:
CAMPAIGN FINANCE

CALIFORNIA FORM 450

Page 1 of 3

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	310-349-2181

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
HAWTHORNE	CA	90251	

OPTIONAL: FAX / E-MAIL ADDRESS
mrbigbrocha@sbcglobal.net

Treasurer(s)

NAME OF TREASURER
SILVANA BECKETT

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
HAWTHORNE	CA	90251	

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 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 is true and cc

Executed on 1/13/23 (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR) _____ TANT 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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CALIFORNIA FORM **450**

Page 2 of 3

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		$ 0.00
2. Expenditures under $100 made this period (Not itemized.)		0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	*Add Lines 1 + 2*	$ 0.00
4. Nonmonetary Adjustment	*From Line 8 Below*	0.00
5. Total expenditures made from previous statement *(If this is the first statement for the calendar year, enter zero.)*	*Previous Summary Page, Line 6*	$ 0.00
6. TOTAL EXPENDITURES MADE TO DATE	*Add Lines 3 + 4 + 5*	$ 0.00

Contributions Received

7. Monetary contributions received this period		$ 0.00
8. Non-monetary contributions received this period		0.00
9. Total contributions received from previous statement *(If this is the first statement for the calendar year, enter zero.)*	*Previous Summary Page, Line 10*	$ 0.00
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	*Add Lines 7 + 8 + 9*	$ 0.00

Current Cash Statement

11. Beginning cash balance	*Previous Summary Page, Line 15*	$ 2294.00
12. Cash receipts this period	*Line 7 above*	0.00
13. Miscellaneous increases to cash		$ 0.00
14. Cash expenditures this period	*Line 3 above*	0.00
15. **ENDING CASH BALANCE THIS PERIOD**	*Add Lines 11 + 12 + 13, then subtract Line 14*	$ 2294.00

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CALIFORNIA FORM 450

Page 3 of 3

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NAME OF COMMITTEE
HAWTHORNE FEDERATION OF CLASSIFIED EMPLOYEES LOCAL 6041 PAC

I.D. NUMBER
1322835

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*
			☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.		**Calendar Year** $ _____ **Other** $ _____
			☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.		**Calendar Year** $ _____ **Other** $ _____
			☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.		**Calendar Year** $ _____ **Other** $ _____
			SUBTOTAL $		

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