

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 1-1-2023
 through 6-30-2023

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

Date Stamp
 FILED
 SENDY PEREZ, COUNTY CLERK
 JUL 31 2023
 BY [REDACTED] DEPUTY

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
902517

COMMITTEE NAME
Glenn County Democratic Central Committee

STREET ADDRESS (NO P.O. BOX)
 [REDACTED]
 AREA CODE/PHONE
(530) 865-0128

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Vangie Porras

[REDACTED]
 AREA CODE/PHONE
(530) 514-6255

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

Executed on 7-22-2023
DATE

By [REDACTED]
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

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period
from 1-1-23
through 6-30-23

**CALIFORNIA
FORM 450**

Page 2 of 3

NAME OF COMMITTEE

Glenn County Democratic Central Committee

I.D. NUMBER

902517

Expenditures Made

- 1. Expenditures of \$100 or more made this period \$ _____
- 2. Expenditures under \$100 made this period (Not itemized.) 110.00
- 3. SUBTOTAL EXPENDITURES MADE THIS PERIOD Add Lines 1 + 2 \$ 110.00
- 4. Nonmonetary Adjustment From Line 8 Below _____
- 5. Total expenditures made from previous statement Previous Summary Page, Line 6 \$ _____
(If this is the first statement for the calendar year, enter zero.)
- 6. TOTAL EXPENDITURES MADE TO DATE Add Lines 3 + 4 + 5 \$ _____

Contributions Received

- 7. Monetary contributions received this period \$ 155.00
- 8. Non-monetary contributions received this period _____
- 9. Total contributions received from previous statement Previous Summary Page, Line 10 \$ _____
(If this is the first statement for the calendar year, enter zero.)
- 10. TOTAL CONTRIBUTIONS RECEIVED TO DATE Add Lines 7 + 8 + 9 \$ 155.00

Current Cash Statement

- 11. Beginning cash balance Previous Summary Page, Line 15 \$ 2270.53
- 12. Cash receipts this period Line 7 above 155.00
- 13. Miscellaneous increases to cash \$ _____
- 14. Cash expenditures this period Line 3 above 110.00
- 15. ENDING CASH BALANCE THIS PERIOD Add Lines 11 + 12 + 13, then subtract Line 14 \$ 2315.53

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period
from 1-1-23
through 6-30-23

**CALIFORNIA
FORM 450**

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

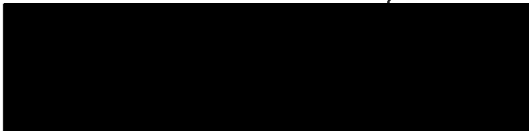

NAME OF COMMITTEE

Glenn County Democratic Central Committee

I.D. NUMBER

902517

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*
<i>1-10-23</i>	<i>California Secretary of State</i> 	<i>Annual Fee</i>	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	<i>50.00</i>	Calendar Year \$ <u><i>50.00</i></u> Other \$ _____
<i>6-28-23</i>	<i>Oscar's Sportswear</i> 	<i>Purchase of Aprons</i>	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	<i>60.00</i>	Calendar Year \$ <u><i>60.00</i></u> Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$					<i>110.00</i>

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