

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.

| | |
|---|--|
| Date Stamp RECEIVED SENDA PEREZ, COUNTY CLERK JAN 27 2023 BY: [REDACTED] DEPUTY | CALIFORNIA FORM 450 |
| | Page <u>1</u> of <u>3</u> For Official Use Only |

Statement covers period
 from 7-1-22
 through 12-31-22

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

1. Type of Recipient Committee:

- | | |
|--|---|
| <input type="checkbox"/> Ballot Measure Committee | <input checked="" type="checkbox"/> General Purpose Committee |
| <input type="checkbox"/> Primarily Formed | <input type="checkbox"/> Sponsored |
| <input type="checkbox"/> Controlled | <input type="checkbox"/> Small Contributor Committee |
| <input type="checkbox"/> Sponsored | |
| | |
| <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee | |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-year Report |
| <input type="checkbox"/> Termination Statement | |
| | |
| <input type="checkbox"/> 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]

CITY STATE ZIP CODE AREA CODE/PHONE
Orland CA 95963 (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) Vangie Porras

NAME OF TREASURER
Vangie Porras

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Orland CA 95963 (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 the foregoing is true and correct.

Executed on 1-25-23
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By [REDACTED]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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 <u>7-1-22</u> through <u>12-31-22</u> | CALIFORNIA FORM 450 |
| | Page <u>2</u> of <u>3</u> |
| NAME OF COMMITTEE <u>Glenn County Democratic Central Committee</u> | I.D. NUMBER <u>902517</u> |

Expenditures Made

| | |
|--|---|
| 1. Expenditures of \$100 or more made this period | \$ _____ |
| 2. Expenditures under \$100 made this period (Not itemized.) | _____ |
| 3. SUBTOTAL EXPENDITURES MADE THIS PERIOD | \$ _____ <i>Add Lines 1 + 2</i> |
| 4. Nonmonetary Adjustment | _____ <i>From Line 8 Below</i> |
| 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> | |
| 6. TOTAL EXPENDITURES MADE TO DATE | \$ <u>50.33</u> <i>Add Lines 3 + 4 + 5</i> |

Contributions Received

| | |
|--|--|
| 7. Monetary contributions received this period | \$ <u>186.05</u> |
| 8. Non-monetary contributions received this period | _____ <u>50.33</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> | |
| 10. TOTAL CONTRIBUTIONS RECEIVED TO DATE | \$ <u>470.34</u> <i>Add Lines 7 + 8 + 9</i> |

Current Cash Statement

| | |
|---|---|
| 11. Beginning cash balance | \$ _____ <i>Previous Summary Page, Line 15</i> |
| 12. Cash receipts this period | _____ <i>Line 7 above</i> |
| 13. Miscellaneous increases to cash | \$ _____ |
| 14. Cash expenditures this period | _____ <i>Line 3 above</i> |
| 15. ENDING CASH BALANCE THIS PERIOD | \$ <u>2,270.53</u> <i>Add Lines 11 + 12 + 13, then subtract Line 14</i> |

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**CALIFORNIA
FORM 450**

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SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Calenn 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* |
|--------------------|---|------------------------|--|-----------------------|--|
| <u>None</u> | <u>None</u> | <u>None</u> | | <u>None</u> | 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 \$ _____ |
| | | | <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.