

# Recipient Committee Campaign Statement – Short Form

## AMENDMENT

Date Stamp	<b>CALIFORNIA FORM 450</b> RECEIVED BY LOS ANGELES COUNTY NO POSTMARK 2023 MAR 20 PM 4:16	Page <u>1</u> of <u>1</u>
		For Official Use Only

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 10/23/2022  
 through 12/31/2022

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

### 1. Type of Recipient Committee:

- Ballot Measure Committee
- General Purpose Committee
- Primarily Formed
- Sponsored
- Controlled
- Small Contributor Committee
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

### 2. Type of Statement: CAMPAIGN FINANCE

- Pre-election Statement
- Quarterly Statement
- Semi-annual Statement
- Special Odd-year Report
- Termination Statement
- Amendment (Explain) Adjusting covered Period 10/23/22 - 12/31/22  
 (Also check type of statement you are amending)

### 3. Committee Information

I.D. NUMBER  
98-1728

COMMITTEE NAME

New Frontier Democratic Club

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Hawthorne CA 90250 (310) 344-1730

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

CITY STATE ZIP CODE AREA CODE/PHONE  
Los Angeles CA 90045 (310) 960-5227

OPTIONAL: FAX / E-MAIL ADDRESS

### Treasurer(s)

NAME OF TREASURER

William H. Thomas

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Hawthorne CA 90250 (310) 344-1730

NAME OF ASSISTANT TREASURER, IF ANY

N/A

MAILING ADDRESS

N/A

CITY STATE ZIP CODE AREA CODE/PHONE  
N/A N/A N/A N/A

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 3/14/2023  
DATE

By \_\_\_\_\_  
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