

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)

Date Stamp
*1/30/23
 GLS*

CALIFORNIA FORM 450
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 For Official Use Only
 CAMPAIGN FINANCE DISCLOSURE SECTION

1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee
- General Purpose Committee
- Sponsored
- Small Contributor 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
1442752

COMMITTEE NAME
LOS ANGELES PROGRESSIVE PAC

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Inglewood	CA	90301	(310) 817-6679

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
(310) 672-6679 / cine@politicalreportingplus.com

Treasurer(s)

NAME OF TREASURER
Cine D. Ivery

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Inglewood	CA	90301	(310) 817-6679

NAME OF ASSISTANT TREASURER, IF ANY

Michelle Moore Sanders
 MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Inglewood	CA	90301	(310) 817-6679

OPTIONAL: FAX / E-MAIL ADDRESS
(310) 672-6679 / mymsanders@politicalreportingplus.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief, the information furnished is true and complete. I certify

Executed on 1/26/2023 By _____
 DATE

Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICER

Executed on _____ By _____
 DATE SIGNATURE

Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/2022
through 12/31/2022

SHORT FORM

**CALIFORNIA
FORM 450**

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I.D. NUMBER
1442752

NAME OF COMMITTEE

LOS ANGELES PROGRESSIVE PAC

Expenditures Made

1. Expenditures of \$100 or more made this period		\$	0.00
2. Expenditures under \$100 made this period (Not itemized.)			55.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	<i>Add Lines 1 + 2</i>	\$	55.00
4. Nonmonetary Adjustment	<i>From Line 8 Below</i>		0.00
5. Total expenditures made from previous statement	<i>Previous Summary Page, Line 6</i>	\$	125.00
<i>(If this is the first statement for the calendar year, enter zero.)</i>			
6. TOTAL EXPENDITURES MADE TO DATE	<i>Add Lines 3 + 4 + 5</i>	\$	180.00

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	<i>Previous Summary Page, Line 10</i>	\$	0.00
<i>(If this is the first statement for the calendar year, enter zero.)</i>			
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	<i>Add Lines 7 + 8 + 9</i>	\$	0.00

Current Cash Statement

11. Beginning cash balance		\$	56.86
12. Cash receipts this period	<i>Line 7 above</i>		0.00
13. Miscellaneous increases to cash		\$	0.00
14. Cash expenditures this period	<i>Line 3 above</i>		55.00
15. ENDING CASH BALANCE THIS PERIOD	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	1.86