Recipient Committee Campaign Statement

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C	ecipient Committee ampaign Statement over Page		A LOEIVE	S COUNTY	CALIFORNIA 460			
		Statement covers period from 09/25/2022	Date of election if applicable: (Month, Day, Year) 2022	PH 3: 3T	For Official Use Only			
SE	E INSTRUCTIONS ON REVERSE	through 10/22/2022	11/08/2022 CAMPAIGN	FINANUE				
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.			2. Type of Statement:					
Officeholder, Candidate Controlled Committee State Candidate Election Committee Committee Committee Sponsored (Also Complete Part 5)			Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below) Quarterly Statement Special Odd-Year Report Appearance Appe					
_	Small Contributor Committee O Political Party/Central Committee (A	rimarily Formed Candidate/ fficeholder Committee tso Complete Part 7)						
3.	Committee information	NUMBER 122805	Treasurer(s)	-				
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER					
	National Womens Political Caucus Greater Pasadena Area		Jonathan Fuhrman MAILING ADDRESS					
	STREET ADDRESS (NO P.O. BOX)	CITY Pasadena	STATE ZIP COL	DE AREA CODE/PHONE 5-2749 626-864-5255				
	CITY STATE ZIP COI	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	-				
	Pasadena CA 91105 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	5-2749 626-864-5255	MAILING ADDRESS					
	CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP COL	DE AREA CODE/PHONE			
	OPTIONAL: FAX/E-MAIL ADDRESS jon_fuhrman@outlook.com	OPTIONAL: FAX / E-MAIL ADDRESS						
4.	Verification							
	I have used all reasonable diligence in preparing and reviewin	ng this statement	erein and	in the attached sche	edules is true and complete. I			
	certify under penalty of perjury under the laws of the State of	California that the						
	Executed on 10/17/2022	asurer						
	Executed on		nent or Res	ponsible Officer of Sponsor				
	Executed onDate	BySig	gnature of Controlling Officeholder, Candidate, State Measure F	roponent				
	Executed on	BySig	gnature of Controlling Officeholder, Candidate, State Measure F	roponent				

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Campaign Disclosure Statement Summary Page

Cash Equivalents and Outstanding Debts

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 09/25/2022Na	CALIFORNIA 460				
through <u>10/22/2022</u>	Page 2 of 4				
	I.D. NUMBER				
	1422805				

SEE INSTRUCTIONS ON REVERSE NAME OF FILER National Womens Political Caucus Greater Pasadena Area Column A **Calendar Year Summary for Candidates** Column B **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 18933.00 1. Monetary Contributions Schedule A. Line 3 1/1 through 6/30 7/1 to Date 20. Contributions 18933.00 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 21. Expenditures 18933.00 Made TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 12700.00 6. Payments Made...... Schedule E, Line 4 **Candidates** 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made* 12700.00 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 12700.00 **Current Cash Statement** 7902.00 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I. Line 4 amounts from Column B reported in Column B. of your last report. Some amounts in Column A may 7902.00 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B. Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if

any).

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A			ts may be rounded	SCHEDULE A				
Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE		to '	whole dollars.	Statement covers period from 09/25/2022		CALIFORNIA 460		
				through 10/22/2022		Page 3 of 4		
NAME OF FILER National Womens Political Caucus Greater Pasadena Area						I.D. NU 142280	JMBER 95	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)	
		☐IND☐COM☐OTH☐PTY☐SCC						
,		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$	17 (18)			
Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) 2. Amount received this period – unitemized monetary contributions of less than				*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee				
3. Total moneta (Add Lines 1	ry contributions received this period. and 2. Enter here and on the Summary Page, C	Column A, Line 1)T OTAL \$ <u>0.0</u>	00 F	PPC Advice: advi		C Form 460 (Jan/2016)) .ca.gov (866/275-3772) www.fppc.ca.gov	

	Amounts may be rounded to whole dollars.			SCHEDULE			
Schedule E					Statement covers perio	od CAL	IFORNIA 460
Payments Made					from	F	ORM TOO
SEE INSTRUCTIONS ON REVERSE					through <u>10/22/2022</u>	Page	4 of
NAME OF FILER					,	I.D. N	UMBER
National Womens Political Caucus Greater Pasadena Area						1422	2805
CODES: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants CTB contribution (explain nonmonetary)* cvc civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearance ses ating urvey researe very and mes	es	-	radio airtime and prodictions returned contributions campaign workers' salt.v. or cable airtime and TRC candidate travel, lodgitts staff/spouse travel, lodgitts transfer between communication websites.	uction costs laries d production con ng, and meals liging, and meals mittees of the sa	s ame candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCR	RIPTION OF PAYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.		-		SUBTOTAL	_\$
Schedule E Summary					·		
Itemized payments made this period. (Include all Schedul	le E subtotals.)					\$	0.00
2. Unitemized payments made this period of under \$100						\$.	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)						\$.	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Summ	nary Page, Co	olumn A,	Line 6.)	TOTAL \$.	0.00