Campaign Statement Cover Page			Date Stamp	CAL	IFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 7/1/2021 through 12/31/2021	(Mönth, Day, Year)	2023 AUG 22 CAMPAIGN	PM 2: 56	For Official Use Only
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4,	2. Type of Statement:	RIDGEODOLG	_ 1,120	Sign constitution to the second
State Candidate Election Committee Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Term Amendment (Explain below	ination) v)	Quarterly St. Special Odd	atement -Year Report
Small Contributor Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)				
3. Committee information	.D. NUMBER 1402240	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
National Women's Political Caucus - Los Angeles M	letro	Margaret Llinas MAILING ADDRESS			<u> </u>
STREET ADDRESS (NO P.O. BOX)		CITY North Hollywood	STATE CA	ZIP CODE 91616	AREA CODE/PHONE
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Valley Village CA 916 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS			
				,	
ČITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
North Hollywood CA 916 OPTIONAL: FAX / E-MAIL ADDRESS	16	OPTIONAL: FAX / E-MAIL ADDRESS	् र्वत्रक	Transport to	
	34				and the state of the state of
nwpclam@gmail.com  . Verification		nwpclam@gmail.com		and the second	
I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of		∍d he	rein and in the attac	ched schedules	is true and complete. I
Executed on 8/19/2023		,	<u> </u>	4	The second of the second of
Executed on		ant Tre.			** #**********************************
Date	Signature of Control	ling Officeholder, Candidate, State Measure Propor	nent or Responsible Office	r of Sponsor	
Executed on	BySig	gnature of Controlling Officeholder, Candidate, State	Measure Proponent		
Executed on	Ву				•

Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE

### Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE -	PARIZ
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Page 2 of 17	
rage or	<del></del>

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
Not Applicable								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER JURISDICT	, L	SUPPORT OPPOSE			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	Y STATE ZIP		Identify the controlling officeholder, cand	lidate, or state measure propor	ent, if any.			
Related Committees Not Included in this State	mont: List and committees		NAME OF OFFICEHOLDER, CANDIDATE, OR	PROPONENT				
not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candid	re primarily formed to receive		OFFICE SOUGHT OR HELD	DISTRICT NO. IF	ANY			
COMMITTEE NAME	I.D. NUMBER							
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candidate/Offic officeholder(s) or candidate(s) for which this	s committee is primarily formed.	names of			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE			
CITY STATE ZIP CO			NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE			
COMMITTEE NAME	I-D-NUMBER		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE			
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE			
CITY STATE ZIP CO			Attach continua	tion sheets if necessary				

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

| Statement covers period | CALIFORNIA | CAL

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

National Women's Political Caucus - Los Angeles Metro

Contributions Received  1. Monetary Contributions	**Example 1.5	**Example 1.00	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections  1/1 through 6/30, 7/1 to Date  20. Contributions Received \$ \$
Expenditures Made  6. Payments Made	\$\frac{1241.31}{0.00}\$ \$\frac{2241.31}{0.00}\$ \$\frac{0.00}{1241.31}\$	\$\frac{2241.31}{0.00}\$ \$\frac{2241.31}{0.00}\$ \[ \begin{array}{c} 0.00 & \\ 0.00 & \\ 2241.31 & \\ \end{array}\$	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)
Current Cash Statement  12. Beginning Cash Balance	\$\frac{2682.02}{839.59}\frac{0.00}{1241.31}\$\\$\frac{2280.30}{\$\frac{0.00}{0.00}}\$	_To_calculate_Column_B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.  FPPC Form 460 (Jan/2016))  FPPC Advice: advice@fppc.ca.gov (866/275-3772)  www.fppc.ca.gov

## Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

www.fppc.ca.gov

Statement covers period

ON REVERSE  n's Political Caucus - Los Angeles Metro  FULL NAME, STREET ADDRESS AND ZIP CODE OF  CONTRIBUTOR  (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  essica Wethington McClean	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	through 12/31/20  AMOUNT RECEIVED THIS		UMBER 240 PER ELECTION
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	· ·	CUMULATIVÉ TO DATE	PER ELECTION
CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	· ·		( ) (
essica Wethington McClean			PERIOD	(JAN. 1 - DEC: 31)	TO DATE (IF REQUIRED)
os Angeles, CA 90041	□ COM □ OTH □ PTY □ SCC	None	\$219.24	\$438.48	
Margaret Llinas Valley Village, CA 91607	☑IND □COM □OTH □PTY □SCC	Administrator Oakwood School	\$60.00	\$120.00	
ricia Robbins os Angeles, CA 91356	☑ IND □ COM □ OTH □ PTY □ SCC	Council Deputy City of Los Angeles	\$300.00	\$600.00	
licki Genovese os Angeles, CA 91604	☑ IND □ COM □ OTH □ PTY □ SCC	Arts Manager City of Los Angeles	\$260.35	\$558.19	
	□IND □COM □OTH □PTY □SCC				
		SUBTOTAL	839.59		
ved this period – unitemized monetary cont	ributions of less than	n \$100\$		IND – Indivi COM – Rec (othi OTH – Othe PTY – Politi SCC – Sma	dual ipient Committee er than PTY or SCC) ir (e.g., business entity)
	Valley Village, CA 91607  Pricia Robbins  os Angeles, CA 91356  Pricki Genovese  os Angeles, CA 91604  Summary  ved this period – itemized monetary contributed the period – unitemized monetary contributed this period – unitemized monetary contributed this period.	Aargaret Llinas	COM OTH OAkwood School   Compty   Scc   Compty   Council Deputy   City of Los Angeles   Compty   City of Los Angeles   Compty   City of Los Angeles   City of L	COM   Administrator   \$60.00	COM   OTH   Oakwood School   \$120.00   \$120.00     alley Village, CA 91607

Monetary  NAME OF FILER	A (Continu Contribution	ons Rece	ived		Amounts may l to whole d	pe rounded ollars.	5 5 7 7 1	Statement con 7/1/2021 through 12/31/20		© A La F Page _ I.D. NU	rate in Vi
DATE RECEIVED	FULL NAM	E, STREET ADDI CONTRIE	RESS AND ZIP CODE OF	C	CONTRIBUTOR	IF AN INDIVIDUAL, E OCCUPATION AND EM (IF SELF-EMPLOYED, ENTE OF BUSINESS)	PLOYER .	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
.:					□IND □COM □OTH □PTY □SCC						
					□IND □COM □OTH □PTY □SCC						
					□IND □COM □OTH □PTY □SCC				A		
					□IND □COM □OTH □PTY □SCC			-		* 1	
					OTH						

SUBTOTAL \$

\*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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

(Include loans paid by a third party that are also itemized on Schedule A.)

Enter the net here and on the Summary Page, Column A, Line 2.

\*\* If required.

COM → Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

(May be a negative number)

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

Schedule B – Part 2 Loan Guarantors  SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  National Women's Political Caucus - Los Angeles M	letro	Amounts may be rounded to whole dollars.	1 A Pro-	Statement covers period om 7/1/2021 strough 12/31/2021	CALIFOR FORM	of 17
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
Not Applicable	□IND □COM □OTH □PTY □SCC		LENDER DATE		CALENDAR YEAR  S  PER ELECTION (IF REQUIRED)  S	
	□IND □COM □OTH □PTY □SCC	· · · · · · · · · · · · · · · · · · ·	LENDER DATE		CALENDAR YEAR  S PER ELECTION (IF REQUIRED)  S	
	□IND □COM □OTH □PTY □SCC		LENDER DATE		S PER ELECTION (IF REQUIRED)	
	□IND □COM □OTH □PTY □SCC		LENDER DATE		CALENDAR YEAR  \$ PER ELECTION (IF REQUIRED)	

Schedu	le C		Amounts may be rounded to whole dollars.						SCHEDULE C		
Nonmonetary Contributions Received			to whole dollars.			tatement covers;	CALIFORNIA 460				
,					from	7/1/2021		_ s Fo	RM		
				· ·		ugh 12/31/2021		- 8	of 17		
SEE INSTRUC	CTIONS ON REVERSE				thro	ugh	· · · · · · · · · · · · · · · · · · ·		Stage St. Communication of the		
	Vomen's Political Caucus - Los Angeles Metro	•				· · ·		I.D. NUM 140224			
National W	volneris Folitical Caucus - Los Angeles Metro			THE RESERVE AND A SECOND PROPERTY OF THE RESERVE				140224	V		
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALE	JLATIVE: TO DATE NDAR: YEAR 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)		
	Not Applicable	□IND □COM □OTH □PTY □SCC									
		□IND □COM □OTH □PTY □SCC									
		□IND □COM □OTH □PTY □SCC									
		□IND □COM □OTH □PTY □SCC									
Attach ad	ditional information on appropriately labele	ed continuation	sheets.	SUBTO	OTAL \$		14.				
	le C Summary				<del></del>						
1. Amount	t received this period – itemized nonmone e all Schedule C subtotals.)	tary contribution	ns.		\$		. 1	Contributor Co ND – Individua COM – Recipie Other th			
2. Amount	t received this period – unitemized nonmo	netary contribut					F	OTH – Other (e PTY – Political	.g., business entity)		
3. Total no (Add Lir	onmonetary contributions received this per nes 1 and 2. Enter here and on the Summ	iod. ary Page, Colur	mn A, Lines 4 and 10.)	ТОТА	AL \$_	1. 1					

Supportin	of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may b to whole do		Statement covers	FORM 4.60
SEE INSTRUCTION	ONS ON REVERSE			through 12/31/2021	Page 9 of 17
NAME OF FILER National Wor	nen's Political Caucus - Los Angeles Metro				I.D. NUMBER 1402240
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION. OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE  CALENDAR YEAR  (JAN. 1 - DEC. 31)  (IF REQUIRED)
	Not Applicable	Monetary Contribution			
·	radia 1776 a samura na aristo de la casa de la casa. La casa de la casa de	Nonmonetary Contribution		:	
	☐ Support ☐ Oppose	Independent Expenditure			
		Monetary Contribution			
•		Nonmonetary Contribution		1	And the second s
	☐ Support ☐ Oppose	Independent Expenditure			
		Monetary Contribution			
		Nonmonetary Contribution			
	Support Oppose	Independent Expenditure			
			SUBTOTAL	\$	
	D Summary			i	And the second second
	contributions and independent expenditures made d contributions and independent expenditures ma				

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may to whole d		Statement cov from 7/1/2021 through 12/31/2	SCHEDULE D (CONT.) CALIFORNIA 460 FORM.  Page 10 of 17  I.D. NUMBER	
National Won	nen's Political Caucus - Los Angeles Metro		el en en faktigde en opgevære verskende fil en el gled besker en engenn en sjør fik sjølste skriver upp			1402240
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDA (JAN. 1 - D	RYEAR TO DATE
	Not Applicable	Monetary Contribution				
	☐ Support ☐ Oppose	Nonmonetary Contribution Independent Expenditure				
	Зиррол Сурозе	Monetary Contribution Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure  Monetary Contribution				
		Nonmonetary Contribution Independent				
	☐ Support ☐ Oppose	Expenditure  Monetary Contribution				
		Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure				
		•	SUBTOTAL	 L \$	1 Burns	aleger spagetiment

Schedule	E
<b>Payments</b>	Made

Amounts may be rounded to whole dollars.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

Statement covers period california 460 from  $\frac{7/1/2021}{\text{through}}$  Page  $\frac{11}{\text{I.D. NUMBER}}$  of  $\frac{17}{\text{I.D. NUMBER}}$ 

SEE INSTRUCTIONS ON REVERSE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

National Women's Political Caucus - Los Angeles Metro

through 12/31/2021

Page 11 of 17

I.D. NUMBER

1402240

CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  MTG meetings  OFC office exp  PET petition of  PHO phone ba  POL polling an  POS postage,	culating TEL t.v. or cable airtime and production costs
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT . AMOUNT PAID
Stripe South San Francisco, CA 94080	WEB Payment Processing Fees \$41.31
NWPC Los Angeles Metro INC , Pasadena, CA 91103-1955	TSF Transfer to 501(c)4 NWPC - LA Metro for office supplies \$1000.00 and internet expenses
California Secretary of State Sacramento, CA 95814	FIL PAC filing fee \$200.00
* Payments that are contributions or independent expenditures must also be summarized on S	chedule D. SUBTOTAL \$ 1241.31
Unitemized payments made this period of under \$100     Total interest paid this period on loans. (Enter amount from Schedule B, I	\$\frac{1241.31}{5}\$\$ s \frac{0.00}{0.00}\$\$ eart 1, Column (e).) \$\frac{0.00}{0.00}\$\$ on the Summary Page, Column A, Line 6.) \$\frac{1241.31}{0.00}\$\$

#### Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA" / CO
from	FORM - TUU
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through 12/31/2021	12 17
<b>3</b>	Page of
	I.D. NUMBER
the state of the s	1402240

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

National Women's Political Caucus - Los Angeles Metro

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)\* OFC office expenses CVC civic donations PET : petition circulating candidate filing/ballot fees PHO phone banks fundraising events polling and survey research IND. independent expenditure supporting/opposing others (explain) POS postage, delivery and messenger services LEG legal defense PRO professional services (tegal, accounting) campaign literature and mailings PRT print ads

NAME AND ADDRESS OF DAVEE

radio airtime and production costs returned contributions SAL campaign workers' salaries. t.v. or cable airtime and production costs TEL candidate travel, lodging, and meals staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)

	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OF	DESCRIPTION OF P	AYMENT	AMOUNT PAID
Not Applicable		2				
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				·		
			1			
		~				
					en e	

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule F		
<b>Accrued Expenses</b>	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period. from  $\frac{7/1/2021}{}$ I.D. NUMBER 1402240

WEB information technology costs (internet, e-mail)

Accrued	Expenses	(Unpaid	Bills)
		4 /	

campaign literature and mailings

NAME OF FILER

National Women's Political Caucus - Los Angeles Metro

CL	ES: If one of the following	coues	accura	tery u	iesci i	Jes lile	payment, you may enter	the code.	Otherwise,	describe the payment.
MP	campaign paraphernalia/misc.				4,	MBR	member communications	1.5	RAD	radio airtime and production costs
NS.	campaign consultants					MTG	meetings and appearances	* 1	RFD	returned contributions
TB .	contribution (explain nonmonetary)	*			,	OFC	office expenses	The state of the s	SAL	campaign workers' salaries
VC ·	civic donations		and the			PET	petition circulating	. 50		t.v. or cable airtime and production costs
IL-	candidate filing/ballot fees	` .				PHO	phone banks			candidate travel, lodging, and meals
ND -	fundraising events					POL	polling and survey research			staff/spouse travel, lodging, and meals
VD.	independent expenditure supportin	g/opposir	ng others	(explai	in)*	POS	postage, delivery and messen	ger services.	TSF	transfer between committees of the same candidate/sponsor
	legal defense	, , ,	- :			PRO	professional services (legal, ac	ccounting)	VOT	voter registration

PRT print ads

to a shift on page of source or a locate of the source of	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	}	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Not Applica	ble						
* Payments that are	contributions or independent expenditures	must also be	SUBTOTALS			<b>1</b>	\$

#### Schedule F Summary

summarized on Schedule D.

1	. Total accrued expen accrued expenses of	nses incurred this	period. (Include all S	chedule F, Column (baccrued expenses un	o) subtotals for ider \$100.)	Γ		INCUI	RRED TOT	ALS\$	
	accided expenses e	ν φ 100 οι 111οιο, <b>γ</b>	order dimentized	accided expenses an							
_					1.1.1.1.5		_				

Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.).....

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

May be a negative number

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

Schedule F	
(Continuation Sheet)	
Accrued Expenses (Unpaid	Bills)

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/2021

CALIFORNIA 460

through 12/31/2021

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I.D. NUMBER

: 1402240 :

National Women's Political Caucus - Los Angeles Metro

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses		campaign workers' salaries
CVC	civic donations	PET.	petition circulating		t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)		voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) .  AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD				
Not Applicable			·.						
	SUBTOTALS \$ \$ \$								

#### Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA A CO
from 7/1/2021	EORM 4.0
through 12/31/2021	15 17
	Page of
	I.D. NUMBER
No.	1402240

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

National Women's Political Caucus - Los Angeles Metro

NAME OF AGENT OR INDEPENDENT CONTRACTOR

COL	DES: If one of the following codes a	ccurately describes the	payment, you may enter the code.	Otherwise, describe the payment.	
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD radio airtime and production costs	3 · 6 · 6 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1
CNS	campaign consultants	MTG	meetings and appearances	RFD returned contributions	
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL campaign workers' salaries	이 사람들은 경우를 가지 않는데 그렇게 되었다.
CVC	civic donations	PET	petition circulating	TEL t.v. or cable airtime and production co	osts

candidate filing/ballot fees fundraising events polling and survey research

independent expenditure supporting/opposing others (explain)\*

LEG legal defense

campaign literature and mailings

postage, delivery and messenger services professional services (legal, accounting)

print ads

TRC candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF I	PAYMENT	AMOUNT PAID
Not Applicable			· · ·	

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H Loans Made to Others*			Amounts m to who	ay be rounded le dollars.		Statement cove	rs period	CÁLIFORN FORMI	<sup>1</sup> ^ 460
SEE INSTRUCTIONS ON REVERSE			- <del>1</del>		,5	through	021	Page <u>16</u>	of <u>17</u>
NAME OF FILER  National Women's Political Caucus - Los Ar	ngeles Metro							1.D. NUMBER 1402240	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	OCCUPATION A	DUAL, ENTER AND EMPLOYER LOYED, ENTER BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	PERIOD	(c) REPAYMENT FORGIVENE THIS PERIO	SS BALANCE AL	(e) Intèrest Received	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
Not Applicable					PAID	_ s	%	\$	CALENDAR YEAR
			··s	s	FORGIVEN	DATE DUE	RATE	DATE INCURRED	PER ELECTION**
		· . ·	\$	S	PAID  S  FORGIVEN	DATE DUE	RATE	s	CALENDAR YEAR  S  PER ELECTION**  \$
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.  *SUBTOTALS \$ \$ \$									
							(Enter (e) on Schedule I, Line 3)		
Schedule H Summary									
Loans made this period     (Total Column (b) plus unitemized loa     Payments received on loans	ns of less than	\$100.)				\$			**If Required
(Total Column (c) plus unitemized pay 3. Net change this period. (Subtract Line (Enter the net here and on the Summ	ments of less to 2 from Line 1.	han \$100.) )							

(May be a negative number)

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Schedule I Miscellaneous Increases to Cash			Amounts may be ro		Statement co	overs period	SCHEDULE		
wii 300 ii di 10	Was more as a					from 7/1/2021		FORM 4.00	
SEE INSTRUCTION NAME OF FILER National Wom	ns on reverse en's Political Caucus	- Los Angeles Metro	) .,			tinough		I.D. NUMBER 1402240	
DATE RECEIVED			DENTER I.D. NUMBER)		DES	CRIPTION OF RECE	PT	AMOUNT OF INCREASE TO CASH	
	Not Applicable								
	1. W 1. Marin 1. Mari								
	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /								
	ional information on a	appropriately labeled	continuation sheets.	-			SUBTOTAL		
Schedule I		s period				s	- 1945 - 1945 - 1948 - 1945 - 1946 - 1948		
			period						
,			made to others. (Sci	, ,		•		a erre sampta erret Maria da filología (1900) Senre ejantes filología	
			d. (Add Lines 1, 2, a			TOTAL \$_	11. 12. 1 11. 14. 14. 14. 14. 14. 14. 14. 14. 14.	EPPC Form 460 (Jan/2016))	

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