Recipient Committee
Campaign Statement – Short Form

Statement covers period
from Sept 23 2018
through Oct 28 2018

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

1. Type of Recipient Committee:

☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
☐ Primarily Formed Candidate/Officerholder 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

COMMITTEE NAME

Treasurer(s)

NAME OF TREASURER

MAILING ADDRESS

CITY

STREET ADDRESS (NO P.O. BOX)

STATE

CITY

ZIP CODE

ZIP CODE

AREA CODE/PHONE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

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

STATE

ZIP CODE

ZIP CODE

AREA CODE/PHONE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 Oct 23 2018

DATE

EXECUTED BY

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on Oct 23 2018

DATE

EXECUTED BY

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

Executed on

DATE

EXECUTED BY

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on

DATE

EXECUTED BY

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 450 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
## Recipient Committee
### Campaign Statement
#### Summary Page

**NAME OF COMMITTEE**

### Expenditures Made

1. Expenditures of $100 or more made this period .......................................................... $0
2. Expenditures under $100 made this period (Not itemized.) ........................................... $20
3. **SUBTOTAL EXPENDITURES MADE THIS PERIOD** ....................................................... $20
4. Nonmonetary Adjustment .................................................................................................. From Line 8 Below
5. **TOTAL EXPENDITURES MADE FROM PREVIOUS STATEMENT** (If this is the first statement for the calendar year, enter zero.) $253.96
6. **TOTAL EXPENDITURES MADE TO DATE** ................................................................. $273.96

### Contributions Received

7. Monetary contributions received this period ................................................................. $0
8. Non-monetary contributions received this period .............................................................
9. **TOTAL CONTRIBUTIONS RECEIVED FROM PREVIOUS STATEMENT** (If this is the first statement for the calendar year, enter zero.) $396
10. **TOTAL CONTRIBUTIONS RECEIVED TO DATE** ....................................................... $396

### Current Cash Statement

11. Beginning cash balance .................................................................................................. $137.04
12. Cash receipts this period ............................................................................................... $0
13. Miscellaneous increases to cash .................................................................................... $20
14. Cash expenditures this period ...................................................................................... $0
15. **ENDING CASH BALANCE THIS PERIOD** ................................................................. $117.04

**Amounts may be rounded to whole dollars.**

**Statement covers period from Sept 23 2016 through Oct 28 2016**

**I.D. NUMBER**

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