

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.

SHORT FORM

RECEIVED
SENDA PEREZ, COUNTY CLERK

JAN 30 2024

BY [REDACTED] DEPUTY

CALIFORNIA FORM 450

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For Official Use Only

Statement covers period
from 7-1-23
through 12-31-23

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

1. Type of Recipient Committee:

- Ballot Measure Committee
 - Primarily Formed
 - Controlled
 - Sponsored
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
- Primarily Formed Candidate/Officeholder 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
902517

COMMITTEE NAME

Glenn County Democratic Central Committee

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

CITY STATE ZIP CODE AREA CODE/PHONE

Orland CA 95963 (530)865-0128

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Vangie Perras

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Orland CA 95963 (530)514-6255

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 1-26-24
DATE

By [REDACTED]
TREASURER OR ASSISTANT 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

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>7-1-23</u> through <u>12-31-23</u>	CALIFORNIA FORM 450
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	I.D. NUMBER <u>902517</u>

NAME OF COMMITTEE

Glenn County Democratic Central Committee

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ _____
2. Expenditures under \$100 made this period (Not itemized.)	\$ _____
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	_____
4. Nonmonetary Adjustment.....	Add Lines 1 + 2 \$ <u>0</u>
5. Total expenditures made from previous statement	From Line 8 Below _____
(If this is the first statement for the calendar year, enter zero.)	Previous Summary Page, Line 6 \$ <u>110.00</u>
6. TOTAL EXPENDITURES MADE TO DATE	Add Lines 3 + 4 + 5 \$ <u>110.00</u>

Contributions Received

7. Monetary contributions received this period	\$ <u>276.00</u>
8. Non-monetary contributions received this period	_____
9. Total contributions received from previous statement	Previous Summary Page, Line 10 \$ <u>155.00</u>
(If this is the first statement for the calendar year, enter zero.)	_____
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	Add Lines 7 + 8 + 9 \$ <u>431.00</u>

Current Cash Statement

11. Beginning cash balance	Previous Summary Page, Line 15 \$ <u>2315.53</u>
12. Cash receipts this period	Line 7 above <u>276.00</u>
13. Miscellaneous increases to cash	_____
14. Cash expenditures this period	Line 3 above _____
15. ENDING CASH BALANCE THIS PERIOD	Add Lines 11 + 12 + 13, then subtract Line 14 \$ <u>2591.53</u>

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NAME OF COMMITTEE

Glenn County Democratic Central Committee

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$					<u>0</u>

* Required only for payments which are contributions or independent expenditures.