Recipient Committee
Campaign Statement
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	1.	Statement covers period	Date of election if applicable:	2023 SEP 27 AM 11:	Rage 1 of 3		
		from July 1, 2023	(Month, Day, Year)				
	•	Hom 2-2-2-		CAMPAIGN FINANC	E C20040		
SE	INSTRUCTIONS ON REVERSE	through September 23, 2023		CAMPAIGN FINANCE BISCLOSURE SECTION	348		
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 ☐ Recall (Also Complete Part 5) ☐ General Purpose Committee ☐ Sponsored ☐ Primarily Formed Ballot Measure Committee ☐ Controlled ☐ Sponsored (Also Complete Part 5) ☐ Primarily Formed Candidate/ ☐ Primarily Formed Candidate/ ☐ Officeholder Committee			Preelection Statement ☐ Quarterly Statement ☐ Semi-annual Statement ☐ Special Odd-Year Report ☐ Termination Statement ☐ (Also file a Form 410 Termination) ☐ Amendment (Explain below)				
_	1.0	Uso Complete Part 7)					
3.		70021	Treasurer(s)				
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	, 6022	NAME OF TREASURER				
	National Women's Political Caucus San Gabriel Valle	ey (SGV)	Mary Ann Lutz (volunteer treasurer) MAILING ADDRESS				
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	DDE AREA CODE/PHONE			
			Monrovia	CA 9101	6 626-695-6222		
	CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY			
	Monrovia CA 9101						
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	(MAILING ADDRESS				
	CITY STATE ZIP CO		CITY	STATE ZIP CO	DDE AREA CODE/PHONE		
	South Pasadena CA 9103 OPTIONAL: FAX/E-MAIL ADDRESS	1-3814	OPTIONAL: FAX / E-MAIL ADDRE	ESS			
• • • • • • • • • • • • • • • • • • • •				nwpcsgv@gmail.com			
1	nwpcsgv@gmail.com Verification		nwpcsgv@gman.com				
Verification I have used all reasonable diligence in preparing and reviewing this statement and				he attached sch	edules is true and complete. I		
	certify under penalty of perjury under the laws of the State of	•					
	Executed on 09/232023	Ву					
	Executed on	By		ible Officer of Sponso	or		
Executed on By			gnature of Controlling Officeholder, Candidate,	State Measure Proponent			
	Executed on Date	BySig	mature of Controlling Officeholder, Candidate, S	:			

FPPC Form 460 (Jan/2016))

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

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM from July 1, 2023 through September 23, 2023 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER National Women's Political Caucus San Gabriel Valley (SGV) 770021

Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$\frac{150.00}{0}\$ \$\frac{150.00}{0}\$ \$\frac{150.00}{0}\$	* 550.00 \$ 550.00 \$ 550.00 \$ 550.00	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 \$ 0 \$ 0 21. Expenditures Made \$ 0 \$ 0
Expenditures Made 6. Payments Made	0	\$ \frac{68.32}{0} \\ \$ \frac{68.32}{0} \\ 0 \\ \$ \frac{68.32}{0} \\ \$ \f	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		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			its may be rounded				SCHEDULE A	
Monetary Contributions Received		to whole dollars.		Statement covers period from July 1, 2023		CALIFORNIA 460		
								SEE INSTRUCTIONS ON REVERSE
NAME OF FILER National Women's Political Caucus San Gabriel Valley (SGV)						I.D. NUMBER 770021		
DATE RECEIVED	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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
7-28-23 and 8-28-23	Donna Baker Monrovia, CA 91016	☑IND □COM □OTH □PTY □SCC	Realtor Self Employed	100.00	400.00			
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
SUBTOTAL \$ 100.00								
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 \$100\$ 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ **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 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ **Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **FPC Form 460 (Jan/201)** **FPC Form 460 (Jan/201)** **TOTAL \$ 150.00** **TOTAL \$								
(Add Ellie	I ago, c	John Till Committee of the Committee of	,	F	PPC Advice: advi		c.ca.gov (866/275-3772) www.fppc.ca.gov	