COVER PAGE Recipient Committee CALIFORNIA / **Campaign Statement** FORM **Cover Page** Page _1 ____ of _4 Date of election if applicable: Statement covers period 80:11 MA For Official Use Only (Month, Day, Year) from July 1, 2020 MPAIGH FINANGE through December 31, 2020 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Preelection Statement Quarterly Statement Primarily Formed Ballot Measure State Candidate Election Committee Semi-annual Statement Committee Special Odd-Year Report ○ Recall Controlled Sponsored Termination Statement (Also file a Form 410 Termination) (Also Complete Part 5) Ameridment (Explain below) (Also Complete Part 6) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1346634 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Black Los Angeles Young Democrats Zeinab Sade Elhawary MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) AREA CODE/PHONE CITY ZIP CODE CA 90045 626-399-1474 Los Angeles CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY 90045 CA 626-399-1474 Los Angeles MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS STATE AREA CODE/PHONE ZIP CODE AREA CODE/PHONE CITY ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS blacklayoungdems@gmail..com Verification I have used all reasonable diligence in preparing and reviewing this statement and to the b ne attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is Executed on January 11, 2023 Executed on ... lanature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ...

Executed on ...

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

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

NAME OF FILER Black Los Angeles Young Democrats 1346634 **Calendar Year Summary for Candidates** Column A Column B **Contributions Received** CALENDAR YEAR TOTAL TO DATE TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) **General Elections** 2670 1. Monetary Contributions Schedule A. Line 3 1/1 through 6/30 7/1 to Date 2. Loans Received...... Schedule B. Line 3 20. Contributions 2670 525 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 Received Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 2670 Made TOTAL CONTRIBUTIONS RECEIVED.....Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 466 6. Payments Made...... Schedule E, Line 4 Candidates 22. Cumulative Expenditures Made* 2321 466 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) 466 2321 **Current Cash Statement** 670 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B, 525 add amounts in Column 13. Cash Receipts Column A. Line 3 above A to the corresponding *Amounts in this section may be different from amounts amounts from Column B reported in Column B. of your last report. Some 466 amounts in Column A may 729 be negative figures that 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, Pert 2 only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents...... See Instructions on reverse 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above 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.		Statement covers period		CALIFORNIA 460		
					from July 1, 2020		FORM TOO	
SEE INSTRUCTION	ONS ON REVERSE				through December 31, 2020		Page 3 of 4	
NAME OF FILER Black Los Angeles Young Democrats						I.D. NUMBER 1346634		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR N (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)	
12.30.20	Vanessa Tyson Whittier, CA 90603	☑IND □COM □OTH □PTY	Academic UCLA	\$100	\$100			
		SCC IND COM OTH PTY SCC						
	•	□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	\$ \$100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) 2. Amount received this period – unitemized monetary contributions of less than					IND COM OTH PTY	*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 mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	.) TOTAL \$ _52	5F	<u> </u>	FPI	PC Form 460 (Jan/2016)) c.ca.gov (866/275-3772) www.fppc.ca.gov	

Schedule E Payments Made	to whole dollars		Statement covers period from July 1, 2020	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE			through December 31, 2020	Page 4 of 4			
Black Los Angeles Young Democrats				1346634			
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND lndependent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member commetings and office expension circulary phone banks polling and spostage, dell	nmunications d appearances ses lating	RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and productions TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, are	ction costs meals nd meals of the same candidate/sponsor			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR DESC	CRIPTION OF PAYMENT	AMOUNT PAID			
Google Los Angeles, CA 90291	, ,	Email and Domain	Services	\$216			
Zoom San Jose, CA 95113		Video Conferencin	ng Services	\$250			
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 466							
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule E subtotals.)\$							
2. Unitemized payments made this period of under \$100							
Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)							

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