

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.

Statement covers period
 from 01/01/2024
 through 06/30/2024

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

Date Stamp
 NO POSTMARK
 RECEIVED BY
 LOS ANGELES COUNTY
 2024 JUL 30 PM 12:16
 CAMPAIGN FINANCE

CALIFORNIA FORM **450**
 Page 1 of 4
 For Official Use Only

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
- Amendment (Explain) _____
 (Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report

3. Committee Information

I.D. NUMBER
 98-1728

COMMITTEE NAME

New Frontier Democratic Club

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hawthorne	CA	90250	310-344-1730

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles,	CA	90045	(310) 960-5727

OPTIONAL: FAX / E-MAIL ADDRESS
 newfrontierdemocraticclub.org

Treasurer(s)

NAME OF TREASURER

William H. Thomas

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hawthorne	CA	90250	310-344-1730

NAME OF ASSISTANT TREASURER, IF ANY

N/A

MAILING ADDRESS

N/A

CITY	STATE	ZIP CODE	AREA CODE/PHONE
N/a	N/A	N/A	N/A

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

Executed on 6/30/2024
 DATE

By _____
 SIGNATURE OF 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		CALIFORNIA FORM 450
from	01/01/2024	
through	06/30/2024	Page <u>2</u> of <u>4</u>
NAME OF COMMITTEE		I.D. NUMBER
New Frontier Democratic Club		98-1728

Expenditures Made

1. Expenditures of \$100 or more made this period.....		\$ <u>1,200.00</u>
2. Expenditures under \$100 made this period (Not itemized.).....		\$ <u>0</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD.....	Add Lines 1 + 2	\$ <u>1,200.00</u>
4. Nonmonetary Adjustment.....	From Line 8 Below	\$ <u>0</u>
5. Total expenditures made from previous statement..... (If this is the first statement for the calendar year, enter zero.)	Previous Summary Page, Line 6	\$ <u>0</u>
6. TOTAL EXPENDITURES MADE TO DATE.....	Add Lines 3 + 4 + 5	\$ <u>1,200.00</u>

Contributions Received

7. Monetary contributions received this period.....		\$ <u>1,200.00</u>
8. Non-monetary contributions received this period.....		\$ <u>0</u>
9. Total contributions received from previous statement..... (If this is the first statement for the calendar year, enter zero.)	Previous Summary Page, Line 10	\$ <u>0</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE.....	Add Lines 7 + 8 + 9	\$ <u>1,200.00</u>

Current Cash Statement

11. Beginning cash balance.....	Previous Summary Page, Line 15	\$ <u>6,300.69</u>
12. Cash receipts this period.....	Line 7 above	\$ <u>1,200.00</u>
13. Miscellaneous increases to cash.....		\$ <u>0</u>
14. Cash expenditures this period.....	Line 3 above	\$ <u>1,200.00</u>
15. ENDING CASH BALANCE THIS PERIOD.....	Add Lines 11 + 12 + 13, then subtract Line 14	\$ <u>6,300.69</u>

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NAME OF COMMITTEE

New Frontier Democratic Club

I.D. NUMBER

98-1728

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*
1-19-2024	Michelle Chambers LOS Angeles, CA 90071 FPPC # 1460372	Monetary Contribution	Chambers for Senate 2024 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$ 200.00	Calendar Year \$ _____ Other \$ 200-P-24
1-19-2024	Sade Elhawary Los Angeles, CA 90071 FPPC # 1458935	Monetary Contribution	Sade Elhawary for Assembly 2024 Assembly District 57 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$ 200.00	Calendar Year \$ _____ Other \$ 200-P-24
1-19-2024	Sherlett Hendy Newbill Inglewood, CA 90301 FPPC # 1461781	Monetary Contribution	Sherlett Hendy Newbill for School Board 2024 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$ 200.00	Calendar Year \$ _____ Other \$ 200-P-24
SUBTOTAL \$				600.00	

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

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1-19-2024	Jeff Cherinsky Oakland, CA 94607 FPPC # 1462948	Monetary Contribution	Jeff Cherinsky for LA District Attorney <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$ 200. ⁰⁰	Calendar Year \$ _____ Other \$ 200-P-24
1-19-2024	Felicia Williams Sacramento, CA 95841 FPPC # 1462322	Monetary Contribution	Felicia Williams for City Council 2024 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$ 200. ⁰⁰	Calendar Year \$ _____ Other \$ 200-P-24
1-19-2024	Phlunte Riddle Sacramento, CA 95814 FPPC # 1457161	Monetary Contribution	Phlunte Riddle for Assembly 2024 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$ 200. ⁰⁰	Calendar Year \$ _____ Other \$ 200-P-24
SUBTOTAL \$				600.⁰⁰	

TOTAL \$1,200.⁰⁰

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