

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

A-N ST23

| | |
|---|---|
| Date Stamp RECEIVED BY LOS ANGELES COUNTY 09/19/23 2023 AUG 21 PM 12:31 CAMPAIGN FINANCE DISCLOSURE SECTION | CALIFORNIA FORM 460 Page <u>1</u> of <u>11</u> For Official Use Only G10446 |
|---|---|

Statement covers period
 from January 1, 2023
 through June 30, 2023

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

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|--|---|
| <input type="radio"/> Officeholder, Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall <small>(Also Complete Part 6)</small> <input checked="" type="radio"/> General Purpose Committee <input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee | <input type="radio"/> Primarily Formed Ballot Measure Committee <input type="radio"/> Controlled <input type="radio"/> Sponsored <small>(Also Complete Part 6)</small> <input type="radio"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small> |
|--|---|

2. Type of Statement:

- | | |
|--|--|
| <input type="checkbox"/> Preelection Statement <input checked="" type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> <input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report |
|--|--|

3. Committee Information

I.D. NUMBER
1340634

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Black Los Angeles Young Democrats

STREET ADDRESS (NO P.O. BOX)

CITY Los Angeles STATE CA ZIP CODE 90005 AREA CODE/PHONE (310)292-9720

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

Bailey Swain

MAILING ADDRESS

CITY Los Angeles STATE CA ZIP CODE 90005 AREA CODE/PHONE 310 292 9720

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 certify under penalty of perjury under the laws of the State of California that the forego

tained herein and in the attached schedules is true and complete. I

Executed on August 14, 2023
Date

By _____
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

