

Recipient Committee Campaign Statement - Short Form

Type or print in ink.

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 7/1/2020
 through 12/31/2020

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

RECEIVED BY
 LOS ANGELES COUNTY
 Date Stamp
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 CALIFORNIA FORM **450**
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 For Official Use Only
 CAMPAIGN FINANCE
 H19-21(3)
 GOSSIO

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:

- Preelection Statement
 Semi-annual Statement
 Termination Statement
 Amendment (Explain) _____
 (Also check type of statement you are amending)
- Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
 943100

COMMITTEE NAME
 DEMOCRATS FOR NEIGHBORHOOD ACTION

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
 LOS ANGELES CA 90027 (323) 719-9121

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

CITY STATE ZIP CODE AREA CODE/PHONE
 LOS ANGELES CA 90027

OPTIONAL: FAX / E-MAIL ADDRESS
 d_cagna@sbcglobal.net

Treasurer(s)

NAME OF TREASURER
 Denis Cagna

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
 Los Angeles CA 90027-2512 (323) 719-9121

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
 Treasurer: d_cagna@sbcglobal.net

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 1/17/2021
 DATE

By _____

TREASURER

Executed on _____
 DATE

By _____

SIGNATURE OF CONTROLLING OFFICER

AGENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
 DATE

By _____

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____
 DATE

By _____

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee Campaign Statement Summary Page

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NAME OF COMMITTEE
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Expenditures Made

1. Expenditures of \$100 or more made this period	\$1,068.00
2. Expenditures under \$100 made this period (Not itemized.)	\$64.45
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$1,132.45
4. Nonmonetary Adjustment	\$0.00
5. Total expenditures made from previous statement	\$2,425.54
6. TOTAL EXPENDITURES MADE TO DATE	\$3,557.99

Contributions Received

7. Monetary contributions received this period	\$2,220.00
8. Non-monetary contributions received this period	\$0.00
9. Total contributions received from previous statement	\$1,180.00
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$3,400.00

Current Cash Statement

11. Beginning cash balance	\$14,042.30
12. Cash receipts this period	\$2,220.00
13. Miscellaneous increases to cash	\$0.00
14. Cash expenditures this period	\$1,132.45
15. ENDING CASH BALANCE THIS PERIOD	\$15,129.85

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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*
8/14/2020	Konstantine Anthony for Burbank City Council 2020 c/o Los Angeles, CA 90027 Memo Reference: 1	Check	Candidate: Anthony Konstantine Office Description: City Council Jurisdiction: City Burbank <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$200.00	Calendar Year \$200.00 Other
8/14/2020	Nick Schultz for Burbank City Council Burbank, CA 91505 Memo Reference: 2	Check	Candidate: Nick Schultz Office Description: City Council Jurisdiction: City Burbank <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$500.00	Calendar Year \$500.00 Other 2020 G: \$500.00
8/14/2020	Castellanos for School Board 2020 - General Los Angeles, CA 90017 Memo Reference: 3	Check	Candidate: Patricia Castellanos Office Description: School Board Jurisdiction: Local LAUSD <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$200.00	Calendar Year \$200.00 Other 2020 G: \$200.00
SUBTOTAL \$					

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

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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*
12/28/2020	U.S. Postal Service Los Angeles, CA 90027	Payment for 2021 P.O.Box		\$168.00	Calendar Year \$168.00
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Other
			<input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		2020 G: \$200.00
	Memo Reference: 4				
					Calendar Year
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Other
			<input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
					Calendar Year
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Other
			<input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
SUBTOTAL \$					

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