Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Date Stamp	CALIFORNIA 460
	Statement covers period from 01/01/2023	Date of election if applicable (Month, Day, Year)	<b>2</b> 3 .!!!. 28	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through06/30/2023	06/07/2022	1.14	4)
State Candidate Election Committee  Recall (Also Complete Part 5)  General Purpose Committee  Sponsored Small Contributor Committee	imarily Formed Ballot Measure ommittee Controlled Sponsored to Complete Part 6) marily Formed Candidate/ ficeholder Committee to Complete Part 7)	2. Type of Statement:  Preelection Statement  Seml-annual Statement  Termination Statement  (Also file a Form 410 Termination  Amendment (Explain below)	☐ Special	rly Statement Odd-Year Report mental Preelection ent - Attach Form 495
o. Committee miormation	NUMBER 46135	Treasurer(s)  NAME OF TREASURER  Cine D. Ivery  MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODI	E AREA CODE/PHONE	CITY Inglewood NAME OF ASSISTANT TREASURER, IF AN	STATE ZIP CODE CA 90301	E AREA CODE/PHONE
Inglewood CA 90301 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	THE STATE OF THE S	Michelle Moore Sanders MAILING ADDRESS	¥	
OPTIONAL: FAX / E-MAIL ADDRESS  (310)672-6679 / cine@politicalreportingplus.co		CITY Inglewood OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP CODE CA 90301	AREA CODE/PHONE
1. Verification  I have used all reasonable diligence in preparing and reviewing the under penalty of perjury under the laws of the State of California the secuted on	By	wledge the information contained herein and in Signature of Treasurer or Assistant Treasurer rolling Officeholder, Candidate, State Measure Proponent or Respondent or Controlling Officeholder, Candidate, State Measure Proponent or Controlling Officeholder, Candidate, State Measure Proponent or Controlling Officeholder, Candidate, State Measure Pr	oonsible Officer of Sponsor roponent	is true and complete. I certify

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## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA 460

FORM

4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			, #W+	Page2	of 8
Officeholder or Candidate Controlled Com	mittee	6. Primarily Fo	rmed Ballot Measur	e Committee	and a section of the
NAME OF OFFICEHOLDER OR CANDIDATE	Tables Aller at Asia (	NAME OF BALLOT	MEASURE		gwas i affilia seg t
Cassandra Chase  OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST  City Council Member City of Lakewood Dist:		BALLOT NO. OR L	ETTER SERVE JURISDIC	1	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP	Identify the co	entrolling officeholder, o	candidate, or state measure	proponent, if an
	Inglewood CA 90301	NAME OF OFFICE	EHOLDER, CANDIDATE, OR	PROPONENT	
Related Committees Not Included in this S not included in this statement that are controlled by your contributions or make expenditures on behalf of your	ou or are primarily formed to receive	OFFICE SOUGHT	4 - 4 - 4 -	DISTRICT NO	. IF ANY descriptions
COMMITTEE NAME	I.D. NUMBER	7. Primarily Fo	rmed Candidate/Of	ficeholder Committee	List names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	officeholder(s)	or candidate(s) for which	this committee is primarily for	med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.C.	). BOX)		EHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZI	P CODE AREA CODE/PHONE		EHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICE	EHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF TREASURER	CONTROLLED COMMITTEE?	an ann a gant a stài	EHOLDER OR CANDIDATE		H 305FOR
COMMITTEE ADDRESS STREET ADDRESS (NO P.C		i pr <del>emit proble</del> . N	Attach continu	ation sheets if necessary	Asserted English of Astronomy Con-
CITY STATE Z	P CODE AREA CODE/PHONE	N. Company		· ·	

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## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars

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Statem	ent covers period	CALIFORNIA 160					
from01/01/2023		FORM 400					
through _	06/30/2023	Page3 of8					
 		I.D. NUMBER					
		1446135					

CHASE FOR CITY COUNCIL 2022 Column A Column R Calendar Year Summary for Candidates Contributions Received TOTAL THIS DEDICE. CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDUJ FS) TOTAL TO DATE **General Elections** 1. Monetary Contributions ...... Schedule A. Line 3 \$ 1/1 through 6/30 7/1 to Date 0.00 5,000.00 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ 20. Contributions 0.00 5,000.00 Received 4. Nonmonetary Contributions ...... Schedule C. Line 3 0.00 0.00 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ 0.00 Made 5,000.00 **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made ...... Schedule E. Line 4 \$ 261.89 Candidates 261.89 7. Loans Made ...... Schedule H. Line 3 0.00 0.00 22. Cumulative Expenditures Made\* B. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ \_\_\_\_\_ 261,89 261.89 (If Subject to Voluntary Expenditure Limit) 0.00 1,500.00 Date of Election Total to Date (mm/dd/vv) 0.00 0.00 261.89 1,761.89 **Current Cash Statement** 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ 570.16 To calculate Column B. add 13. Cash Receipts ...... Column A, Line 3 above 0.00 amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 \*Amounts in this section may be different from amounts 550.00 from Column B of your last reported in Column B. report. Some amounts in 261.89 Column A may be negative 16. ENDING CASH BALANCE ........... Add Lines 12 + 13 + 14, then subtract Line 15 \$ 858.27 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_\_ for this calendar year, 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 \$ \_\_\_\_ 0.00 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ 6,500.00

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www.fppc.ca.gov

Schedule B – Part 1 Loans Received	Amo	ounts may be ro to whole dollar	ounded species.		Statement cov	ers period	CALIFORN FORM	<sup>A</sup> 460
	1.90					- /	_	
SEE INSTRUCTIONS ON REVERSE					through06/3	0/2023	Page 4	of <u>8</u>
NAME OF FILER							I.D. NUMBER	
CHASE FOR CITY COUNCIL 2022							1446135	4.15 N.
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER ((FCOMMITTEE, ALSO ENTER LO. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Cassandra Chase	Educator	LINOU		PAID			5767 (1.5.44)	CALENDARYEAR
	Community Partners			\$0_0	5,000.00	0_00% RATE	\$ 5,000.00	\$0.00
†☑IND □ COM □ OTH □ PTY □ SCC		\$ 5,000.00	\$0_nn		0. 03/11/2023 DATE DUE	\$0.00	03/11/2022 DATE INCURRED	* <u>\$ 2000, 100, 200000, 2000, 2000, 2000, 2000, 2000, 2000, 2000, 2000, 2000, 2000, 2</u>
A CONTRACTOR OF THE CONTRACTOR	diskriver, a subdividuality of energy of the	e outeur regionale trade et au t		□ PAID		ty and the second desired	. Page and provident and the con-	CALENDAR YEAR
ung Basis yan melik basis samu ma				\$FORGIVEN	. 1 2242	RATE	\$	PER ELECTION
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
Mile of the legitle		·		PAID  \$ FORGIVEN	\$ 	RATE %	\$ <del>                                     </del>	\$ PER ELECTION
†□IND □COM □OTH □PTY □SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	1. N. N
		SUBTOTALS S	0.00	<b>\$</b> 0.	00\$ 5,000.00	\$ 0.00		
	Control of the Contro	Autological Common			1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	(Enter (e) on Schedule E, Line 3)		
Loans received this period  (Total Column (b) plus unitemized loan	s of less than \$100.)	areas says of the			0.00	- 	Contributor Codes	
Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha	0 paid or forgiven.) t are also itemized on Sche	dule A.)	Capacitan iyo yarayar eesti arra is	\$ 	1. (1. (1. (1. (1. (1. (1. (1. (1. (1. (	2 C	ID – Individual OM – Recipient C (other than ITH – Other (e.g., TY – Political Part CC – Small Contri	ommittee PTY or SCC) business entity y
Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.) y Page, Column A, Line 2.			. NET \$ _	0.00 (May be a negative number)		gen. 1918 - San	
*Amounts forgiven or paid by another party also ** If required.	must be reported on Schedule A	•		Stee Militar	the Production	a _ 4 a.		orm 460 (Jan/2

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

Schedule D **Summary of Expenditures** SCHEDULE D Statement covers period Supporting/Opposing Other Amounts may be rounded CALIFORNIA to whole dollars **FORM** Candidates. Measures and Committees 01/01/2023 from SEE INSTRUCTIONS ON REVERSE through 06/30/2023 NAME OF FILER I.D. NUMBER CHASE FOR CITY COUNCIL 2022 1446135 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE PER FLECTION DATE DESCRIPTION TYPE OF PAYMENT MEASURE NUMBER OR LETTER AND JURISDICTION. AMOUNT THIS CALENDAR YEAR TO DATE (IF REQUIRED) PERIOD OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) 02/03/2023 Black Los Angeles Young Democrats Event Sponsorship 250.00 250.00 Monetary Contribution Contribution Nonmonetary Contribution independent Support Support ☐ Oppose Expenditure Contribution Nonmonetary Contribution Independent Expenditure ☐ Support ☐ Oppose Monetary Contribution ☐ Nonmonetary Contribution Independent ☐ Support ☐ Oppose Expenditure SUBTOTAL \$ 250.00 Schedule D Summary 1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) .......\$ 2. Unitemized contributions and independent expenditures made this period of under \$100......\$ 0.00 

Sche	dule	E
Paym	ents	Made

## Amounts may be rounded to whole dollars.

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Statement covers period	CALIFORNIA ACO
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through06/30/2023	Page 6 of 8
	I.D. NUMBER
and the second s	1446135

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CHASE FOR CITY COUNCIL 2022

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

COL	720. If one of the following course assertion,
CMP	campaign paraphemalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings

meetings and appearances OFC office expenses netition circulating PET PHO phone banks polling and survey research

member communications

postage, delivery and messenger services professional services (legal, accounting) print ads and mysephanic

RAD radio airtime and production costs. returned contributions campaign workers' salaries t.v. or cable airtime and production costs TRC

candidate travel, lodging, and meals staff/spouse travel, lodging, and meals TRS

transfer between committees of the same candidate/sponsor TSF

voter registration VOT

information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE 1 OR DESCRIPTION OF PAYMENT				
Black Los Angeles Young Democrats (ID# 1346634)	CTB	Event Sponsorship Contribution	250.00		
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		magazing at the Colonian Colon			
		The state of the s			
		्राव्यक्ति । १९ अस्य क्षेत्र भारति			
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		te sala esperanti de la composition della compos	and the second of the second o		

\* Payments that are contributions or Independent expenditures must also be summarized on Schedule D.

SUBTOTAL\$

250.00

Schedule E Summary

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1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) 

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Schedule	∍F		
Accrued	<b>Expenses</b>	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from01/01/2023	FORM 400
through06/30/2023	Page7 of8
The state of the s	I.D. NUMBER
	1446135

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CHASE FOR CITY COUNCIL 2022

CO	DES: If one of the following codes accurately describ	es the	payment, you may enter the code.	Otherwis	e describe the navment
CIVIP	campaign paraphernalia/misc.	MBR	member communications		radio airtime and production costs
		MTG	meetings and appearances		returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
	candidate filing/ballot fees			TRC	candidate travel, lodging, and meals
	fundraising events		polling and survey research		staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing others (explain)*	POS	F===-90, ===== ) with Hispartingol Collings	TSF	transfer between committees of the same candidate/sponsor
	legal defense	PRO	professional services (legal, accounting)		voter registration
ЦТ	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Herencia LLC	CNS Consulting Services	1,500.00	0.00	0.00	
			7		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	1,500.00\$	0.00\$	0.00\$	1,500.00

## **Schedule F Summary**

1.	. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	\$0.00
2.	. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total uniternized payments on accrued expenses under \$100.)	\$0.00
3.	. Net change this period. ( <b>Subtract</b> Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period  from 01/01/2023	CALIFORNIA 460	
·			through 06/30/2023	Page 8 200 of 8 200	
SEE INSTRUCTIONS	ON REVERSE			I.D. NUMBER	
	COUNCIL 2022	en de la composiçõe de la La composiçõe de la compo	erika kangan sakarang permanang menang m Bangan permanang menanggan permanang menanggan permanang menanggan permanang menanggan permanang menanggan per	1446135	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	THE CONTRACTOR OF THE CONTRACT	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
06/01/2023	Gabriel Cordova	Void - Lost che	ck	300.0	
	And the property of the control of t	WWW.NEWS CONTROL OF THE CONTROL OF T		e da Heriodo (pro L. Germado Inno. Le de Espera L. Grando divisibado	
4. 11 64 F 4 F 4 7	and the second of the second o	e de la composition della comp	erenden in der som er en en er er er er er er er	, course, in system wastes starting to the local starting	
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06/14/2023	Black Los Angeles Young Democrats (ID# 1346634)	LOSE CHECK #202		and the property of the first territory of the first	
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Attach addit	onal information on appropriately labeled continuation sheets.		SUBTOTAL	\$. w. \$ e \$ e \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
Schedule I  1. Itemized in 2. Unitemized 3. Total of all 4. Total misce	Summary creases to cash this period increases to cash of under \$100 this period nterest received this period on loans made to others. (	Schedule H, Column (e).)	\$ 0.0 \$ 0.0	Quitable for encountries of some other Quitable open some of encountries seems of the form and encountries between site of the open of the open of the other site of the open of the open of the other	
Summary i	Page, Line 14.)			FPPC Form 460 (Jan/20  vice@fppc.ca.gov (866/275-37  www.fppc.ca.	
	a Briggi (gali na 1854) ya 18 ka 18 kata 18 mata <b>m</b> a			MMM:ihhc.ra:	

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