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RECEIVED BY CALIFORNIA **Campaign Statement** ANGELES COU **FORM Cover Page** Statement covers period Date of election if applicable: 2 4th 12th (Month, Day, Year) For Official Use Only from 01/01/2023 CAMPAIGN FINAN BISCLOSURE SECTION through \_06/30/2023 11/03/2026 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 Primarily Formed Ballot Measure Quarterly Statement Semi-annual Statement O State Candidate Election Committee Committee Special Odd-Year Report O Recall O Controlled Termination Statement O Sponsored (Also Complete Part 5) (Also file a Form 410 Termination) Amendment (Explain below) (Also Complete Part 6) ☐ General Purpose Committee Sponsored Small Contri Primarily Formed Candidate/ 11,15 Officeholder Committee Small Contributor Committee 化交换制的 O Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1454879 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Kevin Hayakawa for RUSD School Board 2022 Kevin Hayakawa MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) ZIP CODE AREA CODE/PHONE Rowland Heights CA 91748 (951) 961-5750 ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY STATE **Rowland Heights** 91748 (951) 961-5750 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS kevinhayakawa@ucla.edu kevinhavakawa@ucla.edu Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 \_07/15/2023 รที่สร้านกับในก 07/15/2023 Executed on \_ Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent 17.74 <del>T</del>emula di 190 Executed on \_ Signature of Controlling Officeholder, Candidate, State Measure Proponent ALMOST ALL MARKS

**Recipient Committee** 

COVER PAGE - PART 2

## Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 460 FORM

Page \_2\_\_\_\_ of \_6\_

S. Adres C.	1				Page _2	of <u>b</u>
Officeholder or Candidate Controlled Com	mittee	6.	Primarily Formed Ballot Me	asure Committe	e	
NAME OF OFFICEHOLDER OR CANDIDATE  Kevin Hayakawa			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS Rowland Unified School District Board of Edu	1		BALLOT NO. OR LETTER JUF	RISDICTION		SUPPORT PPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP ROWLAND Heights CA 91748		Identify the controlling officeholde		e measure propon	ent, if any.
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed to receive	-	OFFICE SOUGHT OR HELD	TE, ON PROPONENT	DISTRICT NO. IF	ANY
Kevin Hayakawa for Walnut Valley Water Board 2024	1432178  CONTROLLED COMMITTEE?	7.	Primarily Formed Candidat	e/Officeholder C	ommittee <i>List n</i>	names of
Kevin Hayakawa COMMITTEE ADDRESS STREET ADDRESS (NO P.C.	YES NO		NAME OF OFFICEHOLDER OR CAND		DUGHT OR HELD	SUPPORT
Rowland Heights CA 9	AREA CODE/PHONE 1748 (951) 961-5750		NAME OF OFFICEHOLDER OR CAND	IDATE OFFICE SC	DUGHT OR HELD	□ OPPOSE □ SUPPORT □ OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CAND	IDATE OFFICE SO	DUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.C.	CONTROLLED COMMITTEE?  YES NO  D.BOX)		NAME OF OFFICEHOLDER OR CAND	IDATE OFFICE SC	DUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIE	CODE AREA CODE/PHONE	,	Attach co	ntinuation sheets if	necessary	

· A SEE

Campaign Disclosure Statement Summary Page  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Kevin Hayakawa for RUSD School Board 2022	· · · · · · · · · · · · · · · · · · ·	Amounts may be rounded to whole dollars.	Statement covers period from 01/01/2023 through 06/30/2023	CALIFORNIA FORM  Page 3 of 6  1.D. NUMBER 1454879
1. Monetary Contributions	Schedule A, Line 3 Schedule B, Line 3 Add Lines 1 + 2 Schedule C, Line 3	TOTAL THIS PERIOD CALEND	TO DATE Running in Bo	Summary for Candidates of the State Primary and ons  1/1 through 6/30  7/1 to Date  \$\$
Expenditures Made  6. Payments Made  7. Loans Made  8. SUBTOTAL CASH PAYMENTS  9. Accrued Expenses (Unpaid Bills)  10. Nonmonetary Adjustment  11. TOTAL EXPENDITURES MADE  Current Cash Statement	Schedule H, Line 3  Add Lines 6 + 7  Schedule F, Line 3  Schedule C, Line 3	\$\frac{210}{0}	Candidates 22. Cu	

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 2,391

13. Cash Receipts Column A, Line 3 above

14. Miscellaneous Increases to Cash Schedule I, Line 4

15. Cash Payments Column A, Line 8 above

16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 2,213

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ 0

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if

\*Amounts in this section may be different from amounts reported in Column B.

COABURYSS:

1 . ' A 1837'',

\*Amounts forgiven or paid by another party also must be reported on Schedule A. \*\* If required.

ENNDIEG CIASHIBLT\$\*PHRBF IBSS\*PPF TGI

**ENNDIOM** TMITGO

(May be a negative number)

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Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Kevin Hayakawa for RUSD School E	Amounts may be rounded to whole dollars.		CALIFORNIA 46 FORM  Page 5 of 6 LD NUMBER 1454879		
CODES: If one of the following coordinates campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opp LEG legal defense. LIT campaign literature and mailings		MBR member communication MTG meetings and appearance OFC office expenses PET petition circulating PHO phone banks POL polling and survey resear POS postage, delivery and more professional services (le print ads	s ces rrch essenger services gal, accounting)	RAD radio airtime and p RFD returned contribution SAL campaign workers' TEL t.v. or cable airtime TRC candidate travel, lo TRS staff/spouse travel, TSF transfer between co	roduction costs ons salaries and production costs dging, and meals conditions of the same candidate/spor
	DRESS OF PAYEE SO ENTER I.D. NUMBER)	CODE	OR D	DESCRIPTION OF PAYMENT	AMOUNT PA
PoliEngine Gainesv	ille, FL 32601	-WEB			\$210
A Jobs Dov.					100
10000 July 1997	: :				2040   1
* Payments that are contributions or independent	ent expenditures must also b	e summarized on Schedule D.		* * * * * * * * * * * * * * * * * * *	SUBTOTAL \$ 210
1. Itemized payments made this period 2. Unitemized payments made this period 3. Total interest paid this period on local	eriod of under \$100		TP11.4.793		\$ 0
4. Total payments made this period. (	Add Lines 1, 2, and 3.	Enter here and on the Sum	mary Page, Colum	n A, Line 6.)	TOTAL \$ 210

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers prom 01/01/2023	FORM 46U
SEE INSTRUCTIONS	I.D. NUMBER			
Kevin Hayaka	1454879			
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	).		* · · · · · · · · · · · · · · · · · · ·	
	1		<i>y</i>	
			1) 1	
			f	
· · ·			4,	
Attach addition	al information on appropriately labeled continuation sheets	s.	\$	SUBTOTAL \$ 0
Schedule I So 1. Itemized incre	ases to cash this period.		\$ <u>0</u>	
2. Unitemized in				
• ,	erest received this period on loans made to others. (§		<u>\$</u>	<del></del>
4. Total miscellar Summary Pag	neous increases to cash this period. (Add Lines 1, 2, je, Line 14.)	and 3. Enter here and on the		FPPC Form 460 (Jan/2016))
			FPPC	Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov