Recipient Committee Campaign Statement Cover Page	Statement covers period from 01/01/2023	Date of election if applicable: (Month, Day, Year)	Date Stamp EIVED BY FIRS COUNTY 26 PM 2: 36	CALIFORNIA 460 FORM Page 1 of 5 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>06/30/2023</u>	November 08, 2022 CAMPA!	SM FINANCE URE SECTION	006155
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Pert 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terminati Amendment (Explain below)	☐ Speci	terly Statement ial Odd-Year Report
3. Committee Information	I.D. NUMBÉR 1279218	Treasurer(s)		2
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Committee to Re-Elect Helen Hall for School Board STREET ADDRESS (NO P.O. BOX)		Helen Hall MAILING ADDRESS	STATE ZIP CO	DE AREA CODE/PHONE
		Diamond Bar	CA 9176	
CITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF A	٩Y	
Diamond Bar CA 91 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	765 909-861-4426 ox	MAILING ADDRESS	<u> </u>	
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	,	OPTIONAL: FAX / E-MAIL ADDRESS		
Helen.hall@roadrunner.com				
4. Verification I have used all reasonable diligence in preparing and revie certify under penalty of perjury under the laws of the State	_	knowledge the information contained herein	and in the attached scho	edules is true and complete. I
Executed on July 20, 2023	Ву	ant Treasurer	· · · · · · · · · · · · · · · · · · ·	
Executed on July 20, 2023	By ——Signature of Cont	trolling Officeholder, Candidate, State Measure Proponent or	Responsible Officer of Sponso	.
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Meas	ure Proponent	 .
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Meas	ure Proponent	

FPPC Form 460 (Jan/2016))

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
CALIFOR FORM	NIA 460				
Page 2	of 5				

5.	Officeholder or Candidate Controlled (eholder or Candidate Controlled Committee				6. Primarily Formed Ballot Measure Committee					
	NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE						
	Helen Hall										
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AN	ID DISTRICT NÚMB	ER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT		
	Walnut Valley Unified School District		•						OPPOSE		
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRI	EET) CITY	STATE ZIP								
	Walnut CA 91789				Identify the controlling office	eholder, candi	date, or state mea	asure propo	nent, if any.		
	-	•			NAME OF OFFICEHOLDER, CA	NDIDATE, OR	PROPONENT				
	Related Committees Not Included in th	is Statement:	List any committees			-					
	not included in this statement that are controlled by contributions or make expenditures on behalf of yo	y you or are prima			OFFICE SOUGHT OR HELD	. ~	DIS	STRICT NO. II	ANY		
	COMMITTEE NAME	I.D. NUM	BER						· · · · · ·		
		127921	8 .								
	NAME OF TREASURER	CONTRO	DLLED COMMITTEE?	7.	Primarily Formed Can	didate/Offic	eholder Comn	nittee List	names of		
	NAME OF TREASURER	□ YES			officeholder(s) or candidate(s) for which this	committee is prim	narily formed	•		
	COMMITTEE ADDRESS STREET ADDRESS (I		5 <u> </u> NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD			
					\				SUPPORT OPPOSE		
	CITY STATE	ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT		
									OPPOSE		
	COMMITTEE NAME	I.D. NUM	BER ,		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	+		
					NAME OF OFFICE PER OR	OARDIDATE	10,1102,000011	OKTILLED	SUPPORT OPPOSE		
	NAME OF TREASURER	CONTRO	DLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	 		
		☐ YE	s 🗆 no						SUPPORT		
	COMMITTEE ADDRESS STREET ADDRESS (I	NO P.O. BOX)					<u> </u>		OPPOSE		
	CITY STATE	ZIP CODE	AREA CODE/PHONE		Atta	ach continuati	on sheets if neces	ssary			
	•				,						

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Committee to Re-Elect Helen Hall 2022

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period

from $\frac{01/01/2023}{}$

CALIFORNIA **FORM**

SUMMARY PAGE

through <u>06/30/2023</u>

Page 3

I.D. NUMBER 1279218

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
 Monetary Contributions	\$ <u>0</u> 0	\$ 0 19230.17 \$ 19230.17 0 \$ 19230.17	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$
Expenditures Made 6. Payments Made	\$ 0 0 0 0	\$ \$ \$ \$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$ 245.57	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,	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$0	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	् FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov

Sched	ule E	3 – F	art	1	
Loans	Rec	eive	d		

Amounts may be rounded to whole dollars.

	SCHEDULE B - PART
Statement covers period from 01/01/2023	CALIFORNIA 460
through <u>06/30/2023</u>	Page 4 of 5
	I.D. NUMBER
	1279218
	l

SEE INSTRUCTIONS ON REVERSE					through <u>06/30/26</u>	023	Page 4	of <u>5</u>
NAME OF FILER							I.D. NUMBER	
Helen Hall							1279218	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Helen Hall				PAID	4100.17	DI/K	.4100.17	CALENDAR YEAR
	Retired			\$ <u>0</u>	\$ <u>4130.17</u>	N/A_%	\$ <u>4130.17</u>	\$
Diamond Bar, CA 91765		,		FORGIVEN		RATE		PER ELECTION**
-		4130.17	, 0	. 0	N/A	s N/A	4/15/10	
TIND □ COM □ OTH □ PTY □ SCC			-	•	DATE DUE	•	DATE INCURRED	
Helen Hall				PAID	****			CALENDAR YEAR
1 Cicii 11dii	Retired			\$	ş <u>5500.00</u>	N/A_%	\$_5500.00	\$
Diamond Bar, CA. 91765	Reureu			FORGIVEN		RATE	1	PER ELECTION**
Diamond Ball, Or a 01700		5500.00	. 0	0	N/A	s N/A	8/13/13	
MIND COM OTH PTY SCC		\$	\$,	DATE DUE	,	DATE INCURRED	\$
Helen Hall				PAID				CALENDAR YEAR
	Retired			s	_{\$} 3600.00	_N/A_ _%	\$ 3600.00	s
Diamond Bar, CA 91765				FORGIVEN		RATE		PER ELECTION**
	,	3600.00	0.	. 0	N/A	, N/A	10/15/13	PERELECTION
DIND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	s	UBTOTALS \$		5	\$ 13230.17	\$		
Debe dele D. Communication						(Enter (e) on Schedu	le E, Line 3)	

Λ
n

†Contributor Codes

IND - Individual

(May be a negative number)

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

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Amounts may be rounded to whole dollars.

Sche	dule	B –	Part	1
Loan	s Re	ceiv	ed	

Schedule B – Part 1 Loans Received	to whole dollars. Statement covers period from $\frac{01/01/2023}{}$			CALIFORNIA 460				
SEE INSTRUCTIONS ON REVERSE (BN+d) NAME OF FILER Helen Hall					through 06/30/2	023	Page 5 I.D. NUMBER 1279218	of <u>5</u>
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. 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 PAID OR FORGIVED THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Helen Hall Diamond Bar, CA 91765	Retired	4000.00	. 0	PAID S 0 FORGIVEN S 0	\$ 4000.00 N/A	N/A % RATE	\$ 4000.00 12/03/22	\$PER ELECTION*
☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC Helen Hall				PAID 0	s 1500.00	N/A 4	DATE INCURRED	CALENDAR YEAR
Diamond Bar, CA. 91765	Retired	1500.00 s	0	FORGIVEN 0	N/A DATE DUE	s N/A	12/08/22 DATE INCURRED	PER ELECTION*
₩ IND □ COM □ OTH □ PTY □ SCC Helen Hall	Retired			PAID 0	\$ 500.00	N/A %	\$_500.00	CALENDAR YEAR
Diamond Bar, CA 91765 ☑ IND □ COM □ OTH □ PTY □ SCC		\$	s0	FORGIVEN \$0	N/A DATE DUE	s_N/A	11/30/22 DATE INCURRED	PER ELECTION*
	s	SUBTOTALS \$	\$	3	\$ 6000.00	\$		
Schedule B Summary Loans received this period				\$	0	(Enter (e) on Scheo	lule E, Line 3)	
(Total Column (b) plus uniternized loans. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that is. Net change this period. (Subtract Line Enter the net here and on the Summan	s of less than \$100.) 00 paid or forgiven.) t are also itemized on Sche e 2 from Line 1.)	dule A.)		\$	0	, OP	Contributor Codes ID – Individual OM – Recipient C (other than ITH – Other (e.g., TY – Political Part CC – Small Contri	ommittee PTY or SCC) business entity)

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

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(May be a negative number)

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