Date Stamp

Campaign Statement Cover Page			-	FORM	400
oover ruge		Data of election if nearly action	RECE	LES COUNTY	of 15
and the second s	Statement covers period	Date of election if applicable: - (Month, Day, Year)	1.05 ANGE		ial Use Only
SEE INSTRUCTIONS ON REVERSE	from 03/31/29/29/29/2023	\?\.	2023 APR'-		
1. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4,	2. Type of Statement:	BAHTAII		1 1 2
Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Iso Complete Part 6) rimarily Formed Candidate/ officenolder Committee Iso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)	Quarterly Statement Special Odd-Year Rep	
7 Committee Intermetion	NUMBER 1455437 e PRM 2022	NAME OF TREASURER Nancy Smith MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE AR	REA CODE/PHONE
The second secon	ŧ.	Palmdale		1	0) 641-6841
CITY STATE ZIP COI Palmidale CA 93551	the second second second	NAME OF ASSISTANT TREASURER	R, IF ANY	Annual An	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	Part Land		
CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY		ZIP CODE AR	REA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	S		
	Surger of the	nksmith@verizon.net		. 43	1 15
 Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of penjury under the laws of the State of 	ng this statement and to the best of my kr California that the foregoing is true and o	nowledge the information contained orrect.	herein and in the attach	ed schedules is true an	d complete. I
Executed on <u>04/03/2023</u> Date	By	Signature of Treasurer or Assistant	Treasurer	ter (1)	
Executed on O4/03/2023 Executed on Date	BySig	nature of Controlling Officeholder, Candidate, S	Responsible Officer of State Measure Proponent	Sponsor	
Executed on	BySig	nature of Controlling Officeholder, Candidate, S	state Measure Proponent		

Recipient Committee

FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

Aug. Cartific

COVERP	IGL - PAINT 2
CALIFORNIA FORM	460
Page o	f15

Officeholder or Candidate Controlled Commi	ittee		Primarily Formed Ballot	Measure C	ommittee	** ***	
NAME OF OFFICEHOLDER OR CANDIDATE		·	NAME OF BALLOT MEASURE		: 41	A. 1. 4. 19节 1	rang into its
		,	Committe forr Palmdale Sci	hool District's			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO		7.42	SUPPORT
	* *·		PRM Palmdale				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling office	nolder, candid	late, or state	measure propor	ent, if any actions
			NAME OF OFFICEHOLDER, CAND	IDATE, OR PRO	PONENT		
Related Committees Not Included in this Sta	the state of the s		Yase Yase	e manufacture			A 19 19 19 19 19 19 19 19 19 19 19 19 19
not included in this statement that are controlled by you or	are primarily formed to receive		OFFICE SOUGHT OR HELD	1 Yr	age in the	DISTRICT NO. IF	ANY
contributions or make expenditures on behalf of your cand	idacy.		No.		DV C	· ·	
COMMITTEE NAME	I.D. NUMBER		Angert makes an in the second of	1 7 % 200			· · · · · · · · · · · · · · · · · · ·
			· jan				
<u> </u>		7.	Primarily Formed Cand	idate/Office	holder Co	mmittee List	names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s)	for which this		primarily formed.	efit we
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO		NAME OF OFFICEHOLDER OR CA	 	OFFICE SOU	GHT OR HELD	[] cuppopt
the control of the second transfer of the control of the second of the second of	Carlot of the second of the second of	,#:	and the second of the second o	1 - 1.	-,		SUPPORT OPPOSE
CITY STATE ZIP CO	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE .	OFFICE SOU	GHT OR HELD	
Section 19	The second secon	÷	TO MILIOLINOLD EN CONTROL		0,4402 000	0, 020	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	1	Long the same	· ·			☐ OPPOSE
· · · · · · · · · · · · · · · · · · ·		**	NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT
49	The state of the s		a type is they be the		1 2		OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT
<u> in merapakkan nankaban nankasa k</u>	☐ YES ··· ☐ NO		to the state of the state of				OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	9X),	. ' . ' . ' . ' . ' . ' . ' . ' . ' . '	- 1		1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·	<u> </u>
for this experience	in the second second	}				;	
CITY STATE ZIP C		, ;	Attac	ch continuatio	, , ,	ecessary .	
	The state of the s	:	11 14	: ,			

Campaign	Disclo	วรเ	ıre	S	tate	men	t
Summary			٠,	٠. •	·,' -	•	, r .
Julilliai y	. age	- ,	- 1	4	T*		-3-4.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	to whole dollars.	State from	01/01/2023 CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE	Service Control of the Control of th	through _	03/31/2023 Page 1 of 15
NAME OF FILER	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	TOW S	I.D. NUMBER
Committee for Palmalale School Distric	et's YES on 181	easure print 20	1455437/ *
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
1. Monetary Contributions Schedule A, Line 3	\$0.00	\$ 90,300.00	
2. Loans ReceivedSchedule B, Line 3	0.00	0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 0.00	\$ 90,300.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 0.00	\$ 90,300.00	Made \$\$
	A TOP AND A STATE OF THE STATE		
Expenditures Made	00.570.00	00,300,00	Expenditure Limit Summary for State
6. Payments Made		\$ 90,300.00	Candidates
7. Loans Made Schedule H, Line 3	0.00	0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	11 Mez	\$90,300.00	(If Subject to Voluntary Expenditure Limit)
9: Accrued Expenses (Unpaid Bills)		0.00	Date of Election Total to Date (mm/dd/yy)
10. Nonmonetary Adjustment	0.00	0.00	(initiada/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 30,573.98	\$90,300.00	
Current Cash Statement	de des et eve e men		
12. Beginning Cash Balance	\$ 30,373.98	To coloulate Column B	
13. Cash Receipts	0.00	To calculate Column B, add amounts in Column	1
14. Miscellaneous Increases to Cash	0.00	A to the corresponding amounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	30,573.98	of your last report. Some	reported in Column B.
16. ENDING CASH BALANCE	\$	amounts in Column A may be negative figures that	
If this is a termination statement, Line 16 must be zero.	and the more representative and the second re-	should be subtracted from previous period amounts. If	and the control of th
		this is the first report being filed for this calendar year,	, (a) the second
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	.\$	only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	in the second
18. Cash Equivalents See instructions on reverse	\$	i e jest tim	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ - 100 (100 (100 (100 (100 (100 (100 (10	La de la companya de	FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772

	A Contributions Received Note to the second	, to	nts may be rounded whole dollars.	•	covers period	CALIFORNIA 460 FORM		
SEE INSTRUCTION	NS ON REVERSE	ur poten – spri na No na na	grand and the second se	ر این فهر از معا	through	03/31/2023	Page	2 of 15
NAME OF FILER	esor Palmdale School District	's YES.	on Measur	e PR M	ددُّهُ دُ		1.D. N	JMBER 437
DATE RECEIVED	FULL NAME, STREET ADDRESS'AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL OCCUPATION AND E (IF, SELF-EMPLOYED, EI OF BUSINESS	MPLOYER	AMOUNT RECEIVED THI PERIOD	S CALE	TIVE TO DATE NDAR YEAR 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
an British ia Tan British	Residence of the feet of the second of the s	□IND □COM □OTH □PTY □SCC		福 (1487年) 第 (1487年) 10年 (1477年) 10年 (1477年)	\$ 1991 State of the state of th		6 14 2 2 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1	er en
The second of th		OTH SCC	The Co		AND THE STATE OF T	man dis		The state of the s
A CAR DE	The control of the co	□IND □COM □OTH □PTY □SCC	Constitution of the consti			\$40.00	renz i i, kur , suddu i	Contract of the Contract of th
e de la composición del composición de la compos	The state of the s	□IND □COM □OTH □PTY □SCC	on the control of the	m st. 4m y ben N m st Ph s m st. 4m y ben N m st Ph s m st. 4 m st. 4	too, we in these in inspects of the section.	Age was a second	al Land	a contract social and a
in Karl Pig Principles		□IND □COM □OTH □PTY □SCC		11			10 mm - 12 10 mm - 12	
夏 公(基) (2)	Antonia granda da la		S	UBTOTAL, \$	3 m 3 m 4 p 1			0.00
Amount red (Include all	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) ceived this period – unitemized monetary contribution			\$	0.	00	othe). OTH – Other PTY ⊸ Politic	ual bient Committee r than PTY or SCC) (e.g., business entity) al Party
	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colu	umn A, Line (1.) . TC	OTAL \$		(1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	SCC - Small	Contributor Committee

FPPC Form 460 (Jan/2016)

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

ME, STREET ADDRESS AND 2			ON THEASTER	PRM 202	ي الم	1455437	PER ELECTION TO DATE			
Activity (1981)	ZIP CODE OF CONTRIBUTOR R I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR ŶI (JAN. 1 - DEC.	EAR	TO DATE			
		□IND □COM □OTH □PTY								
		□scc			, to Mr. ,		1 .			
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		1			A Transport			
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC								
		□IND □COM □OTH □PTY □SCC	, There's							
	Section 1997	□IND □COM □OTH □PTY	Pin Pin							
			COM OTH PTY SCC IND OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY COM OTH PTY COM OTH PTY COM COTH COTH PTY COTH COTH	□ COM □ OTH □ PTY □ SCC □ IND □ COM □ OTH □ PTY □ SCC □ IND □ COM □ OTH □ COM □ OTH	COM	COM	□ COM □ OTH □ PTY □ SCC □ IND □ COM □ OTH □ PTY □ SCC			

Contract stage of a con-

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

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

2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) 3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

IND - Individual

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.

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

Asha dala D. Davi 2	A construction where the second of	SCHEDULE B - PA					
Schedule B – Part 2	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 46				
Loan Guarantors		from <u>01/01/2023</u>	FORM TO				
SEE INSTRUCTIONS ON REVERSE		through 03/31/2023	Page 5 of 15				
NAME OF FILER			LD MIMPED				

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND		LENDER		CALENDAR YEAR	
STOCK APPEAL OF A STOCK AND A STOCK APPEAL OF A STOCK APPEAL OF A STOCK APPEAL	□ COM □ OTH □ PTY □ SCC		DATE .		PER ELECTION (IF REQUIRED)	
	LISCC				\$	
. * · · · · · · · · · · · · · · · · · ·	□IND	:	LENDER		CALENDAR YEAR	
$\mathcal{H}(x) = \mathcal{H}(x) + \dots + \mathcal{H}(x)$	СОМ				PER ELECTION	
	□OTH □PTY	The second of th	DATE 1		(IF REQUIRED)	
	□scc				\$	
and the state of the second se	☐ IND	and the second second	LENDER		CALENDARYEAR	
	СОМ	, ,		1	PER ELECTION	
	□отн		DATÉ		(IF REQUIRED)	
	□scc				\$	
The second secon	□IND		LENDER		CALENDAR YEAR	
	COM				\$	
and the second s	□отн		DATE		PER ELECTION (IF REQUIRED)	
	□PTY □scc					
					Enter on	and a second second
	e1.0 m² . 5,m		SUBTOTAL	\$	Summary Page, Line 17 only.	0.00
A Company of the Comp						
TO THE CONTRACT OF THE			, •		-	rm 460 (Jan/201
the state of the s				FPPC Advice:	advice@fppc.ca.g	ov (866/275-377

Schedule C			,		SCHEDULE (
	netary Contributions Received	,	to whole dollars.	•	S	statement covers p	period	CALIF	ORNIA 460
	_	eg - via e trop	James Maria	4.00	fron	01/01/20	23	FO	RM 400
SEE INSTRUC	TIONS ON REVÉRSE				thro	ugh03/31/2	023	Page	6 of 15
_	takan yang pang mengang dalam salah sa		all to the second					I.D. NUME	BER 7
Com	littee for Palmadale scho	ol Distr	tct's YES on	Measure	PR	m 2022		1455437	7
DATÉ RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE R YEAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY							
	1. And 2. 2. 1. No	□scc			-				5 345
t e Nose		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				, ·			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				:		1 12 2	
	The second of th	□IND □COM □OTH □PTY □SCC							
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBT	OTAL \$	· ·	9.50		0.00
1. Amount (Include 2. Amount	received this period – itemized nonmoneta all Schedule C subtotals.)received this period – unitemized nonmone	etary contribut	18.		\$ _	0.00	IND COM	(other th I – Other (e – Political I	I nt Committee nan PTY or SCC) .g., business entity) Party
(Add Lir	nmonetary contributions received this periones 1 and 2. Enter here and on the Summar		mn A, Lines 4 and 10.)	тот	\L \$_	0.00			contributor Committee

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

Schedule				SCI				
Supportin	of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may b		from 01/01/2	CALIF	CALIFORNIA 460		
- 100	ONS ON REVERSE			through 03/31	/2023 Page	7 of 15		
NAME OF FILER	tee for Palmolate school ?	District's	YES on Measur	e PRM202	1.D. NUM			
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
	Palmdale American Legion Post 348 Palmdale, CA 93550	Monetary Contribution Nonmonetary Contribution	closing bank account	\$6,000.00	\$6,000.00	\$6,000.00		
	Support Doppose	Independent Expenditure						
· · · · · · · · · · · · · · · · · · ·	Palmdale School District Foundation Palmdale, CA 93550	Monetary Contribution Nonmonetary Contribution Independent	closing bank account	\$6,000.00	\$6,000.00	\$6,000.00		
	☐ Support ☐ Oppose	Expenditure						
	Palmdale Leadership Team Palmdale, CA 93550 Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	closing bank account	\$6,000.00	\$6,000.00	\$6,000.00		
5,180			SUBTOTAL	\$ 9	\$	18,000.00		
	D Summary contributions and independent expenditures mad	e this period. (Include	de all Schedule D subtotals.)		\$_	30,000.07		
2. Unitemize	d contributions and independent expenditures m	ade this period of u	nder \$100		\$_	0.00		
3. Total contr	ributions and independent expenditures made th	is period. (Add Line	s 1 and 2. Do not enter on t	he Summary Page.	TOTAL \$	30,000.07		

Summary Supporting Candidate	e D ation Sheet) y of Expenditures ng/Opposing Other tes, Measures and Committees Hee For Palmdale School D	Amounts may to whole o	dollars.	Statement covers from01/01/2 through03/31/2 Pro 2012	023	SCHEDULE D (CONT.) CALIFORNIA 460 FORM Page 8 of 15 I.D. NUMBER 1455437	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAF (JAN. 1 - DE	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
	Kiwanis Club of Palmdale West Palmdale, CA 93590 Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Closing bank account	\$6,000.07	. \$6,	,000.07	\$6,000.07
	Palmdale School District Palmdale, CA 93550 Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	close bank account	\$6,000.00	\$6	,000.00	\$6,000.00
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	7 () () () () () () () () () (
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				4. 19	200° E 1 ° 64.
			SURTOTAL	e			12,000.07

 $\frac{e^{i t}}{e^{i t}} = \frac{e^{i t}}{e^{i t}} \frac{e^{i t}}{e^{i t}} = \frac{e^{i$

Schedule E	Amounts may be rounded		Statement covers period	SCHEDÜLE
Payments Made	to whole dollars.		04/04/2022	CALIFORNIA 460
	San	VANIA 8 37	from 01/01/2023	
SEE INSTRUCTIONS ON REVERSE	Parameter Control		through03/31/2023	Page 9 of 15
NAME OF FILER	2. 2		,	I.D. NUMBER
Committee for Palmdale 5 chool	District's YES	on Measu	re PRM2022	1455437
CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	the payment, you may en MBR member communications MTG meetings and appearance OFC office expenses PET petition circulating PHO phone banks POL polling and survey researce POS postage, delivery and mes PRO professional services (legal PRT print ads	s h senger services	RAD radio airtime and production RFD returned contributions SAL campaign workers salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, at travel, lodging, at	duction costs nd meals and meals as of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CODE	OR DESC	RIPTION OF PAYMENT	AMOUNT PAID
Chellys Cafe Palmdale, Ca 93551	TRS	Breakfast meeting a acount	after election to discussion closin	27.0
Don Chatos Restaurant Palmdale, CA 93550	TRS	Dinner meeting with	n entire committee	524.3
FedEx Office Palmdale, Ca 93551	POS	mailing reporting fo	rms	22.6
Lee COV (CV)	Status D			
* Payments that are contributions or independent expenditures must also be	summarized on Schedule D.	<u> </u>	St	JBTOTAL\$ 573.9
Schedule E Summary		.*	· · · · · · · · · · · · · · · · · · ·	
1. Itemized payments made this period. (Include all Schedule			124 414	
2. Unitemized payments made this period of under \$100			•••••	\$0.00

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....

0.00

CODES: If one of the following codes accurately described campaign paraphernalia/misc.		on Measure ou may enter the code. munications		CALIFORNIA 460 FORM 15 Page 10 of 15 I.D. NUMBER 1455437 costs
contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings		ating	SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, and transfer between committees VOT voter registration WEB information technology costs	d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	-			
		;	•	
en de la companya de La companya de la co				office and the second of the s
Compage of the compag	The second secon		The second secon	entitus en l'on la le gréen interestrice à l' grant de la light de
	Marine Communication of the Co		The second of th	
The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A graduate of the state of the	Secretary and the second department	The second secon
Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.	SU	JBTOTAL \$

Jan Carley St.

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	led	Statement cover	ers period	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	· (:	through03/3	31/2023	Page 11 of 15
NAME OF FILER	when yes an	M==== A	DW JESS		I.D. NUMBER 1455437
Committee for Paindale School Discontrollers CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations Fill candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings		enter the code. Others nces harch nessenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trav TRS staff/spouse to	nd production co butions kers' salaries time and producel, lodging, and r avel, lodging, and en committees o	osts tion costs meals d meals f the same candidate/sponsor
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 F THIS PERI (ALSO REPORT	IOD BALANCE AT CLOSE
			r Tyd Tiwar ar		Al assets
A CARLO CARL			(375) 1975-1975-1975 (775) (775) (775) (775) (775)		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	\$		\$	\$
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Seaccrued expenses of \$100 or more, plus total unitemized a	chedule F, Column (b) sul	btotals for	- A.C. INCI	,	ALS\$ 0.00
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized paid this period.)	dule F, Column (c) subtot	als for payments on	e e e e e e e e e e e e e e e e e e e		And the second second
3. Net change this period. (Subtract Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.)	er the difference here and		grad to the		NET \$ 0.00 May be a negative number

(Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA 460 FORM Page 12 of 15
NAME OF FILER			I.D. NUMBER
Committee for Palmdale School	District's YES on Measure	PRM 2622	1455437

Amounts may be rounded

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

CMP	campaign paraphemalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)
			,		!

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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
1		particular of the second		In any or every
15 . 15 95 May . 1	Contractor (1997)	A STATE OF THE STA		
	on the second			
	ye			
	DESCRIPTION OF PAYMENT	CODE OR DESCRIPTION OF PAYMENT OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	CODE OR DESCRIPTION OF PAYMENT OUTSTANDING BALANCE BEGINNING OF THIS PERIOD AMOUNT INCURRED THIS PERIOD THIS PERIOD	CODE OR DESCRIPTION OF PAYMENT OUTSTANDING BALANCE BEGINNING OF THIS PERIOD THIS PERIOD AMOUNT INCURRED THIS PERIOD THIS PERIOD (ALSO REPORT ON E)

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may be rounded to whole dollars.	through 03/31/2023 Page 1.D. NU	MBER :
NAME OF AGENT OR INDEPENDENT CONTRACTOR Committee for Palmdale School District	t's YES on Measure	PRN 2022	137
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 MTC OFC OFC PET PHO POS PRO PRO PRO PRO PRO PRO PR	R member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	Otherwise, describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production cost TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the sar VOT voter registration WEB information technology costs (internet,	ne candidate/sponsor
* Payments that are contributions or independent expenditures must also be summ NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF PAYMENT	AMOUNT PAID
		And the state of t	To have a top his grant of the second of the
		, we have the provide that we have the company of t	- 1. 1

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

O OF

^{*}Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

								SCHEDULE H
Schedule H			nay be rounded le dollars.		Statement cov	ers period	CALIFORN	^{IA} 460
Loans Made to Others*		, , LO WIIO	nę uonais.		from01/0	1/2023	FORM	400
Control of the Contro	· 1 - 4. 1 - 1.	•				•		
SEE:INSTRUCTIONS ON REVERSE World Control of the Co	And the second second				through03/	31/2023	Page 14	of 15
NAME OF FILER							I.D. NUMBER	,,
Committee for Palmodale	School District	s yes a	~ Meas	we PR	W 2012	· · · · · · · · · · · · · · · · · · ·	1455437	
FULL NAME, STREET ADDRESS AND ZIP CODE: OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT OF FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST	ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE LOANS TO DATE
	,			☐ PAID			:	CALENDAR YEAR
			e m k n n name y	\$	\$	RATE		\$PER ELECTION**
		\$	s	\$	DATE DUE	\$	DATE INCURRED	\$
			i	☐ PAID				CALENDAR YEAR
			*	\$	\$	RATE	\$	\$ PER ELECTION**
:	м.	·\$	s	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate of also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		0.00
			· · · · · · · · · · · · · · · · · · ·			(Enter (e) on Schedule I, Line 3)		
Schedule H Summary	Ps.		1				i	
Loans made this period	e				\$	0.00	<u>.</u>	
(Total Column (b) plus unitemized loans	s of less than \$100.)			,				**If Required
2. Payments received on loans(Total Column (c) plus unitemized paym	nents of less than \$100.)		······································	ing the property of the second	\$	0.00		i Car
3. Net change this period. (Subtract Line 2	2 from Line 1.)				NET -\$	0.00) !- F. 12.5	
(Enter the net here and on the Summar			· · · · · · · · · · · · · · · · · · ·		(Ma	y be a negative number)	Tirkship ju	T 1 (77)

And the property of the second

The state of the section of the sect

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

SEE INSTRUCTION NAME OF FILER	to whole dollars. Statement covers period from 01/01/2023 through 03/31/2023			to whole dollars. Statement covers period from				CALIFORNIA 46 FORM Page 15 of 15 I.D. NUMBER 1455437
DATE RECEIVED		FULL NAME AND ADDR	ESS OF SOURCE		DESC	RIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH
	7 7 90°, N. A.							**************************************
	egotta E-11 gotta 47 E-12 control	Laboration of the Control of the Con		13 V		1, 1, 2, 1,2, 1,2,2,2,2,2,1,1,1,1,1,1,1,1,1,1,	y 1.1 25 - 26 12,	no de maria
				1		1		
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		
					STEEL STATE OF THE			
Attach addit	ional information on	appropriately labeled co	ntinuation sheets.				SUBTOTAL	s a who we do not be a
	creases to cash thi	s periodof under \$100 this pe		`		\$		

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

Statement of	•			Date Stamp		FORNIA 110
Recipient Con Statement Type	mmittee Initial Not yet qualified or	Amendment List I.D. number: # 1455437	number: List I.D. number:		VED BY ES COUNT PM 3: 26	For Official Use Only
	10 /11 /20 Date qualified as comm	nittee Date qualified as committee (If applicable)	Date of Termination	CAMPAIGN	FINANCE	
1. Committee I	nformation	194		and Other Principal Officer	'S	
		YES on Measure PRM 2022	Name of treasuri Nancy K. Sm Street address (No.	ith	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
CITY	STATE	E ZIP CODE AREA C	ODE/PHONE CITY	STATE	ZIP CODE	AREA CODE/PHONE
Paimdale MAILING ADDRESS (IF C	CA	93551 760-64	1-6841 Palmdale NAME OF ASSISTANT	TREASURER, IF ANY	93551	760-641-6841
FAX / E-MAIL ADDRESS			STREET ADDRESS (NO	D P.O. BOX)		
nksmith@verizon.i						
COUNTY OF DOMICILE	JURISDICTI	ION WHERE COMMITTEE IS ACTIVE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles			NAME OF PRINCIPAL	OFFICER(S)		
Àttach additiona	l information on approp	oriately labeled continuation s	Candace Cra			
			CITY	STATE	ZIP CODE	AREA CODE/PHONE
			Lancaster	CA	93536	661-810-1798
3. Verification	reasonable diligence in	preparing this statement and	to the best of my knowledge the	information contained herein is	true and comp	lete. I certify under
		e State of California that the		,		received and an action
Executed on	04/03/2023	Ву	CONSTITUTE OF THE SUIDER OF ACCUSTS	INT TREASURED		
Executed on	04/03/2023 DATE	Ву	II UKE OF CONTROLLING OFFICEHULDER, CANDIDATI			
Executed on	DATE	BySIGNA	TURE OF CONTROLLING OFFICEHOLDER, CANDIDATE	E, OR STATE MEASURE PROPONENT		
Executed on	DATE	Ву	ATURE OF CONTROLLING OFFICEHOLDER, CANDIDAT			
		SIGN	MI UNE OF COMINCILING OFFICEHOLDER, CANDIDAL	S, OR SIMIE MENSURE PROPUNENT		

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee			-			CALIFO FOR		10	
INSTRUCTIONS ON REVERSE					ļ	Page 2			ı
COMMITTEE NAME					1	I.D. NUMBER		,	•
Committee for Palmdale School District's YES on Measure PRM 202	22					1455437			
All committees must list the financial institution where the campaign b	ank accoun	at is located.							
NAME OF FINANCIAL INSTITUTION	AREA CO	ODE/PHONE	BANK ACCO	OUNT NUMBER					•
Wells Fargo Bank	661-2	265-6340	1						
ADDRESS	CITY		STATE		ZIP CODE			,	•
	Palm	dale	CA	9355	1		•		
4. Type of Committee Complete the applicable sections.									ĺ
Controlled Committee				,					
 List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election. 	measure p	proponent. If candid	late or officeholder	controlled	, also list the ele	ective office	sought or h	eld, and	
 List the political party with which each officeholder or candidate in 	is affiliated	or check "nonpartis	an."			~			
 If this committee acts jointly with another controlled committee, 	list the na	me and identification	number of the oth	ner controil	ed committee.				
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE S (INCLUDE DISTRICT NUI			YEAR OF ELECTION	N	PARTY		
						□ No	npartisan		•
						□ No	npartisan		•
Primarily Formed Committee Primarily formed to support or op-	opose spec	cific candidates or me	easures in a single e	election. Li	st below:	•			•
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETT	TER)		E(S) OFFICE SOUGHT OR E			ı	CHEC	CONE	
Committe for Palmdale School District's YES on Measure PRM 2022	2	Los Angeles Count	y District 19-64857				SUPPORT	OPPOSE	•
			1			-	SUPPORT	OPPOSE	•

Statement of Organization Recipient Committee			FORM 410	
INSTRUCTIONS ON REVERSE				Page 3
COMMITTEE NAME				I.D. NUMBER
Committee for Palmdale School District's YES on Measure PRM 2022	2		· · · · · · · · · · · · · · · · · · ·	1455437
4. Type of Committee (Continued)			The second secon	
General Purpose Committee Not formed to support or oppose ☐ CITY Committee ☐ COUNT	•	ndidates or measures in a single electee STATE Committee	tion. Check only one b	pox:
PROVIDE BRIEF DESCRIPTION OF ACTIVITY				
Sponsored Committee List additional sponsors on an attachme	nt.			
NAME OF SPONSOR	,	INDUSTRY GROUP OR AFFILIATION OF SPONSOR		
STREET ADDRESS NO. AND STREET	CITY		STATE ZIP CODE	·
Small Contributor Committee	•	,		
5. Termination Requirements By signing the verification, the trea	surer, assistan	t treasurer and/or candidate, officeholder, or	proponent certify that all of	the following conditions have been met:
This committee has ceased to receive contributions and make a	expenditure	25;		,
This committee does not anticipate receiving contributions or r	making expe	enditures in the future;		
This committee has eliminated or has no intention or ability to	discharge a	III debts, loans received, and other o	bligations;	-

- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.