Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

CALIFORNIA FORM

G	overnment Gode Sections 84200-84216.5)					
	,	Statement covers period	Date of election if applicable: (Month, Day, Year)	2022 OCT 28	PM 12 Page	of8
BEI	E INSTRUCTIONS ON REVERSE	from09/25/2022 through10/22/2022	11/08/2022	CAMPAIGN	_	'
1.	Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:			_
	○ State Candidate Election Committee ○ Recall (Also Complete Part 5) ○ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	Primarily Formed Ballot Measure Committee Committee Controlled Complete Part 6) Crimarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	□ Preelection Statement □ Semi-annual Statement □ Termination Statement (Also file a Form 410 Te □ Amendment (Explain be	• •	Quarterly State Special Odd-Y Supplemental I Statement - Att	ear Report Preelection
3.	Committee information 1	D. NUMBER 1445106	Treasurer(s)		-	
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) DOPLEMORE FOR COMMUNITY COLLEGE BOARD 2022		NAME OF TREASURER Cine D. Ivery MAILING ADDRESS			
	TOTAL MARKET AND DO DOWN		·			
	STREET ADDRESS (NO P.O. BOX)		CITY . Inglewood	STATE	ZIP CODE	AREA CODE/PHONE (310)817-6679
	CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	·		, (010,011,011)
	Inglewood CA 9030 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B		Michelle Moore Sander	s		
	CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS (310)672-6679 / cine@politicalreportingplus.o	com	Inglewood OPTIONAL: FAX / E-MAIL ADDR	ESS CA	90301	(310)817-6679
	Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on Date Date		Signature of Corta Ching Officer tolact, Carlondole, Se	Officer of		and complete. I certify
	Executed on	Ву	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent		

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Recipient Committee Campaign Statement Cover Page — Part 2

	COVERP		
CALIF FO	ORNIA RM	4	60
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Officeholder or Candidate Controlled Commi	ittee	6.	Primarily Formed Ballo	t Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Juanita Doplemore							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
Compton College Board of Trustees District 4							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling office	ceholder, can	didate, or sta	te measure	proponent, if any.
	,======================================		NAME OF OFFICEHOLDER, CANE	DIDATE, OR PRO	PONENT		
Related Committees Not Included in this Statement included in this statement that are controlled by you of contributions or make expenditures on behalf of your can	or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						
DOPLEMORE 4 SCHOOL BOARD 2020	1430564						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)				
Cine D. Ivery	X YES NO		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUG	HT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	(X)		NAME OF OFFICEROLDER OR O	HODAIE	OTTICE SOUG	TH OK TILLD	SUPPORT OPPOSE
CITY STATE ZIP CO	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUG	HT OR HELD	Пентопт
Inglewood CA 9030							SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
	YES NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	(X)				1	٠,	
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attaci	h continuation	sheets if ne	ecessary	

Campaign Disclosure Statement Summary Page

DOPLEMORE FOR COMMUNITY COLLEGE BOARD 2022

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SI	IMI	ďΔ	RY	PA	GF

7/1 to Date

Total to Date

Statem	ent covers period	CALIFORNIA 160				
from	09/25/2022	FORM 400				
through _	10/22/2023	Page3 of8				
 		I.D. NUMBER				
		1445106				

Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 2,522,55 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 518.45 2. Loans Received Schedule B. Line 3 0.00 20. Contributions 3,041.00 500.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ Received 4. Nonmonetary Contributions Schedule C, Line 3 0.00 0.00 21. Expenditures Made 3,041.00 5 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ 500.00 **Expenditures Made Expenditure Limit Summary for State Candidates** 2,410.01 7. Loans Made Schedule H. Line 3 0.00 0.00 22. Cumulative Expenditures Made* 2,068.56 2,410.01 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) -1,000.00 0.00 9. Accrued Expenses (Unpaid Bills) Schedule F. Line 3 Date of Election (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00 1,068.56 2,410.01 Current Cash Statement 2,199.55 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ______ To calculate Column B, add 500.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 0.00 14 Miscellaneous Increases to Cash Schedule I. Line 4 from Column B of your last reported in Column B. report. Some amounts in 2,068.56 Column A may be negative 630.99 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 518.45

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Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement coverage from 09/25/2		CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through		Page	4 of 8	
DOPLEMORE FO	OR COMMUNITY COLLEGE BOARD 2022					1445106		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)	
09/26/2022	Carla Brown Fort Knox, KY 40131	⊠IND □COM □OTH □PTY □SCC	Finance Officer United States Army	100.00 Received through inter eFundraising Connectio Sacramento, CA 95816	mediary:	0.00 G20	\$100.00	
09/30/2022	Bulletin Displays, LLC(Robert Kudler) Long Beach, CA 90805	□IND □COM ☑OTH □PTY □SCC		250.00		0.00		
09/30/2022	Rav Hamada Bellflower, CA 90706	□IND □COM □OTH □PTY □SCC	Retired None	100.00		0.00		
		□IND □COM □OTH □PTY □SCC						
,		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	450.00	and the second			
I. Amount re	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)		\$	450.00	IND-ir COM-	(other tha	Committee In PTY or SCC)	
3. Total mone	ceived this period – unitemized monetary contributions etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			50.00	PTY-F	Political Pa	g., business entity) arty tributor Committee	

								SCH	EDULE B - PART
Schedule B – Part 1	Amounts may be rounded to whole dollars.			St	atement cov	ers period	CALIFORNIA 160		
Loans Received				from 09/25/2022			CALIFORNIA 460		
					1				
SEE INSTRUCTIONS ON REVERSE					thro	igh10/2	2/2023	Page5	of8
NAME OF FILER								I.D. NUMBER	ν.
DOPLEMORE FOR COMMUNITY COLLEGE BOARD	2022		•					1445106	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTERLD. 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 PA OR FORGIV THIS PERIO	EN C	(d) UTSTANDING BALANCE AT OSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Juanita Doplemore	Senior Service Analyst Federal Express			PAID					CALENDAR YEA
Long Beach, CA 90805 Received through intermediary: eFundraising Connections, Sacramento, CA 95816	redetal sapiess			\$0_0		518.45	-0.00% RATE	\$518_45	\$518_4
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$518.45	\$0.00	\$0	<u> </u>	DATE DUE	\$0.0	DATE INCURRED	\$
				☐ PAID					CALENDAR YEAR
		1		\$	_ s.		%	s	\$
				FORGIVEN			RATE		PER ELECTION
† IND COM OTH PTY SCC		\$	\$	s	- -	DATE DUE	s	DATE INCURRED	s
				□ PAID					CALENDAR YEAR
				s	_ \$ _		%	\$	\$
	>			FORGIVEN			RATE		PER ELECTION
		s	\$	s	_ _		\$.	\$
T IND COM OTH PTY SCC						DATE DUE	<u></u>	DATE INCURRED	
		SUBTOTALS \$	0.00	0.	00\$	518.45			
Schedule B Summary				-			(Enter (e) on Schedule E, Line 3)		
1. Loans received this period		•••••		\$ _		0.00			
(Total Column (b) plus unitemized loans	s of less than \$100.)						(†	Contributor Codes	
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	paid or forgiven.)			\$ _		0.00		ND – Individual OM – Recipient Co (other than I OTH – Other (e.g., TY – Political Party	PTY or SCC) business entity)

Enter the net here and on the Summary Page, Column A, Line 2. *Amounts forgiven or paid by another party also must be reported on Schedule A.

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SCC - Small Contributor Committee

** If required.

SEE INSTRUCTIONS ON REVERSE

DOPLEMORE FOR COMMUNITY COLLEGE BOARD 2022

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period CALIFORNIA **FORM** 09/25/2022 from 10/22/2023 Page __6 through. I.D. NUMBER 1445106

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Reporting Plus	PRO	Political Accounting - Retainer & Set-Up Fee	1,000.00
Inglewood, CA 90301			
3D Strategies	CMP	Robo Calls Expenses	362.71
Carson, CA 90745			
7			
Target Marketing USA	CMP	Robo Call	175.00
Mission Viejo, CA 92692			

Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 2,012.71 55.85

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

2,068.56

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

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SUBTOTAL\$

1,537.71

0.00

Schedule E			SCHEDU	LE E (CONT.)
(Continuation Shoot)	Amounto moules rounded	Statement covers period	CALIFORNIA	100

(Continua	tion S	Sheet)	
Payments	Made	9	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from09/25/2022	FORM 400
through10/22/2023	Page of8
	LD NUMBER

DOPLEMORE FOR COMMUNITY COLLEGE BOARD 2022

1445106

COL	DES: If one of the following codes accurately describes	the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
СТВ	contribution (explain nonmonetary)*	OFC	office expenses		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
ЦT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION	F PAYMENT		AMOUNT PAID
Maria Aguayo	CMP	Event Car	tering Expennses		 	475.0
Paramount, CA 90723						
-						
				*		
•						
					 	·
					,	
		.			, .	

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

SUBTOTAL \$

475.00

					SCHEDULE F			
Schedule F	Amounts may be round	ied	` Statement cove		CALIFORNIA 460			
Accrued Expenses (Unpaid Bills)	to whole dollars.		from09/25/2	2022				
SEE INSTRUCTIONS ON REVERSE			through10/22/2	2023 Pag	ge8 of8			
NAME OF FILER				· I.D. N	UMBER			
DOPLEMORE FOR COMMUNITY COLLEGE BOARD 2022				144	5106			
CODES: If one of the following codes accurately describe	es the payment, you may	enter the code. Ot	herwise, describe tl	ne payment.				
CMP 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/opposing others (explain)* LEG legal defense LT campaign literature and mailings	PRO professional services (legal-accounting)							
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			
Political Reporting Plus	PRO Political Accounting - Retainer	1,000.00	0.00	1,000.0	0.00			
Inglewood, CA 90301	& Set-Up Fee							
		_						
* Payments that are contributions or Independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	1,000.00\$	0.00\$	1,000.0	0\$ 0.00			
Schedule F Summary					-			
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized and a	Schedule F, Column (b) su accrued expenses under S	btotals for \$100.)	INCU	RRED TOTALS \$	0.00			
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized pages)				. PAID TOTALS \$	1,000.00			
Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	ter the difference here and	d 		NET \$	-1,000.00 May be a negative number			