| Recipient Committee  |                                 |   | COVER PAGE                                  |
|--|---------------------------------|---|---|
| Campaign Statement   |                                 | Date Stamp  | CALIFORNIA 460                              |
| Cover Page   |                                 | KEESIVED BY.  | FORM 400                                    |
| (Government Code Sections 84200-84216.5)   |                                 | CRANCELES COU   |   |
|  | Statement covers period         | Date of election if applicable:   | 1 1   |
|  | from10/23/2022                  | (Month, Day, Year) 2022 DEC 27 PM 2:                                      | For Official Use Only                       |
| •  |                                 | • • • • • • • • • • • • • • • • • • •                                     | 1 Or Children Coc Chily                     |
| SEE INSTRUCTIONS ON REVERSE  | through12/10/2022               | 11/08/2022 CAMPAIGN FINAN   | T the have                                  |
| 1. Type of Recipient Committee: All Committees - C   | omplete Parts 1, 2, 3, and 4.   | 2. Type of Statement:   |   |
| ☐ Officeholder, Candidate Controlled Committee   | Primarily Formed Ballot Measure | ☐ Preelection Statement   | Quarterly Statement                         |
|  | Committee  Controlled           | Semi-annual Statement   | Special Odd-Year Report                     |
| •  | Sponsored                       | X Termination Statement (Also file a Form 410 Termination)                | Supplemental Preelection                    |
|  | (Also Complete Part 6)          | (Also file a Form 410 Termination)  | Statement - Attach Form 495                 |
| ☐ General Purpose Committee ☐ Sponsored ☐  | Primarily Formed Candidate/     | Amendment (Explain below)   |   |
| Small Contributor Committee  | Officeholder Committee          |   | · · · · · · · · · · · · · · · · · · ·       |
| <ul> <li>Political Party/Central Committee</li> </ul>  | (Also Complete Part 7)          |   |   |
| 3. Committee Information   | D. NUMBER                       | Transverse  |   |
|  | 1453475                         | Treasurer(s)  |   |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE<br>Brian Bowcock TVM Water District Board 2022                                 | )                               | NAME OF TREASURER   |   |
| Brian Bowcock IVM water District Board 2022  |                                 | Yolanda Miranda   |   |
|  |                                 | MAILING ADDRESS   |   |
| STREET ADDRESS (NO P.O. BOX)   |                                 |   |   |
| OTTLET ADDITESS (NO F.O. BOX)  |                                 | CITY STATE  | ZIP CODE AREA CODE/PHONE                    |
| CITY STATE ZIP C   | ODE AREA CODE/PHONE             | CA  NAME OF ASSISTANT TREASURER, IF ANY                                   | 91722 (626) 915-7635                        |
| La Verne CA 917  |                                 |   |   |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.  |                                 | MAILING ADDRESS   |   |
|  |                                 |   |   |
| CITY STATE ZIP C   | ODE AREA CODE/PHONE             | CITY STATE  | ZIP CODE AREA CODE/PHONE                    |
| Covina CA 917.   | 22                              |   |   |
| OPTIONAL: FAX / E-MAIL ADDRESS   |                                 | OPTIONAL: FAX / E-MAIL ADDRESS  |   |
| brianbowcock@verizon.net   |                                 |   |   |
| . Verification   |                                 |   |   |
| I have used all reasonable diligence in preparing and reviewin<br>under penalty of perjury under the laws of the State of Californ | g this statement and to         | che   | d schedules is true and complete. I certify |
| and of penalty of penjary under the laws of the State of Californ  | la tractile loregoring is (     |   |   |
| Executed on  | Ву                              | <u> </u>  | <u> </u>                                    |
| 12/10/2022   |                                 |   |   |
| Executed on  | Ву                              | ficer   | of Sponsor                                  |
| Executed on  | Po.                             | . \   |   |
| Date   | Ву                              | Signature of Controlling Officeholder, Candidate, State Measure Proponent | <del></del>                                 |
| Executed on  | Ву                              |   | · · · · · · · · · · · · · · · · · · ·       |
| Date   | •                               | Signature of Controlling Officeholder, Candidate, State Measure Proponent |   |

# Recipient Committee Campaign Statement Cover Page — Part 2

| COVER PAGE - PART 2 |              |      |  |  |  |
|---------------------|--------------|------|--|--|--|
|                     | ORNIA<br>ORM | 460  |  |  |  |
| Page _              | 2            | of10 |  |  |  |

| Officeholder or Candidate Controlled Com  | mittee                       |          |         | 6. | Primarily Formed B       | allot Measure    | Committee      | 9            |                    |
|---|------------------------------|----------|---------|----|--------------------------|------------------|----------------|--------------|--------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE   |                              |          |         |    | NAME OF BALLOT MEASURE   |                  |                |              |                    |
| Frederick Brian Bowcock   |                              |          |         |    |                          |                  |                |              |                    |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR   | RICT NUMBER IF A             | PPLICABL | .E)     |    | BALLOT NO. OR LETTER     | JURISDICT        | ION            |              | SUPPORT            |
| Three Valleys Municipal Water Board Distr   | ict 3                        |          |         |    |                          |                  |                | ļi           | OPPOSE             |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)   | CITY                         | STATE    | ZIP     |    | Identify the controlling | . #              |                |              |                    |
|   | a Verne                      | CA       | 91750   |    | NAME OF OFFICEHOLDER,    |                  |                | tate measure | proponent, 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 committee NAME | or are primarily andidacy.   |          |         |    | OFFICE SOUGHT OR HELD    |                  |                | DISTRICT NO  | . IF ANY           |
| NAME OF TREASURER   | I.D. NUMBER  CONTROLLED  YES | COMMITT  | EE?     | 7. | Primarily Formed C       |                  |                |              |                    |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O.   | BOX)                         |          |         |    | NAME OF OFFICEHOLDER     | OR CANDIDATE     | OFFICE SOU     | GHT OR HELD  | SUPPORT OPPOSE     |
|   |                              | AREA COD | E/PHONE |    | NAME OF OFFICEHOLDER     | OR CANDIDATE     | OFFICE SOU     | GHT OR HELD  | SUPPORT OPPOSE     |
| COMMITTEE NAME  | I.D. NUMBER                  |          |         |    | NAME OF OFFICEHOLDER     | OR CANDIDATE     | OFFICE SOU     | GHT OR HELD  | SUPPORT OPPOSE     |
| NAME OF TREASURER   | CONTROLLED  Tes              | COMMITTI | EE?     |    | NAME OF OFFICEHOLDER     | OR CANDIDATE     | OFFICE SOU     | GHT OR HELD  | SUPPORT OPPOSE     |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O.  CITY STATE ZIP   |                              | AREA COD | E/PHONE |    | A                        | ttach continuati | on sheets if i | necessary    |                    |

## **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

|                         |            | OCIVIAN (1717) |
|-------------------------|------------|----------------|
| Statement covers period |            | CALIFORNIA 460 |
| from                    | 10/23/2022 | FORM 400       |
| through _               | 12/10/2022 | Page3 of10     |
|                         |            | 1.0 1004000    |

1453475

SLIMMARY PAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Brian Bowcock TVM Water District Board 2022

**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** 1/1 through 6/30 7/1 to Date -10,000.00 20. Contributions 20,648.85 Received Nonmonetary Contributions ...... Schedule C. Line 3 0.00 21. Expenditures Made 20,648.85 **Expenditures Made Expenditure Limit Summary for State Candidates** 7. Loans Made ...... Schedule H, Line 3 22. Cumulative Expenditures Made\* \$ 20,677.85 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) ......Schedule F, Line 3 \_\_\_\_\_\_\_ -200.00 1,000.00 Date of Election Total to Date (mm/dd/vv) 10. Nonmonetary Adjustment ...... Schedule C, Line 3 Current Cash Statement To calculate Column B. add \_\_\_\_\_ 1,364.55 13. Cash Receipts ...... Column A, Line 3 above amounts in Column A to the corresponding amounts \*Amounts in this section may be different from amounts from Column B of your last reported in Column B. report. Some amounts in 9,287.70 Column A may be negative 16. ENDING CASH BALANCE ......... Add Lines 12 + 13 + 14, then subtract Line 15 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 for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_\_\_ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts 18. Cash Equivalents ...... See instructions on reverse \$ \_\_\_\_\_\_ 

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

| Schedule<br>Monetary | A<br>Contributions Received   |                                      | ts may be rounded whole dollars.   | Statement cov                     |  |           | ORNIA                       | schedule 460                 |
|----------------------|---|--------------------------------------|--|-----------------------------------|--|-----------|-----------------------------|------------------------------|
|                      |   |                                      |  | from10/23/2                       | 022  | F(        | ORM<br>———                  |                              |
| SEE INSTRUCTION      | ONS ON REVERSE  |                                      |  | through12/10/2                    | 022  | Page .    | 4                           | of <u>10</u>                 |
| NAME OF FILER        |   |                                      |  |                                   |  | I.D. NU   | MBER                        |                              |
| Brian Bowco          | ck TVM Water District Board 2022  |                                      |  |                                   |  | 14534     | 75                          |                              |
| DATE<br>RECEIVED     | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)      | CONTRIBUTOR<br>CODE *                | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO<br>CALENDAR YE<br>(JAN. 1 - DEC. | AR        | TC                          | ELECTION<br>DATE<br>EQUIRED) |
| 11/30/2022           | F. Brian Bowcock  La Verne, CA 91750  | ⊠IND<br>□COM<br>□OTH<br>□PTY<br>□SCC | Retired<br>N/A   | 2,364.55                          | 5,3  | 64.55     | 2022                        | \$5,364.5                    |
| 11/30/2022           | F. Brian Bowcock La Verne, CA 91750   | ⊠IND<br>□COM<br>□OTH<br>□PTY<br>□SCC | Retired<br>N/A   | 3,000.00                          | 5,3  | 64.55     | 2022                        | \$5,364.5                    |
| 11/01/2022           | Engineering Contractors Association PAC (ID# 790729)  Sacramento, CA 95814                        | □IND ☑COM □OTH □PTY □SCC             |  | 4,900.00                          | 4,9  | 00.00     | 2022                        | \$4,900.0                    |
| 11/01/2022           | Southern CA Contractors Assoc. PAC (ID# 881014) Orange, CA 92868                                  | □IND  ☑COM □OTH □PTY □SCC            |  | 1,000.00                          | 1,0  | 00.00 G   | 2022                        | \$1,000.0                    |
|                      |   | □IND □COM □OTH □PTY □SCC             |  |                                   |  |           |                             |                              |
|                      |   | -                                    | SUBTOTAL\$   | 11,264.55                         |  | n in the  |                             |                              |
| Amount re (Include a | A Summary eceived this period – itemized monetary contributions.  Il Schedule A subtotals.)       |                                      |  |                                   | IND-I<br>COM-                                  | (other t  | l<br>nt Commit<br>han PTY ( | or SCC)                      |
|                      | ceived this period – unitemized monetary contributions  | of less than S                       | \$100 \$   | 100.00                            | PTY-   | Political | Party                       | ness entity)                 |
|                      | etary contributions received this period.<br>s 1 and 2. Enter here and on the Summary Page, Colur | nn A, Line 1.)                       | TOTAL \$   | 11,364.55                         | scc-   | Small Co  | ontributor                  | Committee                    |

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

|   |  |   |  |                                       |                    |  | SCHE  | EDULE B - PART 1                              |
|---|--|---|--|---------------------------------------|--------------------|--|---|---|
| Schedule B – Part 1   |  | ounts may be ro                               |  |                                       | Statement cov      | ers period                                   | CALIFORNI   |   |
| Loans Received  |  | to whole dollar                               | rs.                                      |                                       | from10/2           | 23/2022                                      | FORM  | <sup>IIA</sup> 460                            |
|   |  |   |  |                                       | - 19/1             | 0./0000                                      |   | - 10  |
| SEE INSTRUCTIONS ON REVERSE   |  |   |  |                                       | through12/1        | 0/2022                                       | Page5_  | of10  |
| NAME OF FILER   |  |   |  |                                       |                    |  | I.D. NUMBER   |   |
| Brian Bowcock TVM Water District Board  | 1 2022   |   |  |                                       | ·                  |  | 1453475   |   |
| 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)<br>AMOUNT<br>RECEIVED THIS<br>PERIOD | (c) AMOUNT PAI OR FORGIVE THIS PERIOR | EN   CLOSE OF THIS | (e)<br>INTEREST<br>PAID THIS<br>PERIOD       | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN                  | (g)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE |
| F. Brian Bowcock  | Retired<br>N/A   |   |  | ☑ PAID                                |                    |  |   | CALENDAR YEAR                                 |
| La Verne, CA 91750<br>This is a loan  | N/ G   |   |  | \$635_4                               |                    | 00%<br>RATE                                  | \$ 3,000.00   | \$_5,364_55<br>PER ELECTION**                 |
| <sup>†</sup> ⊠ IND □ COM □ OTH □ PTY □ SCC  |  | \$_3,000.00                                   | \$0.00                                   | \$_2,364.5                            | DATE DUE           | \$0.00                                       | 09/01/2022<br>DATE INCURRED                           | \$ <u>G2022 5,364.5</u> 5                     |
| F. Brian Bowcock  | Retired<br>N/A   |   |  | PAID                                  |                    |  |   | CALENDAR YEAR                                 |
| La Verne, CA 91750<br>This is a loan  |  |   |  | \$O_O                                 |                    |  | \$ 3,000.00   | \$_5,364.55<br>PER ELECTION ***               |
| TIND □ COM □ OTH □ PTY □ SCC  |  | \$3,000.00                                    | \$0.00                                   | \$_3,000.00                           | DATE DUE           | \$0.00                                       | 09/12/2022<br>DATE INCURRED                           | \$G2022 5,364.55                              |
| F. Brian Bowcock  | Retired<br>N/A   |   | 1  | ☐ PAID                                |                    |  |   | CALENDAR YEAR                                 |
| La Verne, CA 91750<br>This is a loan  |  |   |  | \$_4,000_00                           |                    | — 0 - 0 0%<br>RATE                           | \$ 4,000.00   | \$5,364.55<br>PER ELECTION**                  |
| <sup>†</sup> ⊠ IND □ COM □ OTH □ PTY □ SCC  |  | \$_4,000.00                                   | \$0_00                                   | \$0.00                                | DATE DUE           | \$0_0  | 09/24/2022<br>DATE INCURRED                           | \$G2022 5,364.55                              |
|   |  | SUBTOTALS \$                                  | 0.00                                     | \$ 10,000.0                           | 00\$ 0.00          | \$ 0.00                                      |   |   |
| Schedule B Summary  |  |   |  |                                       |                    | (Enter (e) on<br>Schedule E, Line 3)         | 1.46-1.1  |   |
| Loans received this period  (Total Column (b) plus unitemized loans                     |  | ,   |  | \$                                    | 0.00               | _  | Contributor Codes                                     |   |
| Loans paid or forgiven this period  (Total Column (c) plus loans under \$100)           |  |   |  | \$ _                                  | 10,000.00          | <b>,</b> , , , , , , , , , , , , , , , , , , | ID – Individual<br>OM – Recipient Co<br>(other than F | ommittee<br>PTY or SCC)                       |

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

Enter the net here and on the Summary Page, Column A, Line 2.

(Include loans paid by a third party that are also itemized on Schedule A.)

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

SCC - Small Contributor Committee

PTY - Political Party

|   | Amounts may be rounded | Statement covers p | CALIFORNIA / C     |
|---|------------------------|--------------------|--------------------|
| Payments Made                               | to whole dollars.      | from10/23/202      | CALIFORNIA 460     |
| SEE INSTRUCTIONS ON REVERSE                 |                        | through12/10/202   | Page _ 6 _ of _ 10 |
| NAME OF FILER                               |                        |                    | I.D. NUMBER        |
| Brian Bowcock TVM Water District Board 2022 |                        |                    | 1453475            |

| Brian Bowcock TVM Water District Board 2022   |   |   |                      |   | 1453475   |
|---|---|---|----------------------|---|---|
| CODES: If one of the following codes accurately describes  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  LIT campaign literature and mailings | MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s postage, del | munications d appearances uses lating s survey research | h<br>senger services | RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production returned contributions TRC candidate travel, lodging, and results are staff/spouse travel, lodging, | duction costs id meals and meals as of the same candidate/sponsor |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  |   | CODE OF   | R DESC               | CRIPTION OF PAYMENT   | AMOUNT PAID   |
| Direct Connections  |   | LIT   |                      |   | 4,533.94  |
| La Verne, CA 91750  |   |   |                      |   |   |
| Lewis & Associates, LLC   |   | LIT   |                      |   | 479.24  |

| Direct Connections      | LIT | 4,533.94 |
|-------------------------|-----|----------|
| La Verne, CA 91750      |     |          |
|                         |     |          |
| Lewis & Associates, LLC | LIT | 479.24   |
| West Covina, CA 91791   |     |          |
|                         |     |          |
| MNB Group, LLC          | LIT | 3,156.88 |
| Pomona, CA 91767        |     |          |
|                         |     |          |
|                         |     |          |

| Schedule        | Ε    |        |
|-----------------|------|--------|
| (Continua       | tion | Sheet) |
| <b>Payments</b> | Mag  | de     |

Amounts may be rounded

SCHEDULE E (CONT. Statement covers period **CALIFORNIA FORM** 

to whole dollars. 10/23/2022 through 12/10/2022 Page \_\_\_7 \_\_ of \_\_\_10 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Brian Bowcock TVM Water District Board 2022 1453475

CODES: 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 campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals TRS IND independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NetFile PRO Admin Fee 200.00 Mariposa, CA 95338 Yolanda Miranda & Asociates Inc. PRO 300.00 Covina, CA 91722 Yolanda Miranda & Asociates Inc. PRO 300.00 Covina, CA 91722 Yolanda Miranda & Asociates Inc. PRO 300.00 Covina, CA 91722

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

SUBTOTAL \$

1,100.00

| Schedule F       |         |        |
|------------------|---------|--------|
| Accrued Expenses | (Unpaid | Bills) |

Amounts may be rounded to whole dollars.

 Statement covers period from \_\_\_\_10/23/2022
 CALIFORNIA FORM
 460

 through \_\_\_12/10/2022
 Page \_\_8 \_\_\_ of \_\_10 \_\_\_

 LD. NUMBER

1453475

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brian Bowcock TVM Water District Board 2022

CODES: 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

CTB contribution (explain nonmonetary)\*

OFC office expenses

SAL campaign workers' salaries

CTB contribution (explain nonmonetary)\*

OFC office expenses

SAL campaign workers' salaries

CVC civic donations

FET petition circulating

TEL t.v. or cable airtime and production costs

IL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals ND 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 LEG legal defense PRO professional services (legal, accounting)

TSF transfer between committees of the same candidate/sponsor VOT voter registration

campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

|  | <u> </u>                          |  |                                       |  |  |
|--|-----------------------------------|--|---------------------------------------|--|--|
| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                             | CODE OR<br>DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
| F. Brian Bowcock   | FIL                               | 1,000.00   | 0.00                                  | 0.00   | 1,000.0  |
| La Verne, CA 91750   |                                   |  |                                       |  |  |
|  |                                   |  |                                       |  |  |
| NetFile  | PRO Admin Fee                     | 200.00   | 0.00                                  | 200.00   | 0.0  |
| Mariposa, CA 95338   |                                   |  |                                       |  |  |
|  |                                   |  |                                       |  |  |
|  |                                   |  |                                       |  |  |
|  |                                   |  |                                       |  |  |
| Payments that are contributions or independent expenditures must also be summarized on Schedule D. | SUBTOTALS \$                      | 1,200.00\$                                       | 0.00\$                                | 200.00\$                                       | 1,000.00   |

### Schedule F Summary

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 unitemized payments on accrued expenses under \$100.)

on the Summary Page, Column A, Line 9.)

NET \$ -200.00

May be a negative number

| Schedule G                               |
|--|
| Payments Made by an Agent or Independent |
| Contractor (on Behalf of This Committee) |

Amounts may be rounded to whole dollars.

|         |                     | SCHEDULE G     |
|---------|---------------------|----------------|
| State   | ement covers period | CALIFORNIA 160 |
| from    | 10/23/2022          | FORM 40U       |
| through | 12/10/2022          | Page 9 of 10   |
|         |                     | I.D. NUMBER    |
|         |                     | 1453475        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brian Bowcock TVM Water District Board 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Direct Connections

| CODES: | If one of the following | codes accurately | describes the | payment, yo | ou may ente | er the code. | Otherwise, | describe the payn | nent. |
|--------|-------------------------|------------------|---------------|-------------|-------------|--------------|------------|-------------------|-------|
|--------|-------------------------|------------------|---------------|-------------|-------------|--------------|------------|-------------------|-------|

|     | ,,,,,,  |     | . , , , ,                                 |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/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               |     | 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) |     | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |
|     |   |     |   |     |   |

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR       | DESCRIPTION OF PAYMENT | AMOUNT PAID  |
|---|------|----------|------------------------|--------------|
| U.S. Postal Services  | POS  |          |                        | <br>3,844.68 |
| La Verne, CA 91750  |      |          |                        |              |
|   |      |          |                        |              |
|   | -    |          |                        |              |
|   |      |          |                        |              |
|   |      |          |                        |              |
|   |      |          |                        |              |
|   |      |          |                        |              |
|   |      |          |                        |              |
|   |      |          |                        |              |
|   |      | <u> </u> |                        |              |
|   |      |          |                        |              |
|   |      | ,        |                        |              |
|   |      |          |                        |              |

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

3,844.68

<sup>\*</sup> 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 G        |                           |
|-------------------|---------------------------|
| Payments Made b   | y an Agent or Independent |
| Contractor (on Be | half of This Committee)   |

Amounts may be rounded to whole dollars.

|                         | SCHEDULE       |
|-------------------------|----------------|
| Statement covers period | CALIFORNIA ACO |
| from10/23/2022          | FORM 46U       |
| through 12/10/2022      | Page 10 of 10  |
|                         | I.D. NUMBER    |

1453475

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brian Bowcock TVM Water District Board 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Lewis & Associates, LLC

| CODES: | If one of the | following codes accu | ately describes | the payment, | you may enter | the code. | Otherwise, | describe the paym | nent. |
|--------|---------------|----------------------|-----------------|--------------|---------------|-----------|------------|-------------------|-------|
|--------|---------------|----------------------|-----------------|--------------|---------------|-----------|------------|-------------------|-------|

MBR member communications

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

LIT campaign literature and mailings

MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and mess

POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Political Data Intelligence   | LIT  |    |                        | 467.0       |
| Long Beach, CA 90806  |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
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|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

467.07

<sup>\*</sup> 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.

| Statement of C         | •                                  |                                  |   | Date Stamp               | CALIFORNIA 110                | 1   |
|------------------------|------------------------------------|----------------------------------|---|--------------------------|-------------------------------|-----|
| Recipient Con          |                                    |                                  |   | ANSELES COUNTY           | FORM 410                      | ,   |
| Statement Type         | ☐ Initial                          |                                  | ▼ Termination – See Part 5                  | AMERICA                  | For Official Use Only         |     |
|                        | O Not yet qualified                |                                  | 201   | 2 DEC 27 PM 2: 13        |                               |     |
| .80                    | O Date qualification threshold met | Date qualification threshold met | Date of termination                         | AMPAIGN FINANCE          |                               |     |
|                        |                                    | 09 / 01 / 2022                   | <u>12 / 10 / 2022</u> ©                     | AMPAIGN                  |                               |     |
| 1. Committee In        | I.D. Number (if applicable         |                                  | 2. Treasurer and                            | Other Principal Officers |                               |     |
| NAME OF COMMITTEE      |                                    |                                  | NAME OF TREASURER                           |                          |                               |     |
| Brian Bowcock TV       | M Water District Board 2022        |                                  | Yolanda Miranda                             |                          |                               |     |
|                        |                                    |                                  | STREET ADDRESS (NO P.O. BOX)                |                          |                               |     |
| STREET ADDRESS (NO P.O | 2004                               |                                  | CITY  |                          |                               |     |
| STREET ADDRESS (NO P.O | . BOX)                             |                                  | CITY  | STATE                    | ZIP CODE AREA CODE/PHONE      |     |
| CITY                   | STATE ZIP C                        | ODE AREA CODE/PHONE              | Covina  NAME OF ASSISTANT TREASURER         | CA                       | 91722 (626) 915-76            | 35  |
| La Verne               | CA                                 | •                                |   |                          |                               |     |
| FULL MAILING ADDRESS   |                                    | 91750 (909)596-47                | STREET ADDRESS (NO P.O. BOX)                |                          |                               |     |
|                        | Covina, CA 91722                   |                                  |   |                          |                               |     |
| E-MAIL ADDRESS (REQUI  |                                    | 1 TH.                            | CITY  | STATE                    | ZIP CODE AREA CODE/PHONE      | _   |
| brianbowcock@ver       | izon.net                           | ,                                |   |                          |                               |     |
| COUNTY OF DOMICILE     | JURISDICTION WHERE COM             | MMITTEE IS ACTIVE                | NAME OF PRINCIPAL OFFICER(S)                |                          | ***                           |     |
| Los Angeles            |                                    |                                  |   |                          |                               |     |
|                        |                                    |                                  | STREET ADDRESS (NO P.O. BOX)                |                          |                               |     |
|                        |                                    | •                                | CITY  | STATE                    | ZIP CODE AREA CODE/PHONE      |     |
| Attach additional      | information on appropriately lab   | eled continuation sheets.        | GIT .                                       | SIAIE                    | ZIP CODE AREA CODE/PHONE      |     |
|                        |                                    |                                  |   |                          |                               |     |
| 3. Verification        | easonable diligence in preparing   | a 多 色 多 经                        |   |                          |                               | 2.0 |
|                        | ry under the laws of the State of  |                                  |   | ained nerein is true a   | and complete. I certify under |     |
|                        |                                    |                                  |   |                          |                               |     |
| Executed on            | DATE By                            | •                                |   |                          |                               |     |
| Executed on            | 12/10/2022 By                      |                                  |   |                          |                               |     |
|                        | DATE                               | SIGNATURE OF CONTR               | ROLLING OFFICEHOLDER, CANDIDATE, OR STATE N | MEASURE PROPONENT        |                               |     |
| Executed on            | DATE By                            | SIGNATURE OF CONT                | OLLING OFFICEHOLDER, CANDIDATE, OR STATE N  | MEASURE PROPONENT        |                               |     |
| Executed on            | Ву                                 | SIGNAL OF CONTE                  | STATE OF THE PROPERTY OF STATE IS           | TENDENT FROM ORGINI      |                               |     |
|                        | DATE By                            | SIGNATURE OF CONT.               | POLITING OFFICEROLDED CAMPIDATE OF STATE    | MEASURE PROPONSIT        |                               |     |

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

| INSTRUCTIONS ON REVERSE  |  |  |  |   |                               | ORNIA 4               | 10       |
|--|--|--|--|---|-------------------------------|-----------------------|----------|
| COMMITTEE NAME   |  |  |  |   | I.D. NUMBER                   | Page 2 of 3           |          |
| Brian Bowcock TVM Water District Board 2022  | ·  |  |  |   |                               | 1453475               |          |
| All committees must list the financial institution where the c   | ampaign bank account is located.   |  |  |   |                               | -                     |          |
| NAME OF FINANCIAL INSTITUTION  | AREA CODE/PHONE  | BANK ACCOU   | NT NUMBER  |   | •                             |                       |          |
| California Bank & Trust  | (213)228-1700  |  |  |   |                               |                       |          |
| ADDRESS  | CITY   | STATE  | ZI   | CODE  |                               |                       |          |
|  | Los Angeles  | CA   |  | 90071   |                               |                       |          |
| 4. Type of Committee Complete the applicable section   | ons.   | EXTRA THE THE RES  | a lagrar   |   |                               |                       | · 4      |
| Controlled Committee   |  | ,  |  |   |                               |                       |          |
| I list the name of each controlling officeholder condidet  |  |  |  |   |                               |                       |          |
| district number, if any, and the year of the election.   | e, or state measure proponent. If cand   | lidate or officeholder c   | ontrolled,                                       | also list the ele   | ective offi                   | ice sought or h       | eld, and |
| district number, if any, and the year of the election.   |  |  |  |   |                               | ice sought or h       | eld, and |
| <ul> <li>district number, if any, and the year of the election.</li> <li>List the political party with which each officeholder or contact.</li> </ul>  | andidate is affiliated or check "nonpart   | isan." Stating "No part  | y preferen                                       | ce" is acceptal   |                               | ice sought or h       | eld, and |
| <ul> <li>district number, if any, and the year of the election.</li> <li>List the political party with which each officeholder or contact.</li> </ul>  | andidate is affiliated or check "nonpart<br>mmittee, list the name and identification  | isan." Stating "No part<br>on number of the othe   | y preferen                                       | ce" is acceptal   | ole.                          | ice sought or h       | eld, and |
| <ul> <li>district number, if any, and the year of the election.</li> <li>List the political party with which each officeholder or controlled to the committee acts jointly with another controlled con</li></ul> | andidate is affiliated or check "nonpart<br>mmittee, list the name and identification  | isan." Stating "No part<br>on number of the othe<br>IGHT OR HELD<br>SER IF APPLICABLE)       | cy preferen<br>r controlle<br>YEAR OF            | ce" is acceptal<br>d committee.                                   | ole.                          | (list political party |          |
| <ul> <li>List the political party with which each officeholder or controlled to the list of this committee acts jointly with another controlled contro</li></ul>     | andidate is affiliated or check "nonpart  mmittee, list the name and identification  ELECTIVE OFFICE SOU (INCLUDE DISTRICT NUMB  Three Valleys Municipal   | isan." Stating "No part<br>on number of the othe<br>IGHT OR HELD<br>SER IF APPLICABLE)       | y preferen<br>r controlle<br>YEAR OF<br>ELECTION | ce" is acceptal d committee. PAR CHECK Nonpartisan                | ole.<br>TY                    |                       | r below) |
| <ul> <li>district number, if any, and the year of the election.</li> <li>List the political party with which each officeholder or controlled to the second second</li></ul>          | andidate is affiliated or check "nonpart  mmittee, list the name and identification  ELECTIVE OFFICE SOU (INCLUDE DISTRICT NUMB  Three Valleys Municipal   | isan." Stating "No part<br>on number of the othe<br>IGHT OR HELD<br>SER IF APPLICABLE)       | y preferen<br>r controlle<br>YEAR OF<br>ELECTION | ce" is acceptal d committee. PAR CHECK Nonpartisan X              | ole.<br>TY<br>ONE<br>Partisan | (list political party | r below) |
| <ul> <li>district number, if any, and the year of the election.</li> <li>List the political party with which each officeholder or controlled to the second second</li></ul>          | andidate is affiliated or check "nonpart  mmittee, list the name and identification  ELECTIVE OFFICE SOU (INCLUDE DISTRICT NUMB  Three Valleys Municipal   | isan." Stating "No part on number of the othe IGHT OR HELD SER IF APPLICABLE)  L Water Board | r controlle YEAR OF ELECTION 2022                | ce" is acceptal d committee.  PAR CHECK Nonpartisan X Nonpartisan | ole.<br>TY<br>ONE<br>Partisan | (list political party | r below) |
| <ul> <li>district number, if any, and the year of the election.</li> <li>List the political party with which each officeholder or controlled to the committee acts jointly with another controlled contro</li></ul>         | mmittee, list the name and identification  ELECTIVE OFFICE SOUNT  (INCLUDE DISTRICT NUMB  Three Valleys Municipal District 3  port or oppose specific candidates or many candidates or many candidates or many candidates or many candidates.) | isan." Stating "No part on number of the othe IGHT OR HELD SER IF APPLICABLE)  L Water Board | r controlle YEAR OF ELECTION 2022  ction. List   | ce" is acceptal d committee.  PAR CHECK Nonpartisan X Nonpartisan | ONE Partisan Partisan         | (list political party | / below) |

SUPPORT

OPPOSE

#### **Statement of Organization CALIFORNIA Recipient Committee FORM** INSTRUCTIONS ON REVERSE Page 3 of 3 COMMITTEE NAME I.D. NUMBER Brian Bowcock TVM Water District Board 2022 1453475 4. Type of Committee (Continued) General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box: CITY Committee ☐ COUNTY Committee ☐ STATE Committee PROVIDE BRIEF DESCRIPTION OF ACTIVITY Sponsored Committee List additional sponsors on an attachment. NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE

Small Contributor Committee

5. Termination Requirements By signing the verification, the treasurer, assistant 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 expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- 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.