Recipient Committee Date Stamp CALIFORNIA **Campaign Statement** RECEIVED BY **FORM Cover Page** Date of election if applicable; Statement covers period (Month, Day, Year) For Official Use Only from 01/01/2021 CAMPAIGN FINANCE 11/3/2020 through 01/25/2021 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Preelection Statement ✓ Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure Quarterly Statement Semi-annual Statement State Candidate Election Committee Committee Special Odd-Year Report Termination Statement O Recall Controlled (Also file a Form 410 Termination) (Also Complete Part 5) O Sponsored Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Correcting original forms Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER Treasurer(s) Committee Information 1430610 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Kumar for Santa Clarita Valley Water Board of Directors District 2 2020, Anna Anna Kumar MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY ZIP CODE AREA CODE/PHONE Santa Clarita CA 91350 805-612-2340 AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY CITY STATE ZIP CODE NONE Santa Clarita 91350 805-612-2340 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS SAME CITY ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE OPTIONAL FAY / F-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing this statement and to the and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoi

signature of Controlling Utiliceholder, Candidate, State Measure Proponent of Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on 07/29/2021

Executed on _

Executed on ...

07/29/2021

FPPC Form 460 (Jan/2016))

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

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Campaign Disclosure Statement Summary Page

Cash Equivalents and Outstanding Debts

 Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2021	california 460				
through 01/25/2021	Page 2 of 4				
	I.D. NUMBER				
	1430610				

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Kumar for Santa Clarita Valley Water Board of Directors District 2 2020, Anna Calendar Year Summary for Candidates Column A Column B **Contributions Received** TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and **General Elections** 1. Monetary Contributions...... Schedule A, Line 3 1/1 through 6/30 7/1 to Date Loans Received Schedule B, Line 3 20. Contributions 0 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 Received Nonmonetary Contributions..... Schedule C, Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 205.53 205.53 **Candidates** 6. Payments Made...... Schedule E, Line 4 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made* 205.53 205.53 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6+7 \$ (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment......Schedule C, Line 3 205.53 205.53 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 **Current Cash Statement** 188.21 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B, add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 17.32 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 205.53 amounts in Column A may 0.00 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ 0

only carry over the amounts from Lines 2, 7, and 9 (if

any).

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		be seemeded					SCHEDULE	
Scriedule E	Amounts may be rounded to whole dollars.			Γ	Statement covers period	CALI	FORNIA 460	
Payments Made					from 01/01/2021	FORM 400		
SEE INSTRUCTIONS ON REVERSE					through 01/25/2021	- Page	3 of 4	
NAME OF FILER						I.D. NU	MBER	
Kumar for Santa Clarita Valley Water Board of Directors District 2 2020, Anna						14306	510	
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 MT OF OF OF OF OF OF OF OF OF O	BR member com TG meetings and FC office expens ET petition circul HO phone banks DL polling and s DS postage, deli	munications I appearance es ating urvey researd very and mes	8	F F S T T	radio airtime and production returned contributions campaign workers' salarie t.v. or cable airtime and production candidate travel, lodging, staff/spouse travel, lodging transfer between committed voter registration information technology co	on costs s coduction cos and meals g, and meals ees of the sa	me candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCR	PTION OF PAYMENT		AMOUNT PAID	
Santa Clarita Valley Democrats - FPPC#: 1435481 Santa Clarita CA 01290 Santa Clarita CA 01290	370	СТВ					116.53	
* Payments that are contributions or independent expenditures must also be sun	nmarized on Sche	dule D.				SUBTOTAL	\$ 116.53	
Schedule E Summary								
Itemized payments made this period. (Include all Schedule E.	subtotals)					s	116.53	
Unitemized payments made this period of under \$100		89.00						
3. Total interest paid this period on loans. (Enter amount from So	e	0						
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter								
4. Total payments made this period. (Add Lines 1, 2, and 3. Ente	si nere and on	are Surini	iai y rage, colui	KINI A, 1		OIAL 9 -		

Schedule I	Amounts may	be rounded		CALIFORNIA 460				
Miscellaneous	s Increases to Cash to whole d	lollars.	Statement covers period					
			from 01/01/2021	FORM TOO				
SEE INSTRUCTIONS ON	Page 4 of 4							
NAME OF FILER	I.D. NUMBER							
Kumar for Santa Cla	1430610							
DATE	FULL NAME AND ADDRESS OF SOURCE							
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CRIPTION OF RECEIPT	INCREASE TO CASH					
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1								
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	<u> </u>							
Attach additional	information on appropriately labeled continuation sheets.		SUBTOTAL	\$ 0				
Schedule I Sur	nmary		^					
1. Itemized increase	ses to cash this period	••••••••	\$ <u>0</u>					
2. Unitemized incre								
3. Total of all interes								
4. Total miscellane								
January 1 ago,	, Line 14.)			FPPC Form 460 (Jan/2016)) e@fppc.ca.gov (866/275-3772) www.fppc.ca.gov				