Recipient Committee Campaign Statement Cover Page		Date Stamp CALIFORNIA 460  RECEIVED BY  RECEIVED BY  RECEIVED BY  RECEIVED BY  RECEIVED BY  RECEIVED BY
ASCORPANIES TO A STATE OF THE PARTY OF THE P	Statement covers period from 01/01/2021	(Month, Day, Year)  Date of election if applicable: S ANGELES COUNTY  For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 06/30/2021	2021 JUL 23 PM 4: 56 020955  CAMPAIGN FINANCE C 11398
1. Type of Recipient Committee: All Committees  Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	- Complete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure Conmittee Controlled Sponsored (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)
3. Committee Information	I.D. NUMBER 1432178	Treasurer(s)
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITT Kevin Hayakawa for Walnut Valley Water Box		NAME OF TREASURER  Kevin Hayakawa  MAILING ADDRESS
STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONE  Rowland Heights CA 91748 (951) 961-5750
	P CODE AREA CODE/PHONE 91748 (951) 961-5750 . BOX	NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS
OPTIONAL: FAX / E-MAIL ADDRESS	P CODE AREA CODE/PHONE	CITY STATE ZIP CODE AREA CODE/PHONE kevinhayakawa@ucla.edu OPTIONAL: FAX / E-MAIL ADDRESS
kevinhayakawa@ucla.edu  4. Verification I have used all reasonable diligence in preparing and revicertify under penalty of perjury under the laws of the State  Executed on 07/17/2021  Executed on 07/17/2021  Executed on Date  Executed on Date	e of California that the foregoing is true and	Signature of Treasurer or Assistant Treasurer  trolling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Signature of Controlling Officeholder, Candidate, State Measure Proponent
		FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.go

Officeholder or Candidate Controlled Com	mittee	6.	Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE Kevin Hayakawa	the second second		NAME OF BALLOT MEASURE	Da			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS Walnut Valley Water District Board of Director			BALLOT NO. OR LETTER	JURISDICT	ON	SUPPORT OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP Rowland Heights CA 91748		Identify the controlling office	ceholder, candi	idate, or state measure pr	oponent, if any.	
Deleted Committees Net Included in this 5	***************************************		NAME OF OFFICEHOLDER, C	ANDIDATE, OR	PROPONENT		
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 co	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	O. IF ANY s.	
COMMITTEE NAME	I.D. NUMBER					W-04-15	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate(	ndidate/Offic s) for which this	eholder Committee committee is primarily for	List names of med.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.			NAME OF OFFICEHOLDER O	R CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE	
	P CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER O	R CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER O	R CANDIDATE	OFFICE SOUGHT OR HE	D SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER O	R CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)					L OFFORE	
CITY STATE ZI	P CODE AREA CODE/PHONE		At	tach continuati	ion sheets if necessary		

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM from 01/01/2021 through \_\_\_\_\_06/30/2021 Page 3 of 16 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Kevin Hayakawa 1432178

Contributions Received  1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)  \$ 150.00 0 \$ 150.00 0 \$ 150.00	\$ 150.00 \$ 150.00 \$ 150.00 \$ 150.00	Calendar Year Summary for Candidates Running In Both the State Primary and General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE 12. Beginning Cash Balance 13. Cash Receipts 14. Miscellaneous Increases to Cash 15. Cash Payments 16. ENDING CASH BALANCE 17. Line 3 18. Schedule E, Line 4 19. Add Lines 6 + 7 19. Add Lines 8 + 9 10. Schedule F, Line 3 11. TOTAL EXPENDITURES MADE 11. TOTAL EXPENDITURES MADE 12. Beginning Cash Balance 13. Cash Receipts 14. Miscellaneous Increases to Cash 15. Cash Payments 16. ENDING CASH BALANCE 16. Add Lines 12 + 13 + 14, then subtract Line 15 16 this is a termination statement, Line 16 must be zero.	\$ 57.00 0 \$ 57.00 0 0 57.00 \$ 404.00 150.00 0 57.00 \$ 497.00	\$ 57.00  0  \$ 57.00  0  0  \$ 57.00  To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)  \$
17. LOAN GUARANTEES RECEIVED	\$ 0 \$ 0 \$ 0	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule Monetary	Contributions Received	to	its may be rounded whole dollars.	Statement confrom 01/01/2021	vers period		ORNIA 460
SEE INSTRUCTION	ONS ON REVERSE			through06/30/20	21	Page .	4 of 16
NAME OF FILER Kevin Haya	kawa					I.D. NUI 1432178	
DATE 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 SUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
06/23/2021	Trevor Graham West Covina, CA 91792	IND COM OTH PTY	Adjunct Professor - Psychology Mt. San Antonio College	\$150.00	\$150.00		7
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		OTH SCC	-				
		OTH SCC					146
		□IND □COM □OTH □PTY □SCC	=1 111			-2	The second
			SUBTOTAL	\$ 150.00	10 11	914	-24 E845 Inma J
1. Amount re	A Summary  ceived this period – itemized monetary contribution  I Schedule A subtotals.)		s 15	50.00	IN		

3. Total monetary contributions received this period.

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					Am	nounts may be ro	unded				SCHED	ULE B - PART 1
	dule B s Rece		t 1		All	to whole dollars			Statement covered (1/01/2021)	ers period	CALIFORN FORM	<sup>IA</sup> 460
SEE INICT	DUCTIONS	ON BEVE	DCE						through 06/30/20	21	Page 5	of_16
NAME OF	RUCTIONS	ON REVE	KSE								I.D. NUMBER	
											1432178	
Nevill F	layakawa	2									1402170	
	IAME, STRE	OF LENDE	R		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	AMOUNT PAID OR FORGIVEN THIS PERIOD +	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
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						SUBTOTALS \$	0 1	0	<b>\$</b> 0	\$ 0		
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	tule B							. 0				
1. Loa	ns receiv	ed this	period					\$				
					ns of less than \$100.)			. 0		C	Contributor Codes	
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					00 paid or forgiven.)	dula A \					COM - Recipient C	
					it are also itemized on Sche			NET . 0		1,	other than i) OTH – Other (e.g., l	PTY or SCC)
					e 2 from Line 1.) ry Page, Column A, Line 2.	***********************		MEI			PTY - Political Part	y
Enti	er the ne	riere ai	iu on the	Summa	ry rage, Columna, Line 2.						SCC - Small Contri	
								(Ma	y be a negative number)	_		

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

\*\* If required.

Schedule	B	-	P	art	2
Loan Gua	ra	nt	0	rs	

Amounts may be rounded to whole dollars.

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SCH	ະບບເ	-E B	- PA	RI	2

Statement covers period from 01/01/2021	CALIFORNIA 460
through	Page 6 of 16
	I.D. NUMBER 1432178

NAME OF FILER
Kevin Hayakawa

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)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□ IND		LENDER		CALENDAR YEAR	
	□OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)	
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	□IND □COM		LENDER		CALENDAR YEAR	
	□OTH □PTY □SCC	Υ	DATE		PER ELECTION (IF REQUIRED)	
	□IND □COM	***************************************	LENDER		CALENDAR YEAR	Figure 3
	□OTH □PTY □SCC		DATE	E E E	PER ELECTION (IF REQUIRED)	
		Mary 7	SUBTOTAL	\$0	Enter on Summary Page, Line 17 only.	ar almaniji.

Schedule Nonmone	C tary Contributions Received		Amounts may be rounded to whole dollars.		S	statement covers	period	CALIFO	SCHEDULE DRNIA 460
SEE INSTRUCTIO	NS ON REVERSE				thro	ugh 06/30/2021	100 10	Page 7	of
NAME OF FILER Kevin Hayaka			All de American de La Company			2		I.D. NUME 143217	BER
DATE 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 SER		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		OTH SCC		AND ELL					
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		OTH SCC		- FI		- a			
Attach addition	onal information on appropriately labeled	continuation	sheets.	SUBTO	OTAL \$	0			
(Include all	C Summary  ceived this period – itemized nonmonetal Schedule C subtotals.)				\$_0		OTH	(other the - Other (e. - Political F	an PTY or SCC) g., business entity)

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upportin	of Expenditures ng/Opposing Other es, Measures and		Amounts may be r to whole dolla	Statement covers period from01/01/2021		FORM 460			
	ONS ON REVERSE			through <u>06/30/20</u>			Page 8	of_16	
AME OF FILER (evin Hayal							1.D. NUMBI 1432178		
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	CUMULATIV CALENDA (JAN. 1 - E	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	
			Monetary Contribution						
			Nonmonetary Contribution						
	Support	Oppose	Independent Expenditure						
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Sahadula	D Summary		100 A				PEARITY.	A THE PERSON	
		ndent evnenditures mad	e this period (Include	all Schedule D subtotals.	\		s 0		
		pendent expenditures made						1111-	

ition Sheet) of Expenditures ng/Opposing Other	Amounts may be not not whole dollars	Statement cove	rs period	CALIFORNIA 460		
es, measures and Committees	•		through 06/30/202	1	Page 9	of
awa Mahana a areas e	Annual Control		The state of the s		I.D. NUMB	ER
		DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CALENDA	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
The transfer was a series of the series of t	☐ Monetary Contribution ☐ Nonmonetary Contribution					
☐ Support ☐ Oppose	Independent Expenditure					
☐ Support ☐ Oppose	Contribution  Nonmonetary Contribution  Independent					
	Monetary Contribution Nonmonetary Contribution Independent					
Support Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure					
	NAME OF CANDIDATE, OFFICE, AND DISTRICE MEASURE NUMBER OR LETTER AND JURISDIC OR COMMITTEE  Support Oppose  Support Oppose	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE    Monetary Contribution   Independent Expenditure   Monetary Contribution   Nonmonetary Contribution   Nonmonetary Contribution   Independent Expenditure   Monetary Contribution   Independent   Expenditure   Monetary Contribution   Independent   Expenditure   Monetary Contribution   Independent   Expenditure   Monetary Contribution   Independent   Expenditure   Monetary Contribution   Independent   Monetary Contribution   Independent   Independent   Expenditure   Monetary Contribution   Independent   Independent	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE    Monetary Contribution   Monetary Contribution   Independent Expenditure   Monetary Contribution   Independent Expenditure   Monetary Contribution   Independent   Ind	OT EXPENDITURES  gg/Opposing Other  ps, Measures and Committees  Type of Payment  OR COMMITTEE  Monetary Contribution Independent Expenditure  Support  Oppose  Support  Oppose  Support  Oppose  Support  Oppose  Support  Oppose  Monetary Contribution Independent Expenditure  Monetary Contribution Independent Expenditure Independent Inde	OT Expenditures (gg/Opposing Other se, Measures and Committees)  NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION. OR COMMITTEE    Monetary Contribution   Nonmonetary Contribution   Independent   Expenditure   Monetary Contribution   Independent   Independent	GY Expenditures (gg/Opposing Other sp., Measures and Committees)  INVA  NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE    Monetary Contribution   Independent   Expenditure   Monetary Contribution   Independent   Expenditure   Monetary Contribution   Independent   Expenditure   Monetary Contribution   Independent   Independent   Monetary Contribution   Monetary Contribu

Schedule E	Amounts ma	v he rounded		Statement covers period CALIFORNIA 4 CO			
Payments Made		Amounts may be rounded to whole dollars.			period CAL	CALIFORNIA 460	
SEE INSTRUCTIONS ON BEVERSE					Page	e 10 of 16	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	and the same of th	IUMBER					
Kevin Hayakawa					143	32178	
CODES: If one of the following codes accurately described accurately des	MBR member of meetings of office experience of petition of phone bar polling and postage, of the member of meetings of the member of the meetings of the member of the meetings of the	communications and appearances enses roulating	ces	RAD radio airtime and preturned contributions RED campaign workers ret. t.v. or cable airtime rRC candidate travel, le rRS staff/spouse travel	production costs ions s' salaries e and production coodging, and meals l, lodging, and mea	ls same candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCR	PTION OF PAYMENT		AMOUNT PAID	
					,		
* Payments that are contributions or independent expenditures must also	be summarized on So	chedule D.			SUBTOTA	L\$ O	
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedu	ule E subtotals.)				\$	0	
2. Unitemized payments made this period of under \$100							
3. Total interest paid this period on loans. (Enter amount fro	om Schedule B, F	Part 1, Column (e).)			\$	0	

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Schedule E					SCHEDULE E (CONT.)
(Continuation Sheet) Payments Made	Amounts may to whole d			Statement covers period from 01/01/2021	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	SEE INSTRUCTIONS ON REVERSE				
NAME OF FILER Kevin Hayakawa		1.D. NUMBER 1432178			
CODES: If one of the following codes accurately described accurately des	MBR member con MTG meetings ar OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de	mmunication appearan ases ulating s survey reser	ces	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production returned contributions TRC candidate travel, lodging, a staff/spouse travel, lodging.	s soduction costs and meals g, and meals ees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
			ngig		
					Line to
* Payments that are contributions or independent expenditures must also	be summarized on Sch	edule D.		5	SUBTOTAL \$ 0

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

FPPC Form 460 (Jan/2016))

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Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be roun to whole dollars.	Statement cover from 01/01/2021 through 06/30/202		LIFORNIA 460 FORM 460		
NAME OF FILER Kevin Hayakawa					NUMBER 32178	
CODES: If one of the following codes accurately descriced comparing 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 communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and in PRO professional services ( PRT print ads	earch messenger services	RAD radio airtime air returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse transfer betwee VOT voter registrative	nd production costs butions ters' salaries time and production co el, lodging, and meals avel, lodging, and meals are committees of the s	ls ame 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 PAID THIS PERIOD (ALSO REPORT ON E)	D BALANCE AT CLOSE	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	<b>\$</b> 0	s 0	i 0	\$ 0	
Schedule F Summary						
<ol> <li>Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total unitemize</li> </ol>	Schedule F, Column (b) su d accrued expenses under	btotals for \$100.)	INCU	RRED TOTALS	0	
Total accrued expenses paid this period. (Include all So accrued expenses of \$100 or more, plus total uniternize	chedule F, Column (c) subto	tals for payments on enses under \$100.).		PAID TOTALS	0	
Net change this period. (Subtract Line 2 from Line 1. E on the Summary Page, Column A, Line 9.)	Enter the difference here and	1	***************************************	NET 9	0	
				F	May be a negative number PPC Form 460 (Jan/2016)) pc.ca.gov (866/275-3772)	

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be rounded	-unequiring symmetric	SCHEDULE F (CONT		
	to whole dollars.	Statement covers period from 01/01/2021	CALIFORNIA 460		
		through <u>06/30/2021</u>	Page 13 of 16		
NAME OF FILER			I.D. NUMBER		
Kevin Hayakawa			1432178		
CODES: If one of the following codes accurately des	scribes the payment, you may enter the co	de. Otherwise, describe the payment			
CMD compaign paraphernalia/miss	MRD member communications	DAD radio sistima and production	conte		

MBR member communications RAD radio airtime and production costs campaign paraphernalia/misc. CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB 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 PRT print ads WEB information technology costs (Internet, e-mail) campaign literature and mailings

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

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
	SUBTOTALS	\$ 0	<b>\$</b> 0	<b>\$</b> 0	<b>\$</b> 0

Schedule G Payments Made by an Agent or Independen Contractor (on Behalf of This Committee)	Statement covers period from _01/01/2021	CALIFORNIA 460		
	through 06/30/2021	Page 14 of 16		
SEE INSTRUCTIONS ON REVERSE				I.D. NUMBER
NAME OF FILER Kevin Hayakawa				1432178
NAME OF AGENT OR INDEPENDENT CONTRACTOR				MEN LINCOLD
CODES: If one of the following codes accurately describe	es the payment,	you may enter the co	de. Otherwise, describe the payment	02 42 92 N 20 82600
CMP campaign paraphernalia/mlsc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC ctvic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign interature and mailings  * Payments that are contributions or independent expenditures must also be	POS postage, d PRO profession PRT print ads	and appearances enses reulating nks d survey research delivery and messenger servical services (legal, accounting	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, a staff/spouse travel, lodging, a transfer between committees voter registration WEB information technology costs	duction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER J.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Amos additional information and add to the following				
Attach additional information on appropriately labeled continu				TOTAL* \$ 0
* Do not transfer to any other schedule or to the Summary Page. This total n independent contractor as reported on Schedule E.	nay not equal the an	mount paid to the agent or		FPPC Form 460 (Jan/2016))

Schedule H Loans Made to Others*	to whole dollars.			04 04 0004	01/01/2021 CALIFORNIA FORM		1A 460	
SEE INSTRUCTIONS ON REVERSE					through06/30/20	21	Page 15	of_16
NAME OF FILER							I.D. NUMBER	
Kevin Hayakawa							1432178	-
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	(e) REPAYMENT OF FORGIVENESS THIS PERIOD*		INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
				PAID  \$	4	RATE	s	S PER ELECTION PA
		1	1	\$	DATE DUE	3	DATE INCURRED	\$
		1	8	PAID  FORGIVEN	DATE DUE	% RATE	DATE INCURRED	S PER ELECTION**
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	n muet also he	SUBTOTALS	<b>\$</b> 0	<b>\$</b> 0	<b>\$</b> 0	<b>\$</b> 0		
Schedule H Summary  1. Loans made this period			1		\$	(Enter (e) on Schedule I, Line 3)		
(Total Column (b) plus unitemized loans 2. Payments received on loans (Total Column (c) plus unitemized payments	s of less than \$100.)						L	**If Required
Net change this period. (Subtract Line 2 (Enter the net here and on the Summa)	2 from Line 1.)					be a negative number)		

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded		CALIFORNIA 460	
		to whole dollars.	Statement covers period from 01/01/2021		
			through06/30/2021	Page 16 of 16	
SEE INSTRUCTIONS ON REV	VERSE	No. of the last of		I.D. NUMBER	
NAME OF FILER  Kevin Hayakawa				1432178	
DATE	FULL NAME AND ADDRESS OF S	OURCE	DESCRIPTION OF RECEIPT	AMOUNT OF	
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NU	MBER)	DECOME HON OF RECENT	INCREASE TO CASH	
			=		
				and the father to a person to de-	
Attach additional info	rmation on appropriately labeled continuation	on sheets.	SUBTOTA	L\$ 0	
Schedule I Summ	ary				
1. Itemized increases	to cash this period		\$ 0	The second second	
2. Unitemized increase	es to cash of under \$100 this period		s 0		
3. Total of all interest r	received this period on loans made to of	thers. (Schedule H, Column (e).)	\$ <u>0</u>	_	
	s increases to cash this period. (Add Lin	es 1, 2, and 3. Enter here and on the	TOTAL \$ 0	FPPC Form 460 (Jan/2016))	
			FPPC Advice: ad	vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	