: }			10/27/22	FX	COVER PAGE
Recipient Committee Campaign Statement Cover Page	•		Date Stamp	FC	ORM 460
Government Code Sections 84200-84216.5)	Statement covers period from09/25/2022	Date of election if applicable: (Month, Day, Year)	RECEIVI LOS ANGELE 2022 OCT 28		1 of 11 or Official Use Only
SEE INSTRUCTIONS ON REVERSE	through10/22/2022	11/08/2022	O A MOAIGN		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored No Complete Part 6)  rimarily Formed Candidate/ Officeholder Committee No Complete Part 7)	2. Type of Statement:    Preelection Statement     Semi-annual Statement     Termination Statement     (Also file a Form 410 Te	ermination)	Quarterly State Special Odd-Ye Supplemental F Statement - Atta	ear Report Preelection
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Virginia Baxter for Long Beach Community Col  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CO Long Beach CA 9080	DE AREA CODE/PHONE 2 (562) 983-0815	Treasurer(s)  NAME OF TREASURER  Gary Crummitt  MAILING ADDRESS  CITY  Long Beach  NAME OF ASSISTANT TREASURE	STATE CA RER, IF ANY	ZIP CODE 90802	AREA CODE/PHONE (562) 983-0815
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B  STATE ZIP CO  Long Beach CA 9080  OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE	MAILING ADDRESS  CITY  OPTIONAL: FAX / E-MAIL ADDR	STATE	ZIP CODE	AREA CODE/PHONE
(562) 983-0817 / gary@crummittandassociates.c  4. 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	this stateme		nd in the attached	· .	and complete. I certify
Executed on	Ву	Signature of Controlling Officeholder, Candidate, St	<u> </u>	35 (a)	
Date	1	Signature of Controlling Officeholder, Candidate, St	ate measure Proponent		DO F 400 / Inc/0040

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

	mittee					Committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Virginia Baxter					1			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICA	ABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	] [	SUPPORT
Board Trustee Long Beach CCD District 5								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE			Identify the controlling of	iceholder, car	ndidate, or sta	ate measure	proponent, if ar
	Long Beach CA	90802		NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PR	OPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by yo contributions or make expenditures on behalf of your of	u or are primarily forme			OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER							,
	CONTROL ( ED COLIN		7.	<b>Primarily Formed Can</b>	didate/Offic	eholder Co	mmittee L	ist names of
NAME OF TREASURER	CONTROLLED COMM		7.	Primarily Formed Can officeholder(s) or candidate(s)				
NAME OF TREASURER	CONTROLLED COMM		7.	officeholder(s) or candidate(s	) for which this	s committee is	primarily form	
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	☐ YES ☐ I		7.		) for which this	s committee is		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	YES !		7.	officeholder(s) or candidate(s	s) for which this	OFFICE SOU	primarily form	support
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	YES !	NO	7.	officeholder(s) or candidate(s	candidate	OFFICE SOUG	primarily form	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIF	P CODE AREA C	ODE/PHONE	7.	NAME OF OFFICEHOLDER OR O	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUR  OFFICE SOUR  OFFICE SOUR	primarily form GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.  CITY STATE ZIF  COMMITTEE NAME  NAME OF TREASURER	P CODE AREA COLLED COMM	ODE/PHONE	7.	NAME OF OFFICEHOLDER OR ON NAME OF OTHER OR OTHER OR ON NAME OF OTHER OR OTHER OR ON NAME OF OTHER OR OTHER OR OTHER OR OTHER OR OTHER OR OTHER OTHER OTHER OR OTHER OTHE	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUR  OFFICE SOUR  OFFICE SOUR	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIF	P CODE AREA COLLED COMM	ODE/PHONE	7.	NAME OF OFFICEHOLDER OR ON NAME OF OTHER OR OTHER OR ON NAME OF OTHER OR OTHER OR ON NAME OF OTHER OR OTHER OR OTHER OR OTHER OR OTHER OR OTHER OTHER OTHER OR OTHER OTHE	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUR  OFFICE SOUR  OFFICE SOUR	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE

### Cåmpaign Disclosure Statement

SUMMARY PAGE

Summary Page	to whole dollars.	State	09/25/2022	FORM 460
SEE INSTRUCTIONS ON REVERSE		through	10/22/2022	Page3 of11
NAME OF FILER				I.D. NUMBER
Firginia Baxter for Long Beach Community College Board 2022				1362015
Contributions Received	TOTALTHIS PERIOD CALI	DIUMN B ENDAR YEAR TALTO DATE		mary for Candidates e State Primary and

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$4,648.00	\$17,862.00	
2. Loans Received Schedule B, Line 3	0.00	20,000.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$4,648.00	\$37,862.00	20. Contributions  Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$4,648.00	\$ 37,862.00	Made \$ \$
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 4,098.71	\$9,446.67	Candidates
7. Loans Made Schedule H, Line 3	0.00	0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 4,098.71	\$9,446.67	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	0.00	0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 4,098.71	\$9,446.67	\$
Current Cash Statement			\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 47,550.98	To calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	4,648.00	amounts in Column A to the corresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	from Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	4,098.71	report. Some amounts in Column A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 48,100.27	figures that should be	
If this is a termination statement, Line 16 must be zero.	· · · <sub>_</sub> -	subtracted from previous period amounts. If this is the first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	for this calculation was an end	
Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above		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 (	A Contributions Received		ts may be rounded whole dollars.	Statement cove			SCHEDULE IFORNIA 460
SEE INSTRUCTION	NS ON REVERSE			through	022	Page	of 11
NAME OF FILER Virginia Bax	tter for Long Beach Community College Board 2022					I.D. N 1362	UMBER 015
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
10/14/2022	Stanley W. Brinton Seal Beach, CA 90740		Retired N/A	550.00		550.00	
10/19/2022	Felonise Carbonaro Cypress, CA 90630	⊠IND □COM □OTH □PTY □SCC	Retired Retired	100.00	1	.00.00	٠.
	-1 111 1 1		D . 1 1 1	200 00			

			SUBTOTAL	1,250.00		<b>**                                   </b>
10/14/2022	Judy Hess Long Beach, CA 90803	⊠IND □COM □OTH □PTY □SCC	Retired N/A	100.00	100.00	
10/14/2022	Minnie Douglas Long Beach, CA 90808	⊠IND □COM □OTH □PTY □SCC	Retired N/A	300.00		
10/14/2022	Phyllis Comiskey Long Beach, CA 90815	⊠IND □COM □OTH □PTY □SCC	Retired N/A	200.00		
10/19/2022	Felonise Carbonaro Cypress, CA 90630	⊠IND □COM □OTH □PTY □SCC	Retired Retired	100.00	100.00	
10/14/2022	Stanley W. Brinton Seal Beach, CA 90740	⊠IND □COM □OTH □PTY □SCC	Retired N/A	550.00	550.00	

#### **Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) 4,250.00 2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$ 398.00

3. Total monetary contributions received this period. 4,648.00 \*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

09/25/2022

				from09/25/	/2022	FORM TOO
				through10/22/	/2022 Pa	ge 5 of 11
NAME OF FILER					1.0	). NUMBER
Virginia Bax	ter for Long Beach Community College Board 2022				13	62015
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE
10/19/2022	R Hollenberg Silverado, CA 92676	⊠IND □COM □OTH □PTY □SCC	Professor Long Beach City College	100.00	100.	00
10/14/2022	Michael C. Jacobs  Long Beach, CA 90815	⊠IND □COM □OTH □PTY □SCC	Retired N/A	500.00	500.	00
10/12/2022	Charlotte Joseph Long Beach, CA 90807	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Retired Retired	600.00	600.	00
10/14/2022	Joann Kuroda Long Beach, CA 90815	☑IND □COM □OTH □PTY □SCC	Retired N/A	100.00	200.	00
	Bob Luskin Long Beach, CA 90803	⊠IND □COM □OTH □PTY □SCC	Property Management Luskin Management	100.00	100.	
		-	SUBTOTAL	1,400.00		

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

### Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)	١
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Statement covers period

				from09/25/	2022	FO	RM 40	М
				through10/22/	2022	Page	6 of 11	
NAME OF FILER		_				I.D. NUM	BER	$\neg$
Virginia Bax	ter for Long Beach Community College Board 2022					136201	.5	
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 CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED	
10/11/2022	Donald P. Moder Los Angeles, CA 90013	⊠IND □COM □OTH □PTY □SCC	Marketing Donald Moger	250.00	2	50.00		
10/21/2022	Suzanne Nosworthv  Long Beach, CA 90803	⊠IND □COM □OTH □PTY □SCC	Retired Retired	100.00	1	00.00		
10/21/2022	Douglas Otto Long Beach, CA 90803	IND  COM  OTH  PTY  SCC	Attorney Law offices of Douglas W. Otto	250.00	2	50.00	-	
10/14/2022	Gail B. Schwandner Long Beach, CA 90803	IND  COM  OTH  PTY  SCC	Retired N/A	250.00	2	50.00		
10/14/2022	Gary Thomas Scott San Gabriel, CA 91775	☑IND □COM □OTH □PTY □SCC	Retired N/A	150.00	1	50.00	-	
	-		SUBTOTAL	1,000.00			area.	1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH - Other (e.g., business entity)

PTY - Political Party

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars. SCHEDULE A (CONT.)

**CALIFORNIA** 

Statement covers period

				from09/25/	2022	FORM <b>400</b>
				through 10/22/		ge 7 of11
NAME OF FILER					I.D.	NUMBER
Virginia Baxt	ter for Long Beach Community College Board 2022				130	62015
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERED, NUMBER)	CONTRIBUTOR CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
10/12/2022	Linda Silver Long Beach, CA 90803	⊠IND □COM □OTH □PTY □SCC	Retired Retired	200.00	200.0	00
10/14/2022	Frederick P. Trapp  Long Beach, CA 90808	□IND □COM □OTH □PTY □SCC	Retired N/A	50.00	100.0	00
10/14/2022	Virginia Wilcox Long Beach, CA 90808	IND  COM  OTH  PTY  SCC	Professor Golden West College	100.00	100.0	00
10/11/2022	Sunny Zia  Long Beach, CA 90802	⊠IND □ COM □ OTH □ PTY □ SCC	Trustee Area 3 LBCCD	250.00	350.0	
		☐IND ☐COM ☐OTH ☐ PTY ☐ SCC				
			SUBTOTAL	600.00		

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

of \_\_11

CUMULATIVE CONTRIBUTIONS TO DATE CALENDARYEAR \$\_\_\_\_0.00 PER ELECTION\*\*

CALENDARYEAR

\$\_\_\_\_0.00 PER ELECTION \*\*

CALENDAR YEAR

PER ELECTION \*\*

							SCH
Schedule B - Part 1	Amo	ounts may be ro			Statement cov	ers period	CALIFORN
Loans Received		to whole donar	5.		from09/2	FORM	
SEE INSTRUCTIONS ON REVERSE					through10/2	2/2022	Page8
NAME OF FILER							I.D. NUMBER
Virginia Baxter for Long Beach Communi	ty College Board 2022						1362015
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. 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 PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN
Virginia L. Baxter	Owner Ginny's Getaways			PAID			
Long Beach, CA 90808 LOAN	ozimi, o occamaço			\$0_00	\$10,000.00	0_00 % RATE	\$ 10.000.00
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$_10,000.00	\$0.00	\$0.00	DATE DUE	\$0.00	04/03/2014 DATE INCURRED
Virginia L. Baxter	Owner Ginny's Getaways			PAID	-		
Long Beach, CA 90808				\$0.00	\$10,000.00	0_00% RATE	\$ 10,000.00
<sup>†</sup> ⊠ IND □ COM □ OTH □ PTY □ SCC		\$ 10,000.00	\$0.00	\$0_00	12/31/2023 DATE DUE	\$0.00	12/15/2021 DATE INCURRED
				PAID			
				\$ FORGIVEN	s	RATE	\$
. † IND COM OTH PTY SCC		\$	\$	s	DATE DUE	s	DATE INCURRED

SUBTOTALS \$

0.00\$

0.00\$

#### **Schedule B Summary**

(Enter (e) on Schedule E, Line 3)

0.00

20,000.00\$

	•		
· 1.	Loans received this period	. \$	0.00
	(Total Column (b) plus unitemized loans of less than \$100.)		
2.	Loans paid or forgiven this period	. \$	. 0.00
	(Total Column (c) plus loans under \$100 paid or forgiven.)	•	
	(Include loans paid by a third party that are also itemized on Schedule A.)		
3.	Net change this period. (Subtract Line 2 from Line 1.)	\$	0.00
	Enter the net here and on the Summary Page, Column A, Line 2.	. ;	(May be a negative number)

†Contributor Codes

IND-Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

Schedule E Payments Made	Amounts may t to whole d			fron	09/25/2022 09/25/2022	CALIFORNIA FORM	400
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER				thro	ougn	I.D. NUMBER	Of
Virginia Baxter for Long Beach Community College Board 2	2022					1362015	
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 and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearance uses lating s survey resear ivery and me	s	RAD RFD SAL TEL	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and producandidate travel, lodging, an staff/spouse travel, lodging, transfer between committee voter registration	duction costs Id meals In and meals In so of the same can	didate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR .	DESCRIPTION	N OF PAYMENT	AM	MOUNT PAID
Crummitt & Associates Inc.		PRO					470.0
Long Beach, CA 90802							
E- Fundraising Connections Sacramento, CA 95814			Credit Card	Processing	Fees		9.5
E- Fundraising Connections Sacramento, CA 95814			Credit Card	Processing	Fees		2.7
* Payments that are contributions or independent expenditures m	rust also be summ	arized on S	chedule D.		su	JBTOTAL\$	482.2
						-	

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

Schedule E Summary

0.00

0.00

4,098.71

#### Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

		SCHEDULE E (CONT.)
Staten	nent covers period	CALIFORNIA 460
from	09/25/2022	FORM +OO
through_	10/22/2022	Page 10 of 11
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE	through10/22/2022	Page of11
NAME OF FILER		I.D. NUMBER
Virginia Baxter for Long Beach Community College Board 2022		1362015

CODES: If one of the following codes accurately describ	es 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
CVC civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)
		<del></del>		

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
		Credit Card Processing Fees	11.75
Sacramento, CA 95814			
			·
E- Fundraising Connections		Credit Card Processing Fees	19.46
Sacramento, CA 95814			
E- Fundraising Connections	,	Credit Card Processing Fees	37.00
Sacramento, CA 95814			
		,	
E- Fundraising Connections		Credit Card Processing Fees	1.63
Sacramento, CA 95814			
E- Fundraising Connections		Credit Card Processing Fees	5.00
Sacramento, CA 95814			And the state of the

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

\* SUBTOTAL \$ 74.84

# Schedule E

		3CHEDU	TEE (CON )
Stat	ement covers period	CALIFORNIA	460
from	09/25/2022	FORM	400
		1	

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	from09/25/2022	FORM 460
SEE INSTRUCTIONS ON REVERSE		through 10/22/2022	Page11 of11
NAME OF FILER			I.D. NUMBER
Virginia Baxter for Long Beach Community Coll	lege Board 2022		1362015
CODES: If one of the following codes accurate	ely describes the payment, you may enter the code.	Otherwise, describe the payment	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	n costs

COPES: 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 meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearances ases lating	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production cos TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals	s ame candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Alan Gafford		CNS		1,500.00
Long Beach, CA 90808				

Alan Gafford	CNS		1,500.00
Long Beach, CA 90808			
Long Beach Marriott	FND		2,041.62
Long Beach, CA 90815			
·			
	:		

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

SUBTOTAL \$

3,541.62