De-injent Committee				COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp 1 20 23 P.M.	CALIFORNIA 460
_	Statement covers period from 10/23/2022	Date of election if applicable: (Month, Day, Year)	RECEIVED BY IS ANGELES COU	Page 1 of 5
SEE INSTRUCTIONS ON REVERSE	through 12/31/2022	11/8/2022 2	123 JAN 27 PM 3:	02
1. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:	AMPAIGNFINAN	CE /
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Complete Part 6) cimarily Formed Candidate/ fficeholder Committee Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	rmination)	Quarterly Statement Special Odd-Year Report
	NUMBER E2G47	Treasurer(s)		,
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	53647	NAME OF TREASURER		
Mark Dutton for Los Angeles Community College Dis	trict Special Flection Seat 7	Mark Dutton		
Mark Dutton for Los Angeles Community Copege Dis	arici speciai Election, seat /	MAILING ADDRESS		· · · · · · · · · · · · · · · · · · ·
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZII	P CODE AREA CODE/PHONE
SINCE ADDICES (NOTICE SOA)				11043 818 693-2763
CITY STATE ZIP COD	E AREA CODE/PHONE	Tujunga Name of assistant treasuri		1045 616 093-2705
		NAME OF ASSISTANT TREASURE	ER, IF ANT	
Tujunga CA 91042 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR;P.O. BOX	818 693-2763	MAILING ADDRESS		 ,
MALING ADDRESS (IF DIFFERENT) NO. AND DIRECT ONJ. S. DOX		MAILING ADDRESS		
CITY STATE ZIP COD	E AREA CODE/PHONE	CITY	STATE ZII	P CODE AREA CODE/PHONE
Tujunga CA 91043	818 693-2763			
OPTIONAL: FAX / E-MAIL ADDRESS	010 050-27 00	OPTIONAL: FAX / E-MAIL ADDRE	SS	, , , , , , , , , , , , , , , , , , , ,
Verification			- ,	
I have used all reasonable diligence in preparing and reviewing	this statement and to the bes		the attached	schedules is true and complete. I
certify under penalty of perjury under the laws of the State of C			21,0 011021102	osilozatio io uno alla complete, i
Executed on 1/26/2023	,			
Executed on Date	Ву		- , ,	
Executed on	Ву			
Date 12077	Signatu		isible Officer of Sp	onsor
Executed on 1/26/2023	Ву		porient	
Evecuted on	B		,	
Executed on	By	Seashuse of Controlling Officeholder Condidate C	into Manager Proposition	

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNI. FORM	^A 460
Page 2	of <u>5</u>

Officeholder or Candidate Controlled Committee			6.	6. Primarily Formed Ballot Measure Committee						
NAME OF OFFICEHOLDER OR CANDIDATE					1	NAME OF BALLOT MEASURE				· · · · · · · · · · · · · · · · · · ·
Mark Dutton										
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER	IF APPLIC	ABLE)		ī	BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
LosAngelesCommunityCollegeDistrictSeat7										OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	ITY	STATE			•	Identify the controlling office		late as efete		
	Tujunga	CA	91042			Identify the controlling officer			measure pro	oponent, if any.
Related Committees Not Included in this Stanot included in this statement that are controlled by you o contributions or make expenditures on behalf of your cand	r are primarily	ist any con formed to	nmittees receive		7	OFFICE SOUGHT OR HELD			DISTRICT NO	O. IF ANY
NAME OF TREASURER	I.D. NUMBER		TTEE?	7.	. <u>.</u>	Primarily Formed Candi	date/Office	holder Co	mmittee i	List names of
,	☐ YES	□ №				onicential and a candidate(s) i	or winch ans	commutee is p	nimarijy rom	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)				١	NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT O'R HEL	SUPPORT OPPOSE
COMMITTEE NAME		AREA COL	DE/PHONE		1	NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT ÓR HEL	D SUPPORT □ OPROSE
	I.D. NUMBER				1	NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HEL	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLE VES BOX)				1	NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE:SOU	GHT OR HEL	D SUPPORT OPPOSE
CITY STATE ZIP O	CODE	AREA COL	DE/PHONE		-	Attac	h continuatio	n sheets if no	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 10/23/2022	CALIFORNIA 460
through <u>12/31/2024</u>	_ Page 3 of 5
	I.D. NUMBER
	1453647

Mark Dutton for Los Angeles Community College District Special Election	1453647		
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOFAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$\frac{155.20}{-1,300.00}\$ \$\frac{-1,144.80}{0.00}\$ \$\$\frac{-1,144.80}{-1,144.80}\$	\$ \$ \$	20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 8. Schedule F, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$\frac{47.40}{0.00}\$ \$\frac{47.40}{0.00}\$ \frac{0.00}{0.00}\$ \$\frac{47.40}{47.40}\$	\$ \$ \$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date, of Election (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$ 0.00	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 filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00	l	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Cahadula D. Dart 4	Am	Amounts may be rounded -					SCHEDULE B - PART 1		
Schedule B – Part 1		to whole dollars	S.		Statement cov		CALIFORNIA 460		
Loans Received				from 10/23/2022		FORM TOO			
SEE INSTRUCTIONS ON REVERSE					through 12/31/2	022	Page 4	of 5	
NAME OF FILER							I.D. NUMBER		
Mark Dutton for Los Angeles Community Co	llege District Special Election,	Seat 7							
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) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIO	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Mark Dutton	Producer Self			PAID		,		CALENDAR YEAR	
	1 Toutage Foot			s	_ \$	%	\$	\$	
Tujunga, CA 91042				FORGIVEN		RATE		PER ELECTION**	
14,41.92, 011,91012		1300	710.80	s 589.20					
TEZIND □ COM □ OTH □ PTÝ □ SCC		\$	\$	\$	DATE DUE	-	DATE INCURRED	\$	
				PAID	 	· · · · · · · · · · · · · · · · · · ·	-	CALENDAR YEAR	
				\$	_	%	s	s	
				☐ FORGIVEN	1	RATE	1	PER ELECTION**	
				_				PERELECTION	
T☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	s	\$	DATE DUE	\$	DATE INCURRED	\$	
THE COM CON CALL CO		·		PAID	+	 	 	CALENDAR YEAR	
•			ĺ	•	١.				
				FORGIVEN	-	RATE	*	\$	
				LI FORGIVEN				PER ELECTION**	
		\$	\$	\$	DATE DUE	s		\$	
ND COM OTH PTY SCC		<u> </u>			DATE DOE	<u></u>	DATE INCURRED		
	s	UBTOTALS \$; \$	5	,\$	\$			
		, , , , , , , , , , , , , , , , , , , 			- ,	(Enter (e) on Sched	lule E, Line 3)	eprodistant western.	
Schedule B Summary				. 0					
Loans received this period	er a 4400 \	•••••	•••••	\$					
(Total Column (b) plus unitemized loan	s of less than \$100.)			\$ <u>1,</u>	300	(†	Contributor Codes		
Loans paid or forgiven this period (Total Column (c) plus loans under \$10					; 		ND – Individual		
(Include loans paid by a third party tha		dule A.)		_	200	l °	OM - Recipient: C other than	ommittee PTY or SCC)	
B. Net change this period. (Subtract Lin	e 2 from Line 1.)			NET \$ $\frac{-1}{}$,300		TH – Other (e.g., l	business entity)	
Enter the net here and on the Summar	y Page, Column A, Line 2.						TY Political Part CC Small Contri		
					(May be a negative number)	ره	CC - Small Contri	Dulor Committee	
				,	(way be a negative number)				
*Amounts forgiven or paid by another party also m	ust be reported on Schedule A.								

** If required.

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www.fppc.ca.gov

Schedule E Payments Made	Amounts may be rounded to whole dollars.			Statement covers period from 10/23/2022	CALLIF	ORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		.,		through <u>12/31/2022</u>	Page _	of
Mark Dutton for Los Angeles Community College District Specie	al Election, Seat 7				1.5,.1101	
CODES: If one of the following codes accurately described 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 expens PET petition circu PHO phone banks POL polling and s POS postage, deli	munications I appearances es ating	er services	RAD radio airtime and product returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and TRC candidate travel, lodging staff/spouse travel, lodging transfer between commit voter registration information technology of	ction costs ries production costs g, and meals ing, and meals ittees of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DES	SCRIPTION OF PAYMENT	,	AMOUNT PAID
				,	,	
			,	· · · · · · · · · · · · · · · · · · ·		
		, , , , , , , , , , , , , , , , , , , 			,	
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.		;	SUBTOTAL S	5
Schedule E Summary					<u></u>	
 Itemized payments made this period. (Include all Schedule Unitemized payments made this period of under \$100 	•			'	\$ _4	7.40
3. Total interest paid this period on loans. (Enter amount from						.00
4. Total payments made this period. (Add Lines 1, 2, and 3. I	Enter here and on	the Summary i	² age, Column /	A, Line 6.)	TOTAL:\$ 4	7.40

Statement of C Recipient Com					·/1a/2	200 1161 V 668 84	CALIFO	
Statement Type	☐ Initial	☐ Amendment	Z	Termination - See Part	5 LUG AT	UEIVER BY IDELES CO	JNIT	or Official Use Only
	O Not yet qualified							
	or Date qualification threshold met	Date qualification threshold met		Date of termination	2023 JA	M 20 PM 3	: 13	
		Date quameation amounted mee		01 , 19 , 2023	PAMP	AIGH FINA	NOE	
	10 / 13 / 2022		Ļ	/				
1. Committee	Information I.D. Number	er 1453647		2. Treasurer an	id Other Pri	ncipal Office	rs	
NAME OF COMMITTEE		D		NAME OF TREASURER	····	,	,	
Mark Dutton for 2022	r Los Angeles Community Colle	ge District Special Election Sea	at /	Mark Dutton				/
2022				STREET ADDRESS (NO P.O. BO	(X)			····
STREET ADDRESS (NO P.O.	BOX)	, , , , , , , , , , , , , , , , , , , ,		CITY		STATE	ZIP CODE	AREA CODE/PHONE
				Tujunga		CA	91042	·
сту Tujunga	STATE ZIP C	ODE AREA CODE/PHONE 042		NAME OF ASSISTANT TREASU	IRER, IF ANY			
FULL MAILING ADDRESS (,	-,	STREET ADDRESS (NO P.O. BO)X)			
					•			
E-MAIL ADDRESS (REQUIR				CITY		STATE	ZIP CODE	AREA CODE/PHONE
muddystardust@								
COUNTY OF DOMICILE	JURISDICTION WHERE COM	IMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER	R(S)			
Los Angeles	Los Angeles		, -	STREET ADDRESS (NO P.O. BO				·····
				STREET ADDRESS (NO KO. BO.	14)			
A44L		halad aandoondoo ahaaba		сіту	· · · · · · · · · · · · · · · · · · ·	STATE	ZIP CODE	AREA CODE/PHONE
Attach additional	l information on appropriately la	belea continuation sneets.						
3. Verification	n			'				
	asonable diligence in preparing	this state				d herein is tru	e and complet	e. I certify under
	y under the laws of the State of					a nerem is a a	e and complet	e. I certify dilider
Executed on 01/2	19/2023							
	DATE							
Executed on	19/2023 By							
Eventual on						NT		
Executed on	DATE By	SIGNATURE OF CONTR	ROLL	LING OFFICEHOLDER, CANDIDATE, OR STA	ATE MEASURE PROPON	ENT		
Executed on	Ву							
	DATÈ	SIGNATURE OF CONT	ROLL	LING OFFICEHOLDER, CANDIDATE, OR STA	ATE MEASURE PROPOS	IENT		

FPPC Form 410 (August/2018)
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