Campaign Statement Cover Page	•	4	Date Stamp	CALIFORNIA 460
م المحمد	Statement covers period	Date of election if applicable: (Month, Day, Year)	RECEIVED BY ANGELES COUNTY	Page 1 of 5 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 09/24/2022	11/05/2024 £C A	OCT 14 PM 3: 42	`
1. Type of Recipient Committee: All Committees - Committe	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	7 L 2 S	,
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To	t □ Spe ermination) .	rterly Statement cial Odd-Year Report
3. Comminee information	D. NUMBER 432178	Treasurer(s)	· · · · · · · · · · · · · · · · · · ·	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Kevin Hayakawa for Walnut Valley Water Board STREET ADDRESS (NO P.O. BOX)	1	NAME OF TREASURER Kevin Hayakawa MAILING ADDRESS CITY	STATE ZIPC	
CITY STATE ZIP C	DDE AREA CODE/PHONE	Rowland Heights NAME OF ASSISTANT TREASUR	CA 9174	18 (951) 961-5750
Rowland Heights CA 9174	•	TABLE OF AGOID INTO THE NOON	-	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS kevinhayakawa@ucla.edu		OPTIONAL: FAX / E-MAIL ADDRE	ss	
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on 10/11/2022 Executed on 10/11/2022 Date Executed on Date	California that the foregoing is true and By		Treasurer ponent or Responsible Officer of Spons	· .
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, S	state Measure Proponent	FPPC Form 460 (Jan/2016))
			EDDC Adultura ad	**** Of an an analysis (2017 2010))

Recipient Committee Campaign Statement Cover Page — Part 2

Dage 2	at 5				
CALIFORNIA FORM	460				
COVER PAGE - PART 2					

Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE Kevin Hayakawa			NAME OF BALLOT MEASURE		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER JURISDIC	TION	SUPPORT
Walnut Valley Water District Board of Directors,	Division 4				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP CA 91748		Identify the controlling officeholder, can		nent, if any.
Related Committees Not Included in this Stat			NAME OF OFFICEHOLDER, CANDIDATE, OR		
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	dacy.		OFFICE SOUGHT OR HELD	DISTRICT NO. I	F ANY
COMMITTEE NAME Kevin T. Hayakawa for RUSD School Board 2022	I.D. NUMBER 1454879	7	Primarily Formed Candidate/Offi	ceholder Committee	t names of
NAME OF TREASURER Kevin Hayakawa	CONTROLLED COMMITTEE? ✓ YES □ NO		officeholder(s) or candidate(s) for which the		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
Rowland Heights CA 9174	y .	,	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
•	,		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	CONTROLLED COMMITTEE? YES NO OX)		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
·					
CITY STATE ZIP CO	DDE AREA CODE/PHONE			tion sheets if necessary	

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

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

	SUMMARY PAGE			
Statement covers period from 07/01/2022	CALIFORNIA 460			
through 09/24/2022	Page 3 of 5			
,	I.D. NUMBER			

Contributions Received Column A TOTAL THE PERCO PROMATICAL DEPOSITION Monetary Contributions Schedule A, Line 3 Schedule B, Line 3 SubTOTAL CASH CONTRIBUTIONS Add Lines 3+ 2 Normonetary Contributions Schedule E, Line 4 Normonetary Contributions	SEE INSTRUCTIONS ON REVERSE		urrough .	
TOTALTISERRED FROM TORMES SERVED. 1. Monetary Contributions	······································		,	I.D. NUMBER 1432178
Schedule E, Line 4 \$ 3 \$ \$ 58 \$ Candidates 7. Loans Made	1. Monetary Contributions	TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ \frac{75}{0}\$ \$ \frac{75}{0}\$	\$ 200 \$ 200 \$ 200 \$ 200	Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$
12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 75 \$	6. Payments Made	\$ \frac{0}{3} \\ \frac{0}{0} \\ \fra	0 58 0 0	Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	75 0 3 807	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	
	Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse	\$ 0	only carry over the amounts from Lines 2, 7, and 9 (if	FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received		Amounts may be rounded to whole dollars.		SCHEDULE A			
				Statement cov from 07/01/2022	CAL	california 460	
SEE INSTRUCTIO	ons on reverse	·		through 09/24/202	2 Pag	ge <u>4</u> of <u>5</u>	
NAME OF FILER	awa for Walnut Valley Water Board 20	24				NUMBER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBE	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)	
		□IND □COM □OTH □PTY □SCC		, , , , , , , , , , , , , , , , , , ,			
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		- 4			
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				-	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
			SUBTOTAL	\$ 0			
Amount re- (Include all	A Summary ceived this period – itemized monetary I Schedule A subtotals.) ceived this period – unitemized moneta		75		(oth OTH Oth PTY Polit	idual cipient Committee er than PTY or SCC) er (e.g., business entity)	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summ	ary Page, Column A, Line 1	l.) TOTAL \$ ⁷⁵		F	PPC Form 460 (Jan/2016)) pc.ca.gov (866/275-3772) www.fppc.ca.gov	

ayments Made			Statement covers period from 07/01/2022	- FOR	FORM 460 Page 5 of 5		
SEE INSTRUCTIONS ON REVERSE				through <u>09/24/2022</u>			— Page —
NAME OF FILER Kevin Hayakawa for Walnut Valley Water Board 2024						1.D. NUMBER 1432178	
CODES: If one of the following codes accurately described in the contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office expens PET petition circu PHO phone banks	nmunications d appearances ses lating urvey research very and mess	ı enger services	RAD radio airtime and production returned contributions campaign workers' salarie t.v. or cable airtime and procandidate travel, lodging, staff/spouse travel, lodging, transfer between committed voter registration information technology contribution.	on costs s coduction costs and meals g, and meals ees of the same		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R DESC	CRIPTION OF PAYMENT		AMOUNT PAID	
<u> </u>							
· · · · · · · · · · · · · · · · · · ·							
* Payments that are contributions or independent expenditures must al	so be summarized on Sche	edule D.		5	SUBTOTAL \$)	
Schedule E Summary							
1. Itemized payments made this period. (Include all Sche	edule E subtotals.)				\$_ <mark>0</mark>		
2. Unitemized payments made this period of under \$100					\$ <u>.</u>		
3. Total interest paid this period on loans. (Enter amount	from Schedule B, Par	t 1, Column	(e).)	· ·	\$ <u>0</u>		
4. Total payments made this period. (Add Lines 1, 2, and	3. Enter here and on	the Summa	ary Page, Column A	, Line 6.) 1	OTAL \$ 3		
	. ~			FPPC Advice: ac		rm 460 (Jan/2016)) gov (866/275-3772) www.fppc.ca.gov	

SCHEDULE E