	•		7/2	9/22	COVERPAGE
Recipient Committee			Date Stamp	C	
Campaign Statement Cover Page			LOS ANGELES	DBY	FORM 400
(Government Code Sections 84200-84216.5)			Los BunEFFE	s cour <u>ai</u> n	
	Statement covers period	Date of election if applicable:	2022 SEP 30 F	Pa Pa	ge 1 of 9
	from 01/01/2022	(Month, Day, Year)		77 1: <u>[15</u>	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through09/24/2022	11/08/2022	CAMPAIGN F	NANCE	11944
1. Type of Recipient Committee: All Committees - Co	mplets Perts 1, 2, 3, and 4.	2. Type of Statement:			11100
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee) Controlled) Sponsored Also Complete Part 6) rimarily Formed Candidate/ officeholder Committee Also Complete Part 7)	□ Preelection Statement □ Semi-annual Statement □ Termination Statement (Also file a Form 410 T □ Amendment (Explain t	t [Fermination)	Suppleme	Statement dd-Year Report ntal Preelection - Attach Form 495
3. Committee information	D. NUMBER 1452345	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
CAROL KWAN FOR WEST BASIN WATER BOARD 2022		CARY DAVIDSON MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
		LOS ANGELES	CA	90071	(213) 624-6200
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY		
LOS ANGELES CA 9007		NATHAN HARDY			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	ox	MAILING ADDRESS			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		LOS ANGELES	CA	90071	(213) 624-6200
OPTIONAL: FAX / E-MAIL ADDRESS sosfilings@politicallaw.com		OPTIONAL: FAX / E-MAIL ADD	RESS		
Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California.	g this statement and to the bea		and in the attached	d schedules is	true and complete. I certify
Executed on09/29/2022	Ву		eacurer		
Executed on09/29/2022	Ву		onent or Responsible Officer of	ofSponeor	
Executed on	Ву	agreeme of Cormology Officer labels, Cormology,	to Measure Proponent		• .
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent		FPPC Form 460 (Jan/201

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

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2				
	ORNIA ORM	4	160	
Page	2	of	9	

	ommittee	ъ.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE	. ,		NAME OF BALLOT MEASURE				
CAROL KWAN							_
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND D	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT
BOARD MEMBER W. BASIN WATER District 1							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP		Identify the controlling of	ficeholder, ca	andidate, or sta	ate measure p	proponent, if a
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in thi	is Statement: List any committees						
not included in this statement that are controlled b	y you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
contributions or make expenditures on behalf of yo	our candidacy.		5.				
COMMITTEE NAME	I.D. NUMBER				I		,
	İ						
	·	7	Primarily Formed Car	didata/Offi	coholdor Co	mmittaa /:	.4
AME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(
	YES NO		omeoneration or camaration	o, .o		p	
COMMITTEE ADDRESS STREET ADDRESS (NO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
			NAME OF OFFICEHOLDER OR	- 1.5		GHT OR HELD	OPPOSE
CITY STATE	P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	GHT OR HELD	SUPPORT
CITY STATE	P.O. BOX) ZIP CODE AREA CODE/PHONE			CANDIDATE	OFFICE SOUG		OPPOSE SUPPORT OPPOSE
COMMITTEE NAME	P.O. BOX) ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME NAME OF TREASURER	P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	GHT OR HELD	OPPOSE SUPPORT OPPOSE
	P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	GHT OR HELD	☐ OPPOSE ☐ SUPPORT ☐ OPPOSE ☐ SUPPORT ☐ OPPOSE ☐ SUPPORT
COMMITTEE NAME NAME OF TREASURER	P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	GHT OR HELD GHT OR HELD GHT OR HELD	☐ OPPOSE ☐ SUPPORT ☐ OPPOSE ☐ SUPPORT ☐ OPPOSE ☐ SUPPORT

Campaign Disclosure Statement Summary Page

16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$

18. Cash Equivalents See instructions on reverse

19. Outstanding Debts Add Line 2 + Line 9 in Column B above

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

Amounts may be rounded to whole dollars.

SUMMARY PAGE	:
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Statement covers period

					from	01/01/2022	
SEE INSTRUCTIONS ON REVERSE					through ₋	09/24/2022	Page3 of9
NAME OF FILER				,			I.D. NUMBER
CAROL KWAN FOR WEST BASIN WATER BOARD 2022		*					1452345
Contributions Received	TOTAL	lumn A THIS PERIOD CHED SCHEDULES)		Column CALENDAR Y TOTAL TO D	'EAR	Running in Both	ummary for Candidates the State Primary and
1. Monetary Contributions	\$	17,189.00	\$.	17,	189.00	General Election	
2. Loans Received		0.00			0.00	1/	1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	17,189.00	\$.	17,	189.00	20. Contributions Received \$ _	\$
4. Nonmonetary Contributions		0.00			0.00	21. Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED	\$	17,189.00	\$.	17,	189.00	Made \$_	 \$
Expenditures Made						Expenditure Lim	it Summary for State
6. Payments Made Schedule E, Line 4	\$	2,506.83	\$.	2,	506.83	Candidates	•
7. Loans Made Schedule H, Line 3		0.00	-		0.00	22 Cumula	ntive Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	2,506.83	\$.	2,	506.83		ct to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0.00			0.00	Date of Election	Total to Date
10. Nonmonetary Adjustment		0.00			0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$	2,506.83	\$.	2,	506.83		
Current Cash Statement							\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0.00	To d	alculate Colur	nn B. add		•
13. Cash Receipts Column A, Line 3 above	-	17,189.00	amo	ounts in Colum	n A to the		
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00		esponding an n Column B of		*Amounts in this section reported in Column B.	n may be different from amounts
15. Cash Payments		2,506.83	гер	ort. Some amu umn A may be	ounts in	i oportod in Goldrini D.	• •

14,682.17

0.00

0.00

0.00

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).

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

*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

Schedule A Summary

 Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)

2. Amount received this period – unitemized monetary contributions of less than \$100\$ 589.00

3. Total monetary contributions received this period.

Schedule	A (Continuatio	n Sheet)
Monetary	Contributions	Received

SCHEDULE A (CONT.)

Monetary	etary Contributions Received Amounts may be rounded to whole dollars.		Statement coverage from 01/01/			ORNIA 460	
				through09/24/	2022	Page_	5 of9
NAME OF FILER						I.D. NUN	MBER
CAROL KWAN F	OR WEST BASIN WATER BOARD 2022					145234	45
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
08/30/2022	RICHARD JACOBS LOS ANGELES, CA 90046	⊠IND □COM □OTH □PTY □SCC	CONSULTANT RDJ STRATEGIC ADVISORS	500.00	5	00.00	
09/19/2022	ANTHONY KWAN CHINO, CA 91708	⊠IND □COM □OTH □PTY □SCC	MANAGER AT&T	500.00	5	00.00	
09/16/2022	MLJ PROPERTY MANAGEMENT PASADENA, CA 91106	□IND □COM ☑OTH □PTY □SCC		250.00	2	50.00	
08/22/2022	CHRIS MODRZEJEWSKI LOS ANGELES, CA 90021	⊠IND □COM □OTH □PTY □SCC	CONSULTANT M STRATEGIC COMMUNICATIONS	2,500.00	2,5	00.00	
08/24/2022	CHRIS PEARSON LOS ANGELES, CA 90043	⊠IND □COM □OTH □PTY □SCC	VP OF DEVELOPMENT & PLANNING HUDSON PACIFIC PROPERTIES	500.00	5	00.00	
			SUBTOTAL	\$. 4,250.00			

*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

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Monetary	etary Contributions Received Amounts may be rounded to whole dollars.			Statement covers period from01/01/2022		FORM 460	
				through 09/24/	2022	Page_	6 of9
NAME OF FILER						I.D. NUI	MBER
CAROL KWAN F	OR WEST BASIN WATER BOARD 2022					14523	45
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)
09/16/2022	SOUTHERN CALIFORNIA PIPE TRADES DISTRICT COUNCIL NO. 16 POLITICAL ACTION COMMITTEE (ID# 760715) LOS ANGELES, CA 90020	□IND □COM □OTH □PTY ☑SCC		5,000.00	5,0	00.00	
08/29/2022	RICK TAYLOR SANTA MONICA, CA 90405	⊠IND □COM □OTH □PTY □SCC	CONSULTANT DAKOTA COMMUNICATIONS	1,000.00	1,0	00.00	
09/07/2022	TONIS TILK MANHATTAN BEACH, CA 90266	☑IND □COM □OTH □PTY □SCC	RETIRED .	250.00		50.00	
08/30/2022	ROBERT URTEAGA LOS ANGELES, CA 90017	⊠IND □COM □OTH □PTY □SCC	PRESIDENT UPWARD SOLUTIONS LLC	500.00		00.00	
		IND COM OTH PTY SCC					
			SUBTOTAL	6,750.00			

*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

Schedule E **Payments Made**

Amounts may be rounded to whole dollars.

	SCHEDOLE E
Statement covers period	CALIFORNIA 160
from01/01/2022	FORM TOU
through09/24/2022	Page7 of9
	I.D. NUMBER
	1452345

SEE INSTRUCTIONS ON REVERSE NAME OF FILER CAROL KWAN FOR WEST BASIN WATER BOARD 2022 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs

campaign consultants MTG meetings and appearances returned contributions CNS CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs FIL candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals FND fundraising events polling and survey research independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor IND postage, delivery and messenger services TSF LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AARON, THOMAS & ASSOCIATES	LIT		1,420.19
CHATSWORTH, CA 91311			
ANEDOT	OFC		100.30
NEW ORLEANS, LA 70112			
ANEDOT	OFC		60.60
NEW ORLEANS, LA 70112			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 1,581.09 Schedule E Summary 50.00 0.00

FPPC Form 460 (Jan/2016)

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

Amounts may be rounded to whole dollars.

State	ment covers period	CALIFORNIA 160
from	01/01/2022	FORM 400
through	09/24/2022	Page 8 of 9
		LD NUMBER

1452345

transfer between committees of the same candidate/sponsor

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

legal defense

LEG

CAROL KWAN FOR WEST BASIN WATER BOARD 2022

CODES: If one of the following codes accurately describes 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 meetings and appearances returned contributions CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees FIL phone banks candidate travel, lodging, and meals PHO TRC staff/spouse travel, lodging, and meals TRS

print ads

PRT

FND fundraising events polling and survey research POL -independent expenditure supporting/opposing others (explain)* IND

postage, delivery and messenger services professional services (legal, accounting)

VOT voter registration WEB information technology costs (internet, e-mail)

TSF

campaign literature and mailings NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) ANEDOT 40.30 OPC NEW ORLEANS, LA 70112 ANEDOT 125.50 OFC NEW ORLEANS, LA 70112 ANEDOT OFC 28.96 NEW ORLEANS, LA 70112 ANEDOT OFC 10.30 NEW ORLEANS, LA 70112 20.30 ANEDOT OFC NEW ORLEANS, LA 70112

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

SUBTOTAL \$

225.36

Schedule E	
(Continuat	ion Sheet)
Payments I	Made

Amounts may be rounded to whole dollars.

State	ment covers period	CALIFORNIA 160
from	01/01/2022	FORM 40U
through	09/24/2022	Page9 of9
		I.D. NUMBER

1452345

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

IND

LEG

CAROL KWAN FOR WEST BASIN WATER BOARD 2022

campaign literature and mailings

CODES: If one of the following codes accurately describes 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 returned contributions CTB contribution (explain nonmonetary)* SAL campaign workers' salaries OFC office expenses CVC civic donations t.v. or cable airtime and production costs PET petition circulating FIL. candidate filing/ballot fees TRC candidate travel, lodging, and meals PHO phone banks FND fundraising events

POL polling and survey research independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services legal defense professional services (legal, accounting)

> PRT print ads

staff/spouse travel, lodging, and meals TRS TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE F COMMITTEE, ALSO ENTER I.D. NUMBER)						
F COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	R	DESCRIPTION OF PAYMENT		AMOUNT P	AID
	СМР					203.49
	 · CMP		· · · · · · · · · · · · · · · · · · ·			142.21
	 OFC					113.54
						•
	 WEB					191.14
			•			
		OFC WEB	OFC WEB	CMP OFC WEB	CMP OFC WEB	CMP OFC WEB

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

SUBTOTAL \$

650.38