-			9/28/22	FE COVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in		RECEIVED BY ANGELES COUN	CALIFORNIA 460
(Government Code Sections 84200-04210.3)	Statement covers period	(Month, Day, Year) 2012	SEP 29 PM 3: NS	Por Official Use Only
SEE INSTRUCTIONS ON REVERSE	through	11/08/2022 CA	1PAIGN FINANCE	
 State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee 	Primarily Formed Ballot Measure Committee 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 Te	☐ C ☐ S ☐ S ☐ S	Quarterly Statement Special Odd-Year Report Supplemental Preelection statement - Attach Form 495
3. Committee Information	D. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee for Palmdale School District YES on Meas	sure PRM 2022	NAME OF TREASURER Nancy Smith MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY Paldale		P CODE AREA CODE/PHONE 1551 760-641-6841
CITY STATE ZIP CO Palmdale CA 93551	7606416841	NAME OF ASSISTANT TREASUR		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	SOX	MAILING ADDRESS		-
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIF	P CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS nksmith@verizon.net		OPTIONAL: FAX / E-MAIL ADDRINKSmith@verizon.net	ESS ,	
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 09/27/2022 Executed on 09/27/2022 Date Date	a that the foregoing is true and correct By By	owledge the information contained here	ein and in the attached scho	· · · · · · · · · · · · · · · · · · ·
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	FPPC Form 460 (January/05)

FPPC Form 460 (January/05)
FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Recipient Committee Campaign Statement Cover Page — Part 2

COVER P	AGE - PART 2
CALIFORNIA FORM	460
Page 2	of 16.

Officeholder or Candidate Controlled Committee			Primarily Formed Bal	lot Measure	Committee	•	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE		·	.,	
			Palmdale School District	YES on Measu	re PRM		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	Б	SUPPORT
			PRM	Los Angele	es County		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling of	ficeholder, can	didate, or st	ate measure	proponent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PRO	OPONENT		· · · · · · ·
Related Committees Not Included in this S	tatement: I ist any committees		·				
not included in this statement that are controlled by you	or are primarily formed to receive		OFFICE SOUGHT OR HELD	•		DISTRICT NO.	IF ANY
contributions or make expenditures on behalf of your c	andidacy.					19-64857	
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car				
	☐ YES ☐ NO		officeholder(s) or candidate(s) for which this	committee is	primarily for	med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	вох)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER						
			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	
	YES NO						SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)				<u> </u>		<u> </u>
CITY STATE ZIP	CODE AREA CODE/PHONE		Δ#:	ich continuatio	n sheets if r	necessarv	
			7	••	5.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Campaign Disclosure Statement Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA from <u>01/01/2022</u> **FORM** through _____09/24/2022 Page 3

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Candace Craven

Contributions Received	-	Column A TOTAL THIS PERIOD		Column B CALENDAR YEAR	Calendar Year Summary for Candidates Running in Both the State Primary and
4. Manadan Cantibuliana	•	(FROMATTACHED SCHEDULES) 0.00	Φ.	TOTAL TO DATE 0.00	General Elections
1. Monetary Contributions	\$	0.00	Ф	0.00	1/1 through 6/30 7/1 to Date
2. Loans Received		0.00	•	0.00	20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS	\$	0.00	\$	0.00	Received \$ 0.00 \$ 0.00
4. Nonmonetary Contributions		0.00		0.00	21. Expenditures 0.00 \$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED	\$		\$	0.00	iviade \$ \$
Expenditures Made				····	Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	0.00	\$	0.00	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	00 Completing Forestitues Made
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	0.00	\$	0.00	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		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	\$	0.00	\$	0.00	/\$
Current Cash Statement					/\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0.00	To	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		0.00	an	ounts in Column A to the	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00		rresponding amounts m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		0.00	re	oort. Some amounts in lumn A may be negative	reported in Column D.
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	0.00	fig	ures that should be	
If this is a termination statement, Line 16 must be zero.			ре	otracted from previous riod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	first report being filed this calendar year, only ry over the amounts	
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if	
18. Cash Equivalents See Instructions on reverse	\$			· ·	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00			FPPC Form 460 (January/0: FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-377:

Schedule A

Type or print in ink.
Amounts may be rounded

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	from 01/01/2022	01/01/2022		ORNIA 460
SEE INSTRUCTION	DNS ON REVERSE			through		Page _	4 of
NAME OF FILER	ON REVERGE			I.D. NUN			
Candace C	Craven						
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, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC					
		☐IND☐COM☐OTH☐PTY☐SCC					
		□IND □COM □OTH □PTY □SCC					·
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	5			0.00
Schedule	A Summary				*Con	tributor Co	odes
1. Amount re	eceived this period – itemized monetary contributions.	***************************************	\$ <u></u>	0.00			nt Committee han PTY or SCC)
-	eceived this period – unitemized monetary contributions			0.00		- Other (e	e.g., business entity)
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			0.00			Party ontributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received		Type or prin	nt in ink. be rounded	Statement cov	SCHEDUL	HEDULE A (CONT.)		
		to whole o		Statement covers period from 01/01/2022		CALIFORNIA 460		
				through 09/24/2022		Page_	of .	16
NAME OF FILER Candace Cr	aven					I.D. NUI	MBER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERILD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR \ (JAN. 1 - DEC	/EAR	PER EL TO D (IF REC	ATE
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						

SUBTOTAL\$

*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

		Type or print in i	ink.	_			SCH	EDULE B-PART 1	
Schedule B – Part 1 Loans Received		ounts may be ro to whole dollar	ounded		Statement cov from 01/01/2022		CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through	022	Page	of	
NAME OF FILER							I.D. NUMBER		
Candace Craven									
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, 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 PAIL OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(#) INTEREST PAID THIS PERIOD		(g) CUMULATIVE CONTRIBUTIONS TO DATE	
				☐ PAID				CALENDAR YEAR	
2				\$. \$	% RATE	\$	\$PER ELECTION***	
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				☐ PAID				CALENDAR YEAR	
				\$FORGIVEN	s	RATE	\$	\$PER ELECTION **	
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				☐ PAID	1	-		CALENDAR YEAR	
				\$ FORGIVEN	\$	RATE	. \$	\$ PER ELECTION ***	
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS \$	5 \$	3	\$	\$			
Schedule B Summary		.,				(Enter (e) on Schedule E, Line	3)		
Loans received this period (Total Column (b) plus unitemized loan	e of lose than \$100 \		••••••	\$	0.00	(10	· · · · · · · · · · · · · · · · · · ·	
	•				0.00		†Contributor Codes IND—Individual	1	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that 	D paid or forgiven.)			\$	0.00		COM - Recipient Co	PTY or SCC)	

Enter the net here and on the Summary Page, Column A, Line 2.

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

** If required.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

(May be a negative number)

PTY - Political Party

SCC - Small Contributor Committee

Schedule B – Part 2 Loan Guarantors

Type or print in ink.

Amounts may be rounded to whole dollars.

p	OUTLDULL D-PART 2
Statement covers period from 01/01/2022	CALIFORNIA 460
through <u>09/24/2022</u>	Page 6 of 16
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE				**************************************	. age	
NAME OF FILER					I.D. NUMBER	{
Candace Craven						
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (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	
	COM				\$	
	□отн		DATE		PER ELECTION	
	□PTY		DAIL		(IF REQUIRED)	
	SCC					
					\$	
			LENDER		CALENDAR YEAR	
	COM				\$	
	□ OTH				PERELECTION	
•	□PTY		DATE		(IF REQUIRED)	
	□scc					
			· · · · · · · · · · · · · · · · · · ·		\$	
					CALENDAR YEAR	
	□IND		LENDER		\$	
	□сой				PERELECTION	
	□ОТН		DATE		(IF REQUIRED)	
	□PTY					
	□scc				\$	
		·	LENDER		CALENDAR YEAR	
	COM				\$	
	□OTH				PERELECTION	
	□ DTY		DATE		(IF REQUIRED)	
	□scc					
					\$	
			SU	BTOTAL \$	Enter on Summary Page, Line 17 only.	0.00

Schedule C **Nonmonetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period CALIFORNIA 04/04/0000

	from	FORM TOO
SEE INSTRUCTIONS ON REVERSE	through	Page 7 of 16
NAME OF FILER		I.D. NUMBER
Candace Craven		

Candace Cra	VOIT	 		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,_,_,_,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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 OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	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					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
Attach additi	ional information on appropriately labe	SUBTOTAL \$	<u> </u>		0.00		

Schedule C Summary 1. Amount received this period – itemized nonmonetary contributions. 0.00 (Include all Schedule C subtotals.)\$ 0.00 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

*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

3. Total nonmonetary contributions received this period. 0.00

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule D Summary of Expenditures Supporting/Opposing Other

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULED
Statement covers period from 01/01/2022	CALIFORNIA 460
through <u>09/24/2022</u>	Page 8 of
	I.D. NUMBER

Candidates, Measures and Committees		from		TOTAL			
	ONS ON REVERSE			through	<u> </u>	Page 8	of
NAME OF FILER			·			I.D. NUM	
Candace C	raven					<u> </u>	
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	CUMULATIVI CALENDA (JAN. 1 - D	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
	· · · · · · · · · · · · · · · · · · ·	Monetary Contribution Nonmonetary Contribution Independent					
	Support Oppose	Independent Expenditure					
		☐ Monetary Contribution ☐ Nonmonetary					
		Contribution					
· · · · · · · · · · · · · · · · · · ·	Support Oppose	Expenditure				-	
		Monetary Contribution	·				
		Nonmonetary Contribution					
	Support Dppose	Independent Expenditure					
			SUBTOTAL	\$			0.00
					2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	D Summary contributions and independent expenditures made	this pariod (Include all	Schodulo D subtotale \			¢	0.00
	·		•				0.00
	ed contributions and independent expenditures ma	·					0.00
3. Total conf	tributions and independent expenditures made thi	s period. (Add Lines 1 a	nd 2. Do not enter on the	e Summary Page.) .	то	TAL \$_	0.00

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.

Amounts may be rounded to whole dollars.

| SCHEDULED (CONT.)
| Statement covers period | CALIFORNIA | 460 |
| through | 09/24/2022 | Page | 9 | of 16 |
| I.D. NUMBER

		,	through	Pag	e of
NAME OF FILER				I.D. N	UMBER
Candace Craven					
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	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
		SUBTOTAL \$	}		0:00

Schedule E Payments Made	Type or prin Amounts may t to whole d	e rounde	i	1	Statement covers period om 01/01/2022		ORNIA 460
SEE INSTRUCTIONS ON REVERSE				ti	nrough <u>09/24/2022</u>	_ Page _1	0 of 16
NAME OF FILER						I.D. NU	MBER
Candace Craven			·.				
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events Independent expenditure supporting/opposing others (explain)* legal defense 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 ses lating survey resea	ces	RA RFI SA TEI TR TR es TS	nD radio airtime and production returned contributions at campaign workers' salaried t.v. or cable airtime and production candidate travel, lodging, a staff/spouse travel, lodging transfer between committee to voter registration	s oduction cos nd meals I, and meals es of the sa	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPT	ION OF PAYMENT		AMOUNT PAID
		,	-				
•							
* Payments that are contributions or independent expenditures n	nust also be summ	arized on	Schedule D.		s	UBTOTAL	•
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule	E subtotals.)					\$	
2. Unitemized payments made this period of under \$100			• • • • • • • • • • • • • • • • • • • •			\$	
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	I, Column	(e).)			\$	

Schedule E	• ! . ! . ! . !	
(Continuation Sheet)	Type or print in ink. Amounts may be rounded	Statement covers period
Payments Made	to whole dollars.	from

	SCHEDU	LEE (CONT.)
Statement covers period	CALIFORNIA FORM	160
from	FORM	400
. 09/24/2022	11	16

SEE INSTRUCTIONS ON REVERSE	through	Page 11 of 16
NAME OF FILER		I.D. NUMBER
Candace Craven		
CODES. If and of the following codes accurately describes the navment you may enter the code. Other	ruine describe the neumant	

C	andace Craven							
COI CMP CNS CTB CVC FIL FNS LEG LIT	DES: If one of the following codes accurately describes campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR MTG OFC PET PHO POL POS PRO PRT	member comi meetings and office expen- petition circul phone banks polling and s postage, deli	munication I appearan ses ating urvey rese very and n	s oces	RAD RFD SAL TEL TRC TRS	• •	on costs als meals the same candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID

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

Schedule F		
Accrued Expenses	(Unpaid	Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
through	Page 12 of 16
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Candace Craven

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

RFD returned contributions

CTB contribution (explain nonmonetary)*

OFC office expenses

CVC civic donations

FET petition circulating

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 POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between 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)

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
Payments that are contributions or independent expenditures must also be immarized on Schedule D.	SUBTOTALS S	;	;	\$	\$ 0.00

Schedule F Summary

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

NET \$

May be a negative number.

May be a negative number.

Schedule F (Continuation Sheet) **Accrued Expenses (Unpaid Bills)**

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2022	CALIFORNIA 460
through	Page 13 of 16
	I.D. NUMBER

NAME OF FILER

Candace Craven

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. MTG meetings and appearances RFD returned contributions CNS campaign consultants

SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PET phone banks TRC candidate travel, lodging, and meals candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals

polling and survey research fundraising events transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF ND POS voter registration

legal defense professional services (legal, accounting) VOT PRO LEG

WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

^{*} 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	\$	\$	\$	\$

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 01/01/2022 through	CALIFORNIA 460 FORM of 16	
NAME OF FILER			I.D. NUMBER	
Candace Craven NAME OF AGENT OR INDEPENDENT CONTRACTOR				
NAME OF AGENT OR INDEPENDENT CONTRACTOR				
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 * Payments that are contributions or independent expenditures must also	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger servi PRO professional services (legal, accounting	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, transfer between committee	duction costs Id meals and meals as of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

0.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

	SC SC								
Schedule H Loans Made to Others*		Amounts n	print in ink. nay be rounded		Statement cov 01/01/2022	-	CALIFORN FORM	^{IA} 460	
Loans Made to Others		to who	ole dollars.		from		FORIVI		
SEE INSTRUCTIONS ON REVERSE					through	022	Page	of	
NAME OF FILER	······································						I.D. NUMBER		
Candace Craven									
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	(c) REPAYMENT O FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
				☐ PAID				CALENDAR YEAR	
				\$	_ \$	%	\$	\$	
				FORGIVEN		RATE		PER ELECTION**	
		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
			:	PAID				CALENDAR YEAR	
				s	l s	-%	s	\$	
				FORGIVEN		RATE	V ——	PER ELECTION**	
		\$	s	\$	DATE DUE	\$	DATE INCURRED	s	
*Loans that are contributions to another candid must also be summarized on Schedule D. Loan also be reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		0.00	
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	''		, ,	(Enter (e) on Schedule I, Line 3)			
Schedule H Summary									
Loans made this period (Total Column (b) plus unitemized loans					\$	0.00	- [**If Required	
Payments received on loans (Total Column (c) plus unitemized paym		•••••			\$	0.00	_		
3. Net change this period. (Subtract Line (Enter the net here and on the Summar					NET \$	0.00 by be a negative number			

Schedule I		Type or print in ink.		SCHEDULE	
Miscellaneous Increases to Cash see instructions on reverse		Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460 FORM of	
			from		
			through		
NAME OF FILER				I.D. NUMBER	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
Attach additional in	formation on appropriately labeled continuation sheets.		SUBTOTA	L \$	
Schedule I Sumr	nary				
1. Itemized increase	es to cash this period		\$		
2. Unitemized increa	ases to cash of under \$100 this period		\$	_	
3. Total of all interes	st received this period on loans made to others. (Sche	edule H, Column (e).)	\$		
	us increases to cash this period. (Add Lines 1, 2, ar Line 14.)			 .	