

**Recipi Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 5  
For Official Use Only

Statement covers period  
from 7/1/21  
through 12/31/21

Date of election if applicable:  
(Month, Day, Year)

11/3/2020

Date Stamp  
**RECEIVED BY  
ANGELES COUNTY  
2022 FEB -3 PM 2:36  
CAMPAIGN FINANCE**

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees -- Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall  
(Also Complete Part 5)
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primary Formed Ballot Measure Committee
  - Controlled
  - Sponsored  
(Also Complete Part 6)
- Primary Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1341123

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee to Elect Joe Tincovich  
Eastside Union School District Board 2020

STREET ADDRESS (NO P.O. BOX)

CITY Lancaster STATE CA ZIP CODE 93535 AREA CODE/PHONE 661-946-3344  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY Lancaster STATE CA ZIP CODE 93535 AREA CODE/PHONE 661-946-3344  
OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Diane Joyce Tincovich  
MAILING ADDRESS

CITY Lancaster STATE CA ZIP CODE 93535 AREA CODE/PHONE 661-946-3344

NAME OF ASSISTANT TREASURER, IF ANY  
NA  
MAILING ADDRESS

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS  
trophyduster@hotmail.com

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief the information furnished hereunder under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

The information furnished on the attached schedules is true and complete. I certify

Executed on 1/31/22  
Date

By \_\_\_\_\_

Executed on 1/31/22  
Date

By \_\_\_\_\_  
File Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Joseph M. Pincelich
OFFICE SOUGHT OR HELD: Eastside Union School District Board of Trustees
RESIDENTIAL/BUSINESS ADDRESS: Lancaster, CA, 93535

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

Table with 2 columns: Committee Name, I.D. Number, Name of Treasurer, Controlled Committee?, Committee Address, Street Address, City, State, Zip Code, Area Code/Phone.

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
BALLOT NO. OR LETTER, JURISDICTION, SUPPORT/OPPOSE checkboxes
Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT
OFFICE SOUGHT OR HELD, DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

Table with 3 columns: Name of Officeholder or Candidate, Office Sought or Held, SUPPORT/OPPOSE checkboxes

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>7/1/21</u> through <u>12/31/21</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>5</u>
I.D. NUMBER <u>1341123</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Joe Pincelich Eastside Union School District Board 2020

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>5.00</u>	\$ <u>5.00</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>5.00</u>	\$ <u>5.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>238.20</u>	\$ <u>478.98</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>243.20</u>	\$ <u>483.98</u>

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>0</u>	\$ <u>0</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>0</u>	\$ <u>0</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>0</u>	\$ <u>0</u>

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>272.00</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>5.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>0</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>277.00</u>

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.

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from 7/1/21  
through 12/31/21

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Joe Pincetich Eastside Union School District Board 2020

I.D. NUMBER  
1341123

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)
<u>7/26/21</u>	<u>Arianez T. Pincetich Lancaster, CA 93535</u>	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	<u>teacher EUSD</u>	<u>\$5.00</u>	<u>\$5.00</u>	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				

SUBTOTAL \$ 5.00

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 5.00
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 5.00

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>7/1/21</u> through <u>12/31/21</u>	CALIFORNIA FORM <b>460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Joe Pincetich Eastside Union School District Board 2020

I.D. NUMBER

1341123

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)
<u>10/5/21</u>	<u>Diane T. Pincetich Lancaster, CA 93535</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>teacher EVSD</u>	<u>website</u>	<u>238.20</u>	<u>238.20</u>	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... \$ 238.20
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 0
- Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL \$ 238.20

\*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