

Recipient Committee Campaign Statement Cover Page

400 Date Stamp RECEIVED BY LOS ANGELES COUNTY 2023 JAN 24 PM 12:08 CAMPAIGN FINANCE

CALIFORNIA FORM 460

Page 1 of 7

For Official Use Only

Statement covers period from 10-23-22 through 12-31-22

Date of election if applicable: (Month, Day, Year) 11/8/2022

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
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment (Explain below)
Quarterly Statement
Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1454908

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Sandra Benavides For AUSD Trustee Area 3

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE Azusa CA 91702 (909)297-9953

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS sbenavides157@gmail.com

Treasurer(s)

NAME OF TREASURER Christina Fregoso

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE Huntington Park CA 90255 (310) 924-7891

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS christyfre18@yahoo.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement certify under penalty of perjury under the laws of the State of California that

hed schedules is true and complete. I

Executed on 01-24-23 Date

Executed on 01-24-23 Date

Executed on Date

Executed on Date

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Sandra Benavides

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
School Board -Azusa Unified School District (AUSD) Trustee Area 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Azusa CA 91702

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.*

| | |
|--|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | |
| CITY STATE ZIP CODE AREA CODE/PHONE | |

| | |
|--|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | |
| CITY STATE ZIP CODE AREA CODE/PHONE | |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| | |
|-----------------------|---------------------|
| 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.*

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>10-23-22</u> | CALIFORNIA FORM 460 |
| through <u>12-31-22</u> | |
| Page <u>3</u> of <u>7</u> | |
| I.D. NUMBER <u>1454908</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sandra Benavides For AUSD Trustee Area 3 - 2022

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i> | \$ <u>2300.00</u> | \$ <u>2,599.00</u> |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | \$ <u>-2300.00</u> | \$ <u>2300.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$ <u>0</u> | \$ <u>2599.00</u> |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | \$ <u>400.00</u> | \$ <u>400.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ <u>400.00</u> | \$ <u>2999.00</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..... <i>Schedule E, Line 4</i> | \$ <u>708.30</u> | \$ <u>1966.49</u> |
| 7. Loans Made..... <i>Schedule H, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i> | \$ <u>708.30</u> | \$ <u>1966.49</u> |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i> | \$ <u>400.00</u> | \$ <u>400.000</u> |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i> | \$ <u>1108.30</u> | \$ <u>2366.49</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..... <i>Previous Summary Page, Line 16</i> | \$ <u>708.30</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | \$ <u>0</u> |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i> | \$ <u>0</u> |
| 15. Cash Payments..... <i>Column A, Line 8 above</i> | \$ <u>708.30</u> |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>0</u> |

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

| | |
|---|-------------|
| 17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i> | \$ <u>0</u> |
|---|-------------|

Cash Equivalents and Outstanding Debts

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

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 10-23-22
through 12-31-22

CALIFORNIA FORM 460

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Sandra Benavides For AUDS Trustee Area 3 - 2022

I.D. NUMBER
1454908

| 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) |
|----------------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 1-20-23 | Sandra Benavides Azusa CA 91702 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor - Realty Executives Select | \$1678.70 | \$1678.70 | |
| 1-20-23 | Sandra Benavides Azusa CA 91702 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor - Realty Executives Select | \$621.30 | \$621.30 | |
| | | <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 | | | | |
| SUBTOTAL \$ 2300.00 | | | | | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2300.00
- Amount received this period – unitemized monetary 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 \$** 2300.00

*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 B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

| | |
|--|----------------------------|
| Statement covers period from <u>10-23-22</u> through <u>12-31-22</u> | CALIFORNIA FORM 460 |
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| I.D. NUMBER 1454908 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sandra Benavides For AUSD Trustee Area 3 - 2022

| 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 PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|---|--|------------------------------------|---|--|----------------------------------|--|---|
| Sandra Benavides Azusa CA 91702 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor - Realty Executives Select | \$ 2300.00 | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input checked="" type="checkbox"/> FORGIVEN \$ 1678.70 | \$ 0 01-20-23 DATE DUE | 0 % RATE \$ 0 | \$ 2,300 9-20-2022 DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| Sandra Benavides Azusa CA 91702 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor - Realty Executives Select | \$ 2300.00 | \$ _____ | <input checked="" type="checkbox"/> PAID \$ 621.30 <input type="checkbox"/> FORGIVEN \$ _____ | \$ 0 01-20-23 DATE DUE | _____% RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____% RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| SUBTOTALS | | \$ 0 | \$ 2300.00 | \$ 0 | \$ 0 | | | |

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 2300.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ -2300.00**
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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

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

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from 10-23-22
through 12-31-22

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Sandra Benavides For AUSD Trustee Area 3 - 2022

| 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) |
|---------------|--|---|--|-----------------------------------|---------------------------|---|------------------------------------|
| 10-23-22 | SGV Examiner Glendora, CA 91740-3518 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | School Board Campaign Advertising | \$100.00 | \$100.00 | |
| 10-20-22 | SGV Examiner Glendora, CA 91740-3518 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | School Board Campaign Advertising | \$100.00 | \$200.00 | |
| 10-27-22 | SGV Examiner Glendora, CA 91740-3518 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | School Board Campaign Advertising | \$100.00 | \$300.00 | |
| 11-3-22 | SGV Examiner Glendora, CA 91740-3518 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | School Board Campaign Advertising | \$100.00 | \$400.00 | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 400.00

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 400.00
- 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 \$** 400.00

*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.

| | |
|--|----------------------------|
| Statement covers period from <u>10-23-22</u> through <u>12-31-22</u> | CALIFORNIA FORM 460 |
| | Page <u>7</u> of <u>7</u> |
| | I.D. NUMBER 1454908 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Sandra Benavides AUSD Trustee Area 3 - 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 | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| 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 | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| 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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Sandra Benavides Azusa CA 91702 | RFD | | Returned Contributions | \$621.30 |
| | | | | |
| | | | | |

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

SUBTOTAL \$

Schedule E Summary

| | | |
|---|-----------------|--------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ | 621.30 |
| 2. Unitemized payments made this period of under \$100..... | \$ | 87.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$ | 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$ | 708.30 |

**Statement of Organization
Recipient Committee**

Statement Type

| | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Termination – See Part 5 |
| <input type="radio"/> Not yet qualified or | | Date of termination |
| <input type="radio"/> Date qualification threshold met | Date qualification threshold met | 01 / 24 / 2023 |

9DC Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2023 JAN 24 PM 12:08
CAMPAIGN FINANCE

CALIFORNIA FORM 410
For Official Use Only

| | | | | | | | |
|---|--|----------|-----------------|--|-------|----------|-----------------|
| 1. Committee Information | | | | 2. Treasurer and Other Principal Officers | | | |
| I.D. Number 1454908 <i>(if applicable)</i> | | | | NAME OF TREASURER Christina Fregoso | | | |
| NAME OF COMMITTEE Sandra Benavides For AUSD Trustee Area 3 | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| STREET ADDRESS (NO P.O. BOX) | | | | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| | | | | Huntington Park | CA | 90255 | (310) 924-7891 |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE | NAME OF ASSISTANT TREASURER, IF ANY | | | |
| Azusa | CA | 91702 | (909) 297-9953 | | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) sbenavides157@gmail.com | | | | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| | | | | | | | |
| COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE | | | NAME OF PRINCIPAL OFFICER(S) | | | |
| Los Angeles County | City of Azusa | | | | | | |
| Attach additional information on appropriately labeled continuation sheets. | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| | | | | CITY STATE ZIP CODE AREA CODE/PHONE | | | |

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of

Executed on 01-24-23
DATE

Executed on 01-24-23
DATE

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT