

**Recipient Committee
Campaign Statement
Cover Page**

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COVER PAGE

CALIFORNIA FORM **460**

2022 JAN -3 PM 2:41

Page 2 of 3

For Official Use Only

Statement covers period
from 07-31-2021
through 12-31-2021

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

12/30/21 ①

NA

CAMPAIGN FINANCE

018479

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 6)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central 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 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1426859

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Elect Dizmang
STREET ADDRESS (NO P.O. BOX)

CITY Palmdale STATE CA ZIP CODE 93550 AREA CODE/PHONE 661 947 2579

MAILING ADDRESS (IF DIFFERENT) NO. NAME OR P.O. BOX
Same

CITY STATE ZIP CODE AREA CODE/PHONE
Same

OPTIONAL: FAX / E-MAIL ADDRESS
adizmang@att.net

Treasurer(s)

NAME OF TREASURER
Gloria Ann Dizmang

MAILING ADDRESS
CITY Palmdale STATE CA ZIP CODE 93550 AREA CODE/PHONE 661 947 2579

NAME OF ASSISTANT TREASURER, IF ANY

N/A

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

schedules is true and complete. I

Executed on 12/28/2021

Executed on 12/29/2021

Executed on _____

Executed on _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Clear Cover Pg1

Print Form

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Gloria Ann Dizmanq

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Director Palmdale Water Director Div. 3

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

Palmdale, CA 93550

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

NA

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES 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?

YES 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

N/A

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT
 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

NA

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

Attach continuation sheets if necessary

**Instructions for
Recipient Committee
Campaign Statement – Cover Page**

**Officeholder or Candidate Controlled
Committee:**

Candidates must have a separate bank account and committee to run for different elective offices. A candidate who is required to file campaign statements in connection with more than one elective office but is only receiving contributions and making expenditures for one of the offices, may include both offices on one Form 460. In Part 5 of the cover page, enter the candidate's name and under "Office Sought or Held," identify each office, and state whether the candidate is seeking or holding the office. The Form 460 must be filed with the appropriate filing officer(s) for each office.

For example, a city councilmember is raising funds to run for the county board of supervisors. She has no committee and is not raising or spending funds in connection with the city office, and has formed a controlled committee for the county office. To comply with the requirements to file campaign statements for both her city office and her county candidacy, she may complete one Form 460 each campaign reporting period, which she will file with the city clerk and the county elections department. In Part 5 of the Form 460 Cover Page, under "Office Sought or Held," she will state that she is holding the office of city councilmember (including the name of the city) and that she is seeking a seat on the board of supervisors (including the name of the county).

Ballot Measure Committee:

Part 6 of the Form 460 Cover Page must be completed by committees that are primarily formed to support or oppose the qualification or passage of a single ballot measure or two or more measures being voted on in the same city, county, multicounty, or state election. A "general purpose" ballot measure committee (one that supports or opposes a variety of state and/or local ballot measures) is not required to complete Part 6.

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>06-30-2021</u> through <u>12-31-2021</u>	CALIFORNIA FORM 460
Page <u>1</u> of <u>4</u>	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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>200⁰⁰</u>	\$ <u>200⁰⁰</u>
2. Loans Received..... Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ _____	\$ _____
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>200⁰⁰</u>	
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ _____	\$ _____

**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	\$ <u>200⁰⁰</u>	\$ <u>200⁰⁰</u>
21. Expenditures Made	\$ <u>0</u>	\$ <u>0</u>

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>	\$ _____
7. Loans Made..... Schedule H, Line 3	\$ <u>0</u>	
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ _____	\$ _____
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>0</u>	
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>0</u>	
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ _____	\$ _____

**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
<u>NA</u>	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <u>\$850</u> Previous Summary Page, Line 16	\$ <u>850</u>
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	\$ <u>1050⁰⁰</u>

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

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.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0</u>
Cash Equivalents and Outstanding Debts	
18. Cash Equivalents..... See instructions on reverse	\$ <u>NA</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

Clear Summ Pg

Print Form

**Schedule B - Part 1
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period
from July 31, 2021
through December 31, 2021

CALIFORNIA FORM 46
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Gloria Ann Dizman

I.D. NUMBER
142 6859

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 CONTRIBUTION TO DATE
<u>Gloria Ann Dizman</u> <u>Palm Dale, CA 93550</u> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>retired</u>	<u>\$ 850.00</u>	<u>\$ 200.00</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	<u>\$ 1,050.00</u> DATE DUE _____	<u>0</u> % RATE \$ _____	<u>\$ 200.00</u> <u>9/25/21</u> DATE INCURRED	CALENDAR <u>\$ 2021</u> PER ELECT <u>\$ NA</u>
<u>/</u> <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 \$ _____ PER ELECT \$ _____
<u>/</u> <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 \$ _____ PER ELECT \$ _____

SUBTOTALS \$ 200.00 \$ - \$ 1050.00

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

Schedule B Summary

- 1. Loans received this period \$ 200.00
(Total Column (b) plus unitemized loans of less than \$100.)
- 2. Loans paid or forgiven this period \$ NA
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- 3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 200.00
Enter the net here and on the Summary Page, Column A, Line 2.

†Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business or
PTY - Political Party
SCC - Small Contributor Comr

(May be a negative number)

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