

**Recipient Committee
Campaign Statement
Cover Page**

For Official Use Only

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C08013

Date Stamp
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ANGELES COUNTY
7/26/23 PM
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2023
CAMPAIGN FINANCE
DISCLOSURE SECTION

Statement covers period
from 01/01/23
through 06/30/23

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

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
- 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
1330000

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

DONATO FOR WATER, DIRECTOR 2022

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LEONA VALLEY	CA	93551	661-607-1040

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
PALMDALE	CA	93551	661-607-1040

OPTIONAL: FAX / E-MAIL ADDRESS

franksdonato@gmail.com

Treasurer(s)

NAME OF TREASURER

CYNDEE DONATO

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
PALMDALE	CA	93551	661-607-1041

NAME OF ASSISTANT TREASURER, IF ANY

N/A

MAILING ADDRESS

N/A

CITY	STATE	ZIP CODE	AREA CODE/PHONE
N/A			

N/A

OPTIONAL: FAX / E-MAIL ADDRESS

cyndeedonato@gmail.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 the

and in the attached schedules is true and complete. I

Executed on 07/26/23
Date

Executed on 07/26/23
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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
FRANK S. DONATO

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
ANTELOPE VALLEY-EAST KERN WATER AGENCY DIV. 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
LEONA VAL CA 93551

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 N/A	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 N/A	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
N/A

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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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 N/A	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>01/01/23</u> through <u>06/30/23</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>4</u>
	I.D. NUMBER 1330000

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
DONATO FOR WATER, DIRECTOR 2022

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>0</u>	\$ <u>0</u>
2. Loans Received..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>0</u>	\$ <u>0</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>11959.73</u>
13. Cash Receipts..... Column A, Line 3 above	_____
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>114.54</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>12074.27</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>
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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 I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
from 01/01/23
through 0630/23

CALIFORNIA FORM 460
Page 4 of 4
I.D. NUMBER
1330000

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
DONATO FOR WATER, DIRECTOR 2022

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
01/20/23	LOS ANGELES REGISTRAR-RECORDER/COUNTY CLERK NORWALK, CA 90650	REFUND OF A PORTION OF THE CAMPAIGN STATEMENT FEE.	114.54

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

1. Itemized increases to cash this period.	\$ 114.54
2. Unitemized increases to cash of under \$100 this period.	\$ 0
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ 114.54