

**Recipient Committee  
Campaign Statement  
Cover Page**

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ANGELES COUNTY  
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2024 OCT 24 AM 10:43  
CAMPAIGN FINANCE

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 09/25/2022  
through 10/22/2022

Date of election if applicable  
(Month, Day, Year)  
11/05/2024

- 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  
1432178

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Kevin Hayakawa for Walnut Valley Water Board 2024

STREET ADDRESS (NO P.O. BOX)  
Rowland Heights

CITY STATE ZIP CODE AREA CODE/PHONE  
Rowland Heights CA 91748 (951) 961-5750

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

CITY STATE ZIP CODE AREA CODE/PHONE  
Rowland Heights CA 91748 (951) 961-5750

OPTIONAL: FAX / E-MAIL ADDRESS  
kevinhayakawa@ucla.edu

**Treasurer(s)**

NAME OF TREASURER  
Kevin Hayakawa

MAILING ADDRESS  
Rowland Heights

CITY STATE ZIP CODE AREA CODE/PHONE  
Rowland Heights CA 91748 (951) 961-5750

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS  
Rowland Heights

CITY STATE ZIP CODE AREA CODE/PHONE  
Rowland Heights CA 91748 (951) 961-5750

OPTIONAL: FAX / E-MAIL ADDRESS  
kevinhayakawa@ucla.edu

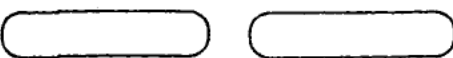
**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/23/2022 Date  
By \_\_\_\_\_  
Signature of Controlling Officer/Responsible Officer of Sponsor

Executed on 10/23/2022 Date  
By \_\_\_\_\_  
Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_  
Signature of Controlling Officerholder, Candidate, State Measure Proponent



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

**CALIFORNIA FORM 460**  
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**5. Officeholder or Candidate Controlled Committee**

**NAME OF OFFICEHOLDER OR CANDIDATE**  
 Kevin Hayakawa

**OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)**  
 Walnut Valley Water District Board of Directors, Division 4

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP**  
 Rowland Heights CA 91748

**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** Kevin Hayakawa for RUSD School Board 2022  
**I.D. NUMBER** 1454879

**NAME OF TREASURER** Kevin Hayakawa  
**CONTROLLED COMMITTEE?**  YES  NO

**COMMITTEE ADDRESS - STREET ADDRESS (NO P.O. BOX)**  
 19514 East Cronin Drive

**CITY STATE ZIP CODE AREA CODE/PHONE**  
 Rowland Heights CA 91748 (951) 961-5750

**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** \_\_\_\_\_

<b>BALLOT NO. OR LETTER</b>	<b>JURISDICTION</b>	<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**

<b>OFFICE SOUGHT OR HELD</b>	<b>DISTRICT NO. IF ANY</b>

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

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

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

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

<b>NAME OF OFFICEHOLDER OR CANDIDATE</b>	<b>OFFICE SOUGHT OR HELD</b>	<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 09/25/2022  
through 10/22/2022

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**Kevin Hayakawa for Walnut Valley Water Board 2024**

I.D. NUMBER  
**1432178**

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 25	\$ 225
2. Loans Received..... Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 25	\$ 225
4. Nonmonetary Contributions..... Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 25	\$ 225

## 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	\$ 59	\$ 59
7. Loans Made..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 59	\$ 59
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0	0
10. Nonmonetary Adjustment..... Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 59	\$ 59

## 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	\$ 807
13. Cash Receipts..... Column A, Line 3 above	25
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
15. Cash Payments..... Column A, Line 8 above	1
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 831

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	\$ 0
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## Cash Equivalents and Outstanding Debts

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

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

Statement covers period  
from 09/25/2022  
through 10/22/2022

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NAME OF FILER  
**Kevin Hayakawa for Walnut Valley Water Board 2024**

I.D. NUMBER  
**1432178**

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)
06/23/22	Trevor Graham West Covina, CA 91792	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Adjunct Professor - Psychology Mt. San Antonio College	\$25.00	\$225.00	
		<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				
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				<b>SUBTOTAL \$ 25.00</b>		

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... \$ 25.00

2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1) ..... **TOTAL \$ 25.00**

**\*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>09/25/2022</u> through <u>10/22/2022</u>	<b>CALIFORNIA FORM 460</b>
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	I.D. NUMBER <b>1432178</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Kevin Hayakawa for Walnut Valley Water Board 2024**

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> 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

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

**SUBTOTAL \$ 0**

## Schedule E Summary

- |  |                   |
|--|-------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ 0              |
| 2. Unitemized payments made this period of under \$100   | \$ 1              |
| 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.) | <b>TOTAL \$ 1</b> |