

**Recipient Committee
Campaign Statement
Cover Page**

7/20/22 J COVER PAGE

| | |
|----------------------------------|--------------------------------|
| Date Stamp | CALIFORNIA FORM 460 |
| RECEIVED B LOS ANGELES COUNTY | PAGE <u>1</u> of <u>5</u> |
| 2022 JUL 22 PM 4:09 | For Official Use Only |
| CAMPAIGN FINANCE | |

| | |
|---|---|
| <p style="text-align: center;">Statement covers period</p> <p>from <u>1/1/22</u></p> <p>through <u>6/30/22</u></p> | <p style="text-align: center;">Date of election if applicable: (Month, Day, Year)</p> <p>_____</p> |
|---|---|

SEE INSTRUCTIONS ON REVERSE

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

| | |
|--|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall <small>(Also Complete Part 5)</small> | <input checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="radio"/> Controlled <input type="radio"/> Sponsored <small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee <input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small> |

2. Type of Statement:

| | |
|--|--|
| <input type="checkbox"/> Preelection Statement <input checked="" type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> <input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report |
|--|--|

3. Committee Information

| | | | |
|--|-------------------------------|----------|---------------------|
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) <u>Citizens for Excellent Las Virgenes Schools, Yes on 2020 Bond Measure V</u> | I.D. NUMBER <u>1340932</u> | | |
| STREET ADDRESS (NO P.O. BOX) _____ | | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Agoura Hills</u> | <u>CA</u> | | <u>818-991-2717</u> |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX | | | |
| _____ | | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| _____ | _____ | _____ | _____ |
| OPTIONAL: FAX / E-MAIL ADDRESS | | | |
| _____ | | | |

Treasurer(s)

NAME OF TREASURER
Bruce Steom

MAILING ADDRESS

| | | | |
|---------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Agoura Hills</u> | <u>CA</u> | <u>91301</u> | <u>818-991-2717</u> |

NAME OF ASSISTANT TREASURER, IF ANY

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 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.

| | | | |
|----------------------------|------|----------|---|
| Executed on <u>7/20/22</u> | Date | By _____ | Treasurer |
| Executed on <u>7/20/22</u> | Date | By _____ | ponent or Responsible 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 |

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

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

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

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
Measure V

| | | |
|---------------------------|-----------------------|--|
| BALLOT NO. OR LETTER V | JURISDICTION LVUSD | <input checked="" 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>1/1/22</u> through <u>6/30/22</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>5</u> |
| I.D. NUMBER 1340932 | |

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..... <i>Schedule A, Line 3</i> | \$ 0 | \$ 0 |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | 0 | 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$ 0 | \$ 0 |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | 0 | 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ 0 | \$ |

**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> | \$ 50 | \$ 50 |
| 7. Loans Made..... <i>Schedule H, Line 3</i> | 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i> | \$ 50 | \$ 50 |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | 0 | 0 |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i> | 0 | 0 |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i> | \$ 50 | \$ 50 |

**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> | \$ 9,328.21 |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | 0 |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i> | .07 |
| 15. Cash Payments..... <i>Column A, Line 8 above</i> | 50.00 |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ 9,278.28 |

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* \$ 0

Cash Equivalents and Outstanding Debts

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | |
|---|----------------------------|
| Statement covers period from 1/1/22 through 6/30/22 | CALIFORNIA FORM 460 |
| | Page 4 of 5 |
| I.D. NUMBER 1340932 | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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 |
|--|---------|----------------------------------|-------------|
| Secretary of State Political Reform Division Sacramento, CA 95815 | FIL | Annual fee for Committee 1340932 | 50.00 |
| | | | |
| | | | |

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

SUBTOTAL \$ 50.00

Schedule E Summary

| | |
|---|-----------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ 50.00 |
| 2. Unitemized payments made this period of under \$100..... | \$ 0 |
| 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 \$ 50.00 |

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/22</u> through <u>6/30/22</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>5</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1340932

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| 6/30/21 | Wells Fargo Bank | Interest Income | .07 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$.07

Schedule I Summary

- 1. Itemized increases to cash this period. \$.07
- 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 \$** .07