_	h				COVER PAGE
Cá	ecipient Committee ampaign Statement over Page			RECEIVED BY	CALIFORNIA 460 FORM
	•	Statement covers period	Date of election if applicable:	ANGELES COUNTY	Page
			(Month Day Year)		For Official Use Only
		from January 1, 2024	202	JUL 23 AM 11:28	021724
SEE	E INSTRUCTIONS ON REVERSE	through <u>June 30, 2024</u>	November 5, 2024	MPAIGN FINANCE	C11982
1.	Type of Recipient Committee: All Committees - Cor	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
	State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)	terly Statement iał Odd-Year Report
3.		D. NUMBER 459797	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
	Erin Wilson for Hart School Board Trustee Area 4 20	24	Erin Wilson		
			MAILING ADDRESS		
	STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	
			Canyon Country	CA 9138	87 818-696-0380
	CITY STATE ZIP CO		NAME OF ASSISTANT TREASUR	RER, IFANY	
	Canyon Country CA 9138				
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	X	MAILING ADDRESS		
	CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP CO	DDE AREA CODE/PHONE
	5/7/2 = 50		3	OIAIL LII G	AREA GODEFTIONE
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX /E-MAIL ADDRE	ESS	
4.	Verification				
×.	I have used all reasonable diligence in preparing and reviewin	ng this statement and to the best of my k	nowledge the information contained	I herein and in the attached sch	nedules is true and complete. I
	certify under penalty of perjury under the laws of the State of	California that the for			
	Executed on July 22, 2024	Ву			
		- ,			
	Executed on July 22, 2024	Bj		tesponsible Officer of Spons	or ·
	-	p.,		The state of the s	
	Executed on	BySi	gnature of Controlling Officeholder, Candidate, S	State Measure Proponent	
	Executed on	Ву	gnature of Controlling Officeholder, Candidate, S	State Manaura Department	
	Date	S	griature of Controlling Officendider, Candidate, S	aute Measure Proponent	EDDC Form 460 (lan/2016))

FPPC Form 460 (Jan/2016))

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
Page 2 of //

Officeholder or Candidate Controlled Commi	ittee	6.	Primarily Formed Ballot	Measure Co	mmittee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Erin Wilson							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		I] SUPPORT
WM S. Hart UHSD, Gov Board Member Area 4 - Cu	urrently Held						OPPOSE
RESIDENTIALIBUSINESS ADDRESS (NO. AND STREET) C	ITY STATE ZIP						
Canyon C	Country CA 91387		Identify the controlling officel			neasure prop	onent, if any.
- · · · · · · · · · · · · · · · · · · ·			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PRO	PONENT		
Related Committees Not Included in this Statement Included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTÉE NAME	I.D. NUMBER	7	Primarily Formed Cand	idate/Officeh	older Cor	nmittee //	et names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	,.	officeholder(s) or candidate(s)	for which this co	mmittee is p	rimarily forme	ed.
	YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE IC	SECIOE COLU	GHT OR HELD	
COMMITTEE ADDRESS (NO P.O. E	BOX)		NAME OF OFFICEHOLDER OR C	ANDIDATE C	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIPC			NAME OF OFFICEHOLDER OR C	CANDIDATE C	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE C	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	BOX)						L OFFOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		Attac	ch continuation :	sheets if ne	cessary	

Campaign Disclosure Statement Summary Page

Erin Wilson for Hart School Board Trustee Area 4 2024

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period from January 1, 2024

CALIFORNIA **FORM**

SUMMARY PAGE

www.fppc.ca.gov

through June 30, 2024

I.D. NUMBER 1469797

Calendar Year Summary for Candidates Column A Column B **Contributions Received** TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE **General Elections** 4,549.00 4.549.00 1/1 through 6/30 7/1 to Date 550.00 550.00 20. Contributions 5,099.00 5.099.00 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0.00 0.00 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 5,099.00 5.099.00 Made TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3+4 \$ _____ **Expenditures Made Expenditure Limit Summary for State** 165.96 165.96 Candidates 0.00 0.00 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made* 165.96 165.96 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6+7 \$ _____ (If Subject to Voluntary Expenditure Limit) 0.00 0.00 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Total to Date Date of Election 0.00 0.00 (mm/dd/yy) 165.96 165.96 **Current Cash Statement** 0.00 To calculate Column B. 5.099.00 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding 0.00 Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I. Line 4 amounts from Column B reported in Column B. of your last report. Some 165.96 amounts in Column A may 4,933.04 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 \$ should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 0.0017. LOAN GUARANTEES RECEIVED....... Schedule B. Part 2 \$ _____ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 550.00 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ _____ FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule	A	Amour	nts may be rounded			SCHEDULE A		
	Contributions Received	to	whole dollars.	Statement cov		CALIFORNIA 460		
SEE INSTRUCTIO	ONS ON REVERSE			through June 30,	2024	Page 4 of 11		
NAME OF FILER Erin Wilson f	or Hart School Board Trustee Area 4 2024					1.D. NUMBER 1469797		
DATE RECEIVED : :	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE 1 CALENDAR (JAN. 1 - DE	YEAR TO DATE		
6/12/2024	Shawna Doughman, Palo Alto CA 94301	☑IND □COM □OTH □PTY □SCC	Attorney, Parsons Behle & Latimer	100	100			
6/14/2024	Rachel McKeon, Laguna Hills CA 92653	ØIND □COM □OTH □PTY □SCC	Homemaker	500	500			
6/18/2024	Heather Mower, Castaic CA 91384	☑IND □COM □OTH □PTY □SCC	Homemaker	250	250			
6/18/2024	Christine Halladay, Newhall CA 91321	☑IND □COM □OTH □PTY □SCC	Retired	1,000	1,000			
6/18/2024	David Brady Watertown TN 37184	ØIND □COM □OTH □PTY □SCC	Brady Realty Group	500	500			
			SUBTOTAL \$	2,350				
Amount red (Include all	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) ceived this period – unitemized monetary contribution			· · · · · · · · · · · · · · · · · · ·	IND COM OTI-	ntributor Codes - Individual - Recipient Committee (other than PTY or SCC) - Other (e.g., business entity) - Political Party		
3. Total mone	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Col		45	49	sco	FPPC Form 460 (Jan/2016)) ice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov		

Monetary	A (Continuation Sheet) Contributions Received	Amounts may to whole		Statement coverage from January 1, 2 through June 30,	024	SCHEDULE A (CON CALIFORNIA 460 FORM of 11	
NAME OF FILER Erin Wilson	for Hart School Board Trustee Area 4 2024					1.D. NU 14697	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF,EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
6/20/2024	Byron Green, Valencia CA 91381	ØIND □COM □OTH □PTY □SCC	Green & Green, CPAs	100	100		
6/20/2024	David Huffaker, Santa Clarita CA 91355	☑IND □COM □OTH □PTY □SCC	Law Offices of David A Huffaker	100	100		
6/22/2024	Jason McKeon, Fort Irwin CA 92310	☑IND □COM □OTH □PTY □SCC	Chaplain, United States Army	100	100		
6/24/2024	Bill J Thompson Valencia CA 91355	☑IND □COM □OTH □PTY □SCC	Law Offices of Bill J Thompson	250	250		
6/24/2024	Janet Thompson Valencia CA 91355 check	ØIND □COM □OTH □PTY □SCC	Homemaker	250	250		

SUBTOTAL \$ 800

*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

Monetary NAME OF FILER	A (Continuation Sheet) Contributions Received for Hart School Board Trustee Area 4 2024	Amounts may be to whole doll	rounded ars:	Statement cov from January 1, 20 through June 30,	2024 Pag	SCHEDULE A (CONT. LIFORNIA 460 FORM of
DATE . RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYER, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/24/2024	Gina Greblo, Los Angeles CA 90077	☑IND □COM □OTH th □PTY □SCC	neasyupdo.com	250	250	
6/24/2024	Amber Schoeni, Newhall CA 91321	☑IND H	omemaker	100	100	
6/26/2024	Kimberly Bolstad, Canyon Country CA 91387	ØIND Re □COM □OTH □PTY □SCC	etired	250	250	
6/26/2024	Scott Turner, Seaside OR 97138	ØIND Re □COM □OTH □PTY □SCC	etired	100	100	
6/26/2024	Aakash Ahuja, Valencia CA 91354	L LICOM I	sychiatrist, State of alifornia	100	100	

SUBTOTAL \$ 800

*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

Monetary NAME OF FILER.	Contributions Received or Hart School Board Trustee Area 4 2024	Amounts may to whole		from January 1, 2 through June 30,	2024	CALIFORNIA 460 FORM Page 7 of 11 I.D. NUMBER 1469797
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR TO DATE
6/28/2024	Hilary Masino, Stevenson Ranch CA 91381	☑IND □COM □OTH □PTY □SCC	Homemaker	250	250	
		□IND □COM □OTH □PTY □SCC				
		☐IND ☐COM ☐OTH. ☐PTY ☐SCC				
		□IND □COM □OTH □PTY □SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

*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	Am	ounts may be ro					SCHEL	OLE B - PART I	
		to whole dollars	s.	- 1	Statement cov	•	CALIFORNIA 460		
Loans Received from January 1, 2024				FORM	700				
					June 20	2024	Page 8	11	
SEE INSTRUCTIONS ON REVERSE					through June 30,	2024	rage	of	
NAME OF FILER							I.D. NUMBER		
Erin Wilson for Hart School Board Trustee A	rea 4 2024						1469797		
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	OUTSTANDING BALANCE BEGINNING THIS	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIR OR FORGIVE THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
Erin Wilson	Board Member	PERIOD		PAID	PERIOD			CALENDAR YEAR	
				\$	\$ 500	% RATE	\$ <u>500</u>	\$	
Canyon Country CA 91387	William S. Hart School District	0.00	500	FORGIVEN			5/31/2024	PER ELECTION**	
TO IND COM OTH PTY SCC	District	\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
Erin Wilson	Board Member			9.00 s_0.00	ş_50	%	s_50	\$	
Canyon Country CA 91387	William S. Hart School District	0.00	50	FORGIVEN		RATE	6/21/2024	PER ELECTION**	
TIND COM OTH PTY SCC		\$	\$		DATE DUE	<u> </u>	DATE INCURRED	*	
				PAID				CALENDAR YEAR	
•				FORGIVEN	\$	RATE	\$	PER ELECTION**	
TO IND COM OTH PTY SCC		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$	
	S	SUBTOTALS \$	5 550	\$	\$ 550	\$			
Schedule B Summary						(Enter (e) on Sche	edule E, Line 3)		
1. Loans received this period				\$	0				
(Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period				\$ <u>0.0</u>	00	l i	Contributor Codes ND – Individual		
(Total Column (c) plus loans under \$10 (Include loans paid by a third party tha	t are also itemized on Sche	dule A.)		55	n	- 1		PTY or SCC)	
Net change this period. (Subtract Lin Enter the net here and on the Summa				.NET \$		F	OTH – Other (e.g., I PTY – Political Part	у	
	- · ·			(A	May be a negative number)	C	SCC - Small Contri	butor Committee	
*Amounts forgiven or paid by another party also m	just be reported on Schedule A.)							

** If required.

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule E Payments Made	ments Made to whole dollars.					FORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through June 30, 2024	- Page .	9 of 11
NAME OF FILER Erin Wilson for Hart School Board Trustee Area 4 2024						1.D. NU	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	munication d appearan es lating urvey reseavery and m	ces	Otherv	RAD radio airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and production recurred contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, ar staff/spouse travel, lodging, transfer between committee voter registration web information technology cost	duction cost nd meals and meals as of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	RIPTION OF PAYMENT		AMOUNT PAID
Anedot , New Orleans, LA 70112		OFC	Fee				6.60
Anedot , New Orleans, LA 70112		OFC	Fee				20.30
Anedot , New Orleans, LA 70112		OFC	Fee				70.90
* Payments that are contributions or independent expenditures must also b	e summarized on Sche	dule D.			sı	JBTOTAL	\$ 97.80
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedul	e E subtotals.)					\$	165.96
2. Unitemized payments made this period of under \$100						\$_	
3. Total interest paid this period on loans. (Enter amount from			. , ,				
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Sum	mary Page, Colu	umn A,	Line 6.) TO	OTAL \$ _1	165.96

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule	E
(Continua	tion Sheet)
Pavments	Made

Amounts may be rounded to whole dollars. SCHEDULE E (CONT.)

Statement covers period from January 1, 2024 FORM CALIFORNIA 460

through June 30, 2024 Page 10 of 11

I.D. NUMBER 1469797

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.

Erin Wilson for Hart School Board Trustee Area 4 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications 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 candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FIL FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor professional services (legal, accounting) VOT voter registration LEG legal defense campaign literature and mailings WEB information technology costs (internet, e-mail) LIT PRT print ads

	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Anedot	, New Orleans, LA 70112	OFC	Fee	10.90
Anedot	, New Orleans, LA 70112	OFC	Fee	4.30
Anedot	, New Orleans, LA 70112	OFC	Fee	14.60
Anedot	, New Orleans, LA 70112	OFC	Fee	25.76
Anedot	New Orleans, LA 70112	OFC	Fee	10.30

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

SUBTOTAL \$ 65.86

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made	to whole dollars.	Statement covers period January 1, 2024	CALIFORNIA Z FORM	160				
SEE INSTRUCTIONS ON REVERSE		through June 30, 2024	Page // of_	<u> </u>				
NAME OF FILER			I.D. NUMBER					
Erin Wilson for Hart School Board Trustee Area 4 2024	ł		1469797					
CODES: If one of the following codes accurately describes the navment, you may enter the code. Otherwise, describe the navment								

CODES: If one of the following codes accurately describes	the	payment, yo	ou may en	ter the code.	Otherwise,	describe the payment.	
		member com				radio airtime and production costs	
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG OFC			•	RFD SAL	returned contributions campaign workers' salaries	
CVC civic donations	PET	petition circul	ating		TEL	t.v. or cable airtime and production	
FIL candidate filing/ballot fees FND fundraising events	PHO POL	phone banks polling and su		n	TRC TRS	candidate travel, lodging, and meals staff/spouse travel, lodging, and me	
IND independent expenditure supporting/opposing others (explain)*	POS	postage, deliv	very and mess	senger services	TSF	transfer between committees of the	
LEG legal defense LIT campaign literature and mailings	PRO PRT	professional s	services (lega	l, accounting)	VOT WEB	voter registration information technology costs (intern	et a mail)
Lit campaign iterature and mainings	PKI	print aus				information technology costs (intern	et, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE C	DR	DESCRIPTION	ON OF PAYMENT	AMOUNT PAID
Anedot			OFC	Fee			2.30
New Orleans, LA 70112			Orc	ree			2.50
			ı	l			
,							
, Silming Dat 70440							

SUBTOTAL \$ 2.30

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