

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

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CAMPAIN FINANCE

CALIFORNIA FORM **460**

Page 1 of 11

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015382
CUNNINGHAM

Statement covers period
from 01/01/2024
through 02/29/2024

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

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
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1346862

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Vasquez 4 Water Board 2024

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Inglewood</u>	<u>CA</u>	<u>90301</u>	<u>(310) 817-6679</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

(310) 672-6679 / cine@politicalreportingplus.com

Treasurer(s)

NAME OF TREASURER

Cine D. Ivery

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Inglewood</u>	<u>CA</u>	<u>90301</u>	<u>(310) 817-6679</u>

NAME OF ASSISTANT TREASURER, IF ANY

Samahndi Cunningham

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Inglewood</u>	<u>CA</u>	<u>90301</u>	<u>(310) 817-6679</u>

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

ly

Executed on MAR 04 2024
Date

Executed on MAR 04 2024
Date

Executed on _____
Date

Executed on _____
Date

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
Leticia Vasquez-Wilson

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Water Board Member Central Basin Water District 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Inglewood CA 90301

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

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	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		CALIFORNIA FORM 460
from	01/01/2024	
through	02/29/2024	Page <u>3</u> of <u>11</u>
		I.D. NUMBER 1346862

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Vasquez 4 Water Board 2024

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 62,600.00	\$ 62,600.00
2. Loans Received Schedule B, Line 3	-63,000.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ -400.00	\$ 62,600.00
4. Nonmonetary Contributions Schedule C, Line 3	5,500.00	5,500.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 5,100.00	\$ 68,100.00

**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	\$ 269.55	\$ 269.55
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 269.55	\$ 269.55
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	-7,810.64	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	5,500.00	5,500.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ -2,041.09	\$ 5,769.55

**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	\$ 669.55
13. Cash Receipts Column A, Line 3 above	-400.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	269.55
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0.00

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00

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.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2024	
through	02/29/2024	Page <u>4</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Vasquez 4 Water Board 2024

I.D. NUMBER

1346862

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)
02/15/2024	Leticia Vasquez-Wilson Lynwood, CA 90262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Central Basin Municipal Water District	5,100.00	67,700.00	
02/15/2024	Leticia Vasquez-Wilson Lynwood, CA 90262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Central Basin Municipal Water District	1,000.00	67,700.00	
02/15/2024	Leticia Vasquez-Wilson Lynwood, CA 90262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Central Basin Municipal Water District	9,500.00	67,700.00	
02/15/2024	Leticia Vasquez-Wilson Lynwood, CA 90262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Central Basin Municipal Water District	2,500.00	67,700.00	
02/15/2024	Leticia Vasquez-Wilson Lynwood, CA 90262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Central Basin Municipal Water District	15,000.00	67,700.00	
SUBTOTAL \$				33,100.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 62,600.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 62,600.00

***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 A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2024	
through	02/29/2024	Page <u>5</u> of <u>11</u>
NAME OF FILER		I.D. NUMBER
Vasquez 4 Water Board 2024		1346862

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)
02/15/2024	Leticia Vasquez-Wilson Lynwood, CA 90262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Central Basin Municipal Water District	20,000.00	67,700.00	
02/15/2024	Leticia Vasquez-Wilson Lynwood, CA 90262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Central Basin Municipal Water District	9,500.00	67,700.00	
		<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				
SUBTOTAL \$				29,500.00		

***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 B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2024	
through	02/29/2024	Page <u>6</u> of <u>11</u>
NAME OF FILER		I.D. NUMBER
Vasquez 4 Water Board 2024		1346862

SEE INSTRUCTIONS ON REVERSE

Vasquez 4 Water Board 2024

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 CONTRIBUTIONS TO DATE
Leticia Vasquez-Wilson Lynwood, CA 90262	Director Central Basin Municipal Water District			<input checked="" type="checkbox"/> PAID \$ 400.00 <input checked="" type="checkbox"/> FORGIVEN \$ 5,100.00	\$ 0.00	0.00% RATE \$ 0.00	\$ 5,500.00	CALENDAR YEAR \$ 67,700.00 PER ELECTION** \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 5,500.00	\$ 0.00	\$ 5,100.00	10/11/2017 DATE DUE	\$ 0.00	10/11/2016 DATE INCURRED	\$
Leticia Vasquez-Wilson Lynwood, CA 90262	Director Central Basin Municipal Water District			<input type="checkbox"/> PAID \$ 0.00 <input checked="" type="checkbox"/> FORGIVEN \$ 15,000.00	\$ 0.00	0.00% RATE \$ 0.00	\$ 15,000.00	CALENDAR YEAR \$ 67,700.00 PER ELECTION** \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 15,000.00	\$ 0.00	\$ 15,000.00	10/17/2017 DATE DUE	\$ 0.00	10/17/2016 DATE INCURRED	\$
Leticia Vasquez-Wilson Lynwood, CA 90262	Director Central Basin Municipal Water District			<input type="checkbox"/> PAID \$ 0.00 <input checked="" type="checkbox"/> FORGIVEN \$ 20,000.00	\$ 0.00	0.00% RATE \$ 0.00	\$ 20,000.00	CALENDAR YEAR \$ 67,700.00 PER ELECTION** \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 20,000.00	\$ 0.00	\$ 20,000.00	10/25/2017 DATE DUE	\$ 0.00	10/25/2016 DATE INCURRED	\$
SUBTOTALS \$			0.00 \$	40,500.00 \$	0.00 \$	0.00		

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

Schedule B Summary

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 63,000.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** -63,000.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

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

Schedule B – Part 1 (Continuation Sheet)
Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1 (CONT.)

Statement covers period from <u>01/01/2024</u> through <u>02/29/2024</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Vasquez 4 Water Board 2024

I.D. NUMBER

1346862

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 CONTRIBUTIONS TO DATE
Leticia Vasquez-Wilson Lynwood, CA 90262 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Central Basin Municipal Water District	\$ 2,500.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input checked="" type="checkbox"/> FORGIVEN \$ 2,500.00	\$ 0.00 10/27/2017 DATE DUE	0.00% RATE \$ 0.00	\$ 2,500.00 10/28/2016 DATE INCURRED	CALENDAR YEAR \$ 67,700.00 PER ELECTION** \$
Leticia Vasquez-Wilson Lynwood, CA 90262 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Central Basin Municipal Water District	\$ 1,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input checked="" type="checkbox"/> FORGIVEN \$ 1,000.00	\$ 0.00 10/31/2017 DATE DUE	0.00% RATE \$ 0.00	\$ 1,000.00 10/31/2016 DATE INCURRED	CALENDAR YEAR \$ 67,700.00 PER ELECTION** \$
Leticia Vasquez-Wilson Lynwood, CA 90262 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Central Basin Municipal Water District	\$ 9,500.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input checked="" type="checkbox"/> FORGIVEN \$ 9,500.00	\$ 0.00 09/14/2021 DATE DUE	0.00% RATE \$ 0.00	\$ 9,500.00 09/14/2020 DATE INCURRED	CALENDAR YEAR \$ 67,700.00 PER ELECTION** \$
Leticia Vasquez-Wilson Lynwood, CA 90262 Received through intermediary: eFundraising Connections, 2831 G Street #120, Sacramento, CA 95816 - 0% Interest Rate † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Central Basin Municipal Water District	\$ 9,500.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input checked="" type="checkbox"/> FORGIVEN \$ 9,500.00	\$ 0.00 09/15/2021 DATE DUE	0.00% RATE \$ 0.00	\$ 9,500.00 09/15/2020 DATE INCURRED	CALENDAR YEAR \$ 67,700.00 PER ELECTION** \$
SUBTOTALS \$			0.00 \$	22,500.00 \$	0.00 \$	0.00		

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

†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 C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	01/01/2024	
through	02/29/2024	Page <u>8</u> of <u>11</u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		I.D. NUMBER 1346862

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Vasquez 4 Water Board 2024

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
02/15/2024	Leticia Vasquez-Wilson Lynwood, CA 90262 ^e	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Central Basin Municipal Water District	Bill Forgiven	5,500.00	67,700.00	
		<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					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 5,500.00

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 5,500.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 5,500.00

***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.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	01/01/2024	
through	02/29/2024	Page 9 of 11
NAME OF FILER		I.D. NUMBER
Vasquez 4 Water Board 2024		1346862

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Vasquez 4 Water Board 2024

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
Political Reporting Plus Inglewood, CA 90301	PRO		Political Accounting - Semi-Annual Report	125.00
Political Reporting Plus Inglewood, CA 90301	POS		Messenger Service Reimbursement - LACRR & SOS	13.80
Political Reporting Plus Inglewood, CA 90301	PRO		Political Accounting - Account Termination & Filings	125.00

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

SUBTOTAL \$ 263.80

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	263.80
2. Unitemized payments made this period of under \$100	\$	5.75
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	269.55

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2024	
through	02/29/2024	Page 10 of 11
NAME OF FILER		I.D. NUMBER
Vasquez 4 Water Board 2024		1346862

SEE INSTRUCTIONS ON REVERSE

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

OMP 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
R&M Associates Santa Fe Springs, CA 90670	CNS	1,256.31	-1,256.31	0.00	0.00
Doug Kessler Consulting Selma, CA 93662	CNS Precinct Training	250.00	-250.00	0.00	0.00
Capital One Bank Mc Lean, VA 22102	OMP Campaign Expense	420.75	-420.75	0.00	0.00
SUBTOTALS \$		1,927.06\$	-1,927.06\$	0.00\$	0.00

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** -7,810.64
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -7,810.64
May be a negative number

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

SCHEDULE F (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period from 01/01/2024 through 02/29/2024	CALIFORNIA FORM 460
	Page 11 of 11
NAME OF FILER Vasquez 4 Water Board 2024	I.D. NUMBER 1346862

NAME OF FILER
Vasquez 4 Water Board 2024

I.D. NUMBER
1346862

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) |

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Capital One Bank Mc Lean, VA 22102	CMP Election Night Event Expenses	383.58	-383.58	0.00	0.00
Leticia Vasquez-Wilson Lynwood, CA 90262	FIL Candidate Ballot Statement FeeReimbursement	5,500.00	-5,500.00	0.00	0.00
SUBTOTALS \$		5,883.58\$	-5,883.58\$	0.00 \$	0.00

Courtesy Copy

Statement of Organization Recipient Committee

Statement Type

Initial, Amendment, Termination - See Part 5. Includes checkboxes and dates for qualification and termination.

RECEIVED BY LOS ANGELES COUNTY CAMPAIGN FINANCE. CALIFORNIA FORM 410. Includes date stamp and handwritten file number 015392 COPY.

1. Committee Information (Name, Address, City, I.D. Number) and 2. Treasurer and Other Principal Officers (Name, Address, City, Email).

3. Verification. I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the state of California that the information provided is true and complete.

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Vasquez 4 Water Board 2024	I.D. NUMBER 1346862
----------------------------------------------	------------------------

All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS California Bank and Trust	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER 3240469251
ADDRESS OF FINANCIAL INSTITUTION	CITY Los Angeles	STATE CA
		ZIP CODE 90071

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	
Leticia Vasquez-Wilson	Water Board Member Central Basin Water District 1	2024	X		(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Vasquez 4 Water Board 2024

I.D. NUMBER
1346862

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

____/____/____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.