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	t =			1/3/	0218-3
Récipient Committee		1. 1	. Date Stamp	110	COVERPAGE
Campaign Statement				C/	ALIFORNIA 460
Cover Page			REPER	C com	FORM
Government Code Sections 84200-84216.5)	/		LOS ANCE	VED B	
	Statement covers period	Date of election if applicable:	LOS ANGEL	ES COLL	TAV 1 of 9
	from10/23/2022	(Month, Day, Year)	2023 FFR _ 1		90 ;
·		`	1.20-1	PH 3 DL	For Official Use Only
EE INSTRUCTIONS ON REVERSE	through12/31/2022	11/08/2022	2023 FEB - I CAMPAIGN	FINANCE	811364
. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	*		<u> </u>
	rimarily Formed Ballot Measure	□ Preelection Statement		Quarterly S	Statement
	committee	X Semi-annual Statement		Special Od	d-Year Report
	Controlled Sponsored	☐ Termination Statement			ital Preelection
	Vso Complete Part 6)	(Also file a Form 410 Te	•	Statement	- Attach Form 495
General Purpose Committee	rimarily Formed Candidate/	Amendment (Explain b	elow)		
	Officeholder Committee				
O Political Party/Central Committee	ulso Complete Part 7)	. •			
Tue Tue	. NUMBER				
3. Committee information	1452345	Treasurer(s)			1
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
CAROL KWAN FOR WEST BASIN WATER BOARD 2022		CARY DAVIDSON			
•		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
		LOS ANGELES	CA	90071	(213)624-6200
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY		
LOS ANGELES CA 9007	1 (213)624-6200	NATHAN HARDY	-		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	ox	MAILING ADDRESS			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
	·	LOS ANGELES	. CA	90071	(213)624-6200
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS		
sosfilings@politicallaw.com					
. Verification					
I have used all reasonable diligence in preparing and reviewing	this statement and to the best of my kn	owledge the inf		hedules is t	rue and complete. I certify
under penalty of perjury under the laws of the State of California	a that the foregoing is true and correct.				and the second
Executed on 01/18/2023	Bu				*
Executed onDate	Ву	Sigr			
Executed on 01/18/2023	Ву				
Date	Signature of Co	ontrolling Officeholds		onsor	
Executed on	Ву				
Date		Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent		•
Executed on	, Ву	. Signature of Controlling Officeholder, Candidate, Si	ote Measure Provonent		
Lette .		. Signature of Controlling Officeholder, Candidate, St	THE INCOME LICENTIBILE		FPPC Form 460 (Jan/2016)

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## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	AGE - PART 2
CALIFORNIA FORM	460
Page2 o	f9

		-					
NAME OF OFFICEHOLDER OR CANDIDATE		1	NAME OF BALLOT MEASURE				
CAROL KWAN							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AN	D DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	DN	1	SUPPORT
BOARD MEMBER W. BASIN WATER District	1				•	. ] [	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRE	EET) CITY STATE ZIP	ı	dentify the controlling office	eholder, can	ndidate, or st	ate measure p	roponent, if any
			NAME OF OFFICEHOLDER, CANDI	DATE, OR PR	OPONENT		
Related Committees Not Included in	this Statement: List any committees						
not included in this statement that are controlled			OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
contributions or make expenditures on behalf of			٠ ١			4	`.
COMMITTEE NAME	I.D. NUMBER				!		
						,	
·		•			and the second	•	
,		7	Primarily Formad Candid	data/Offic	abaldar Ca	mmittae . /:-	
NAME OF TREASURER	CONTROLLED COMMITTEE?		Primarily Formed Candio				
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s) fo	or which this	s committee is	primarily forme	
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS	□ YES □ NO			or which this	s committee is		SUPPORT
	□ YES □ NO		officeholder(s) or candidate(s) fo	or which this	s committee is	primarily forme	ed.
	□ YES □ NO	j	officeholder(s) or candidate(s) fo	or which this	OFFICE SOU	primarily forme	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)	j	officeholder(s) or candidate(s) fo	or which this	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS COMMITTEE ADDRESS STATE	(NO P.O. BOX)  ZIP CODE AREA CODE/PHONE	j	officeholder(s) or candidate(s) fo	or which this	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)	i	officeholder(s) or candidate(s) fo	Or which this	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS COMMITTEE ADDRESS STATE	(NO P.O. BOX)  ZIP CODE AREA CODE/PHONE	i	Officeholder(s) or candidate(s) for NAME OF OFFICEHOLDER OR CAN	Or which this	OFFICE SOU	GHT OR HELD  GHT OR HELD  GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS COMMITTEE ADDRESS STATE	(NO P.O. BOX)  ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CAN	NDIDATE  NDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (CITY STATE)  COMMITTEE NAME	YES   NO   (NO P.O. BOX)  ZIP CODE   AREA CODE/PHONE		Officeholder(s) or candidate(s) for NAME OF OFFICEHOLDER OR CAN	NDIDATE  NDIDATE	OFFICE SOU	GHT OR HELD  GHT OR HELD  GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS  CITY STATE  COMMITTEE NAME  NAME OF TREASURER	YES   NO     NO P.O. BOX   ZIP CODE   AREA CODE/PHONE     I.D. NUMBER     CONTROLLED COMMITTEE?   YES   NO		NAME OF OFFICEHOLDER OR CAN	NDIDATE  NDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS COMMITTEE ADDRESS COMMITTEE NAME  NAME OF TREASURER	YES   NO     NO P.O. BOX   ZIP CODE   AREA CODE/PHONE     I.D. NUMBER     CONTROLLED COMMITTEE?   YES   NO		NAME OF OFFICEHOLDER OR CAN	NDIDATE  NDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAC	3E
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	Statement covers period	CALIFORNIA 460
fro	om10/23/2022	FORM TOU
th	rough12/31/2022	Page3 of9
		I.D. NUMBER
		1452345

CAROL KWAN FOR WEST BASIN WATER BOARD 2022 Column A Calendar Year Summary for Candidates Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections**  Monetary Contributions ...... Schedule A, Line 3 \$ \_\_\_\_\_ 9,700.00 27,289.00 1/1 through 6/30 7/1 to Date 2. Loans Received ...... Schedule B. Line 3 20. Contributions 9,700.00 27,289.00 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ \_\_\_\_\_ Received 4. Nonmonetary Contributions ....... Schedule C, Line 3 21. Expenditures Made 27,289.00 **Expenditures Made Expenditure Limit Summary for State Candidates** 7. Loans Made ...... Schedule H, Line 3 22. Cumulative Expenditures Made\* 25,154.28 (If Subject to Voluntary Expenditure Limit) -7,221.68 Date of Election Total to Date (mm/dd/vv) 0.00 0.00 Current Cash Statement To calculate Column B. add 9,700.00 amounts in Column A to the corresponding amounts \*Amounts in this section may be different from amounts 1,920.00 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 12,903.98 Column A may be negative 4,054.72 figures that should be 16. ENDING CASH BALANCE ........... Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B. Part 2 \$ \_\_\_\_\_ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). 0.00 FPPC Form 460 (Jan/2016)

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					,		
, Schedule	A						SCHEDULE
	Contributions Received		ts may be rounded whole dollars.	Statement cove	•	CALI	FORNIA 460
SEE INSTRUCTIO	ONS ON REVERSE			through12/31/2	022	Page	4 of9
NAME OF FILER						I.D. NI	UMBER
CAROL KWAN F	FOR WEST BASIN WATER BOARD 2022					14523	345
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 1 CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
11/08/2022	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 11 POLITICAL ACTION COMMITTEE (ID# 822725)  PASADENA, CA 91101	□IND □COM □OTH □PTY 区SCC		5,000.00	5	5,000.00	
11/14/2022	PAUL C. LAM  RANCHO PALOS VERDES, CA 90275	IND  COM  OTH  PTY  SCC		200.00		200.00	
11/07/2022	PLUMBERS LOCAL NO. 78 POLITICAL ACTION COMMITTEE (ID# 920927) LOS ANGELES, CA 90015	□IND □COM □OTH □PTY 区SCC	_	2,000.00	2	2,000.00	
11/10/2022	STEAMFITTERS & REFRIGERATION U.A. LOCAL 250 PAC SMALL CONTRIBUTOR COMMITTEE (ID# 743959) GARDENA, CA 90248	□IND □COM □OTH □PTY ⊠SCC		2,500.00	2	2,500.00	
		IND   COM   OTH   PTY   SCC					
			SUBTOTALS	\$ 9,700.00			
Schedule A	A Summary				(*0	ontributor C	Codes
				-		D 1 F 11	

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) \$ \_\_\_ 9,700.00

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

3. Total monetary contributions received this period. 9,700.00 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 l to whole d			Statem from	10/23/2022 12/31/2022	CALIFOR FORM
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	***			Linough		I.D. NUMBE
CAROL KWAN FOR WEST BASIN WATER BOARD 2022						1452345
CODES: If one of the following codes accurately describes  CMP 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 commeetings and office expended petition circumphone banks polling and spostage, del	munications d appearances uses lating s survey researd ivery and mes	s	RAD radio RFD return SAL camp TEL t.v. of TRC cand TRS staff TSF trans VOT votes	ibe the payment.  o airtime and production med contributions paign workers' salaries or cable airtime and pro didate travel, lodging, ar //spouse travel, lodging, sfer between committee or registration mation technology cost	s oduction costs nd meals , and meals es of the same
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	DR DESC	CRIPTION OF P	PAYMENT	
ANEDOT		OFC				
NEW ORLEANS, LA 70112						,
KRISTINA FLORES		CMP				
LOS ANGELES, CA 90021						

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

SUBTOTAL\$ 2,624.87

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 12,903.98

2. Unitemized payments made this period of under \$100 \$ 0.00

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 \$ 12,903.98

PRO

candidate/sponsor

AMOUNT PAID

4.30

320.82

2,299.75

REED & DAVIDSON

LOS ANGELES, CA 90071

## Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA 460
from	10/23/2022	FORM 400
through	12/31/2022	Page6 of9
		I.D. NUMBER

1452345

CAROL KWAN FOR WEST BASIN WATER BOARD 2022

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications CMP campaign paraphernalia/misc. 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 candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FIL polling and survey research staff/spouse travel, lodging, and meals fundraising events 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 professional services (legal, accounting) VOT voter registration PRO 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
SOUTH BAY CHINESE ASSOCIATION	LIT		1,000.00
TORRANCE, CA 90505		·	
TELE-TOWN HALL SERVICES MERCURY ACQUISITION 2021 LLC		TEXT MESSAGES	1,962.43
ARLINGTON, VA 22201			
TELE-TOWN HALL SERVICES MERCURY ACQUISITION 2021 LLC		TEXT MESSAGES	95.00
ARLINGTON, VA 22201			
VICTORY PRINTING SOLUTIONS	LIT		7,221.68
CHATSWORTH, CA 91311			
•			
			-
			i ·
			TOTAL &

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

SUBTOTAL \$

10,279.11

Schedule F Accrued Expenses (Unpaid Bills)  SEE INSTRUCTIONS ON REVERSE	Amounts may be round to whole dollars.	ded	Statement cover from 10/23/ through 12/31/	2022 FC	ORNIA 460
NAME OF FILER  CAROL KWAN FOR WEST BASIN WATER BOARD 2022				I.D. NUM 14523	
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 communication meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL poling and survey res postage, delivery and PRO professional services in print ads	ns nces earch messenger services	RAD radio airtime air RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registrati	he payment.  nd production costs  butions  kers' salaries  time and production costs  l, lodging, and meals  avel, lodging, and meals en committees of the sar	s me candidate/sponsor
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
VICTORY PRINTING SOLUTIONS CHATSWORTH, CA 91311	LIT	7,221.68	0.00	7,221.68	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 7,221.68\$	0.00	7,221.68\$	0.00
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized accrued expenses paid this period. (Include all Scheducerung expenses of \$100 or more, plus total unitemized accrued expenses of \$100 or more, plus total unitemized.)	accrued expenses under sedule F, Column (c) subto payments on accrued exp	\$100.)tals for payments on enses under \$100.)			
<ol> <li>Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)</li> </ol>				NET \$	-7,221.68 ay be a negative number

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		nts may be rounded whole dollars.	State	ement covers period	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through	12/31/2022	Page8 of9
NAME OF FILER					I.D. NUMBER
CAROL KWAN FOR WEST BASIN WATER BOARD 2022					1452345
NAME OF AGENT OR INDEPENDENT CONTRACTOR					-16
VICTORY PRINTING SOLUTIONS					*
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  * Payments that are contributions or independent expenditures must also	MBR member co MTG meetings a OFC office experiments PET petition circ PHO phone bank POL polling and POS postage, do PRO professional PRT print ads	mmunications and appearances enses culating ks survey research elivery and messenger service al services (legal, accounting)	RAD rad RFD retu SAL can TEL t.v. TRC can TRS stat es TSF tran VOT vote	lio airtime and production of urned contributions inpaign workers' salaries or cable airtime and produndidate travel, lodging, and ff/spouse travel, lodging, a	action costs meals and meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF	PAYMENT	AMOUNT PAID
U.S. POSTMASTER CHATSWORTH, CA 91311		POS			2,874.7
		1 1			I

Attach additional information on appropriately labeled continuation sheets.			TOTAL	\$ 2,874.70
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	1	十		
	<u> </u>	+		
•				
CHATSWORTH, CA 91311				1
U.S. POSTMASTER	POS	Т		2,874.7
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period  from 10/23/2022	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through12/31/2022	Page 9 of 9
NAME OF FILER				1.D. NUMBER
CAROL KWAN FO	OR WEST BASIN WATER BOARD 2022			1452345
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/27/2022	COPS VOTER GUIDE, INC. (#599014)	REFUND		1,920.0
	SACRAMENTO, CA 95815			
	. v v		* 4	
_				
Attach additional information on appropriately labeled continuation sheets.			SUBTOTAL	1,920.0
Schedule	I Summary			
Itemized increases to cash this period			\$ 1,920.00	
2. Unitemized increases to cash of under \$100 this period.				
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)			\$0.00	
4. Total misc	cellaneous increases to cash this period. (Add Lines 1, 2, and	3. Enter here and on the		

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1,920.00