1/26/21 UPS

CALIFORNIA

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

O Recall

(Also Complete Part 5)

O Sponsored

☐ General Purpose Committee

Committee Information

O Small Contributor Committee

O Political Party/Central Committee

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Officeholder, Candidate Controlled Committee

O State Candidate Election Committee

AMENDMENT

RECEIVE LOS ANGEL Date of election if applicable: Statement covers period 2021 JUL 27 (Month, Day, Year) 07-01-2020 CAMPAIGN FINANCE 11-06-2018 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Preelection Statement Quarterly Statement Semi-annual Statement Committee Special Odd-Year Report O Controlled ☐ Termination Statement O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) ☐ Amendment (Explain below) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) 1.D. NUMBER 54662 Treasurer(s) NAME OF TREASURER ZIP CODE AREA CODE/PHONE

TREET ADDRESS (NO P.O. BOX)			
TY	07196	70.000	1951 000501015
Palmdale	CA	93.55	AREA CODE/PHONE 2 66/ 435/99/
ING ADDRESS (IF DIFFEREN) NO. AND STREET OR P.	O. BOX	
		ZIP CODE	AREA CODE/PHONE

STATE ZIP CODE AREA CODE/PHONE

DINO

Date Stamp

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 07-25-20Zj	Ву	
Executed on	Ву	Responsible Officer of Sponsor
Executed on	By	ture of Controlling Officeholder, Candidate, State Measure Proponent
Executed onDate	BySigna	ture of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

18. Cash Equivalents See instructions on reverse

19. Outstanding Debts Add Line 2 + Line 9 in Column B above

Amounts may be rounded to whole dollars.

Statement covers period from 07-0/-2020 CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER Dino for Palmdale Water 1354662 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 1/1 through 6/30 7/1 to Date 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 13400 Made 5. TOTAL CONTRIBUTIONS RECEIVED. Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made...... Schedule E, Line 4 Candidates 7. Loans Made. Schedule H. Line 3 22. Cumulative Expenditures Made* SUBTOTAL CASH PAYMENTS...... Add Lines 6+7 (M Subject to Voluntary Expenditure Limit) Date of Election Total to Date 0 (mm/dd/yy) **Current Cash Statement** 6482.49 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. add amounts in Column A to the corresponding *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. 981.00 of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may be negative figures that 16. ENDING CASH BALANCE Add 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. 17. 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).

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