•		·	A	
Recipient Committee			101/18/2014	COVER PAGE
			Date Stamp	CALIFORNIA 160
Campaign Statement			LOS ANGELES	california 460
Cover Page			I OS AMULLE	
(Government Code Sections 84200-84216.5)		15 4 4 4 4 4 4 4 4		Al III
	Statement covers period	Date of election if applicable: (Month, Day, Year)	2024 JAN 22	Page 1 of 17
•	from07/01/2023	(World, Day, Year)	20214	For Official Use Only
			CAMPAIGN	F (4: 4 For Official Ose Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2023	11/08/2022	CMI	e √2g
1. Type of Recipient Committee: All Committees - C	complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
▼ Officeholder, Candidate Controlled Committee	Primarily Formed Ballot Measure	☐ Preelection Statement	Пα	uarterly Statement
State Candidate Election Committee	Committee	∑ Semi-annual Statement	_	pecial Odd-Year Report
O Recall	Controlled	☐ Termination Statement	□ Si	upplemental Preelection
(Also Complete Part 5)	(Also Complete Part 6)	(Also file a Form 410 Te	,	atement - Attach Form 495
General Purpose Committee		Amendment (Explain b	elow)	
	Primarily Formed Candidate/ Officeholder Committee			
 Srnall Contributor Committee Political Party/Central Committee 	(Also Complete Part 7)			
O Political Party/Central Committee				·
3. Committee Information	.D. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE	1444644	NAME OF TREASURER		
LANGFORD FOR WATER BOARD 2022	,	Cine D. Ivery		
		MAILING ADDRESS	1	
		WALLING ADDICES	,	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP	CODE AREA CODE/PHONE
THE THE PARTY		Inglewood		0301 (310) 817-6679
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		(310) 817-8879
			• •	
Inglewood CA 903 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	1 1 1 1	Samahndi Cunni	ingham	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR F.O.	ВОХ	MAILING ADDRESS		
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
		Inglewood		0301 (310) 817-6679
OPTIONAL: FAX / E-MAIL ADDRESS	·	OPTIONAL: FAX / E-MAIL ADDR		(310,017.007)
(310)672-6679 / cine@politicalreportingplus	.com	OF HORAL. TWO PENALE ADDITION		
	· · ·			
4. Verification				
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californ	ng this statement and to the	ned her	ein and in the attached sche	dules is true and complete. I certify
1941 3 27 0000	na triat trio loregoling is true	_		
Executed onJAN 1 7 2024	Ву			·
10 M Pate 7 2024	-	Assistant T	reasurer	
Executed on	Ву	Acres Base	remont or Passagaille Office of Con-	
Date ·		asure Prop	conent or Responsible Officer of Spons	UI
Executed on	Ву	Signature of Controlling Officeholder, Candidate, St.	ate Measure Proponent	
			and the second of the second o	
Executed on	Ву	Signature of Controlling Office helder Control		

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

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
CALIFORNIA 460					
Page 2 of 1					

. Officeholder or Candidate Controlled Con	nmittee	6.	Primarily Formed Ballot	t Measure Committee	•	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Joy Langford						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICABLE)	<u> </u>	BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT	
Water Replenishment District Board Distri	ct 1				OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE Inglewood CA	ZIP 90301	Identify the controlling office	eholder, candidate, or s	tate measure proponent,	if any.
	Inglewood CA	90301	NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROPONENT		
Related Committees Not Included in this	-		OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	
not included in this statement that are controlled by you contributions or make expenditures on behalf of your		receive	OTTIOE GOOGHT ON THEE		DISTRICT NO. IF ANT	
Contributions of make expenditures on behalf of your	candidacy.					
COMMITTEE NAME	I.D. NUMBER					
		7.	Primarily Formed Cand	idate/Officeholder Co	mmittee List names of	,
NAME OF TREASURER	CONTROLLED COMMITTEE	?	officeholder(s) or candidate(s)			
	YES NO					
COMMITTEE ADDRESS STREET ADDRESS (NO P.C.	. BOX)		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SOU	GHT OR HELD	
CITY STATE ZI	P CODE AREA CODE/	PHONE	NAME OF OFFICEHOLDER OR CA	NDIDATE OFFICE SOU	GHT OR HELD	
					☐ SUPI	
					☐ OPPO	OSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE OFFICE SOU	GHT OR HELD	
					SAT OR RELD SUP	
NAME OF TREASURER	CONTROLLED COMMITTEE	?	NAME OF OFFICEHOLDER OR CA	NDIDATE OFFICE SOL	GHT OR HELD	
	☐ YES ☐ NO		TAME OF OTTIOLISEDER OR OF	0,1102 000	∐ SUP	
COMMITTEE ADDRESS STREET ADDRESS (NO P.C					☐ OPP	USE
ornani i marina di indiri		*				
		DUGUE				
CITY STATE ZI	P CODE AREA CODE/	PHONE	Attach	continuation sheets if	necessary	
	, ,					,

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA **FORM** 07/01/2023 from . Page ____3 ___ of ____11 12/31/2023 through.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER LANGFORD FOR WATER BOARD 2022 1444644

Contributions Received	(Column A TOTALTHIS PERIOD FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTALTO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	10,018.76	\$	10,518.76	
2. Loans Received Schedule B, Line 3		-10,000.00		57,000.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	18.76	\$	67,518.76	20. Contributions Received \$ \$
4. Nonmonetary Contributions		0.00		0.00	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	18.76	\$	67,518.76	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	525.05	\$	2,050.35	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	525.05	\$	2,050.35	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0.00		7,000.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	525.05	\$	9,050.35	\$
Current Cash Statement					<i></i> \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	1,098.72	То	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		18.76		nounts in Column A to the rresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		525.05		port. Some amounts in Dlumn A may be negative	,
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	592.43	fig	ures that should be	
If this is a termination statement, Line 16 must be zero.			ре	btracted from previous	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	e first report being filed this calendar year, only try over the amounts	
Cash Equivalents and Outstanding Debts			fro	m Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$	0.00	["	.,,	
19. Outstanding Debts	\$	64,000.00			
			I		FPPC Form 460 (Jan/: FPPC Advice: advice@fppc.ca.gov (866/275-

www.fppc.ca.gov

Schedule Monetary	Contributions Received		ts may be rounded whole dollars.	Statement cover	•		FORNIA DRM	460
SEE INSTRUCTIO	ONS ON REVERSE			through	023	Page .	4	of <u>11</u>
NAME OF FILER						I.D. NU	MBER	
LANGFORD FOR	R WATER BOARD 2022		*			14446	44	
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 T CALENDAR (JAN. 1 - DE	YEAR	TO	LECTION DATE QUIRED)
09/06/2023	Katherine Cole Glendale, CA 91206	⊠IND □COM □OTH □PTY □SCC	Consultant Kit Cole Consulting LLC	259.38 Received through inter eFundraising Connection Sacramento, CA 95816	mediary: ns	259.38		
09/14/2023	Dakota Communications Los Angeles, CA 90017	□IND □COM ☑OTH □PTY □SCC		1,000.00 Received through inter ePundraising Connection Sacramento, CA 95816	mediary:	,000.00	-	-
09/14/2023	Michael Gagan Los Angeles, CA 90015	⊠IND □COM □OTH □PTY □SCC	Public Affairs Director Kindel Gagan	1,500.00 Received through inter ePundraising Connection Sacramento, CA 95816	mediary:	,500.00		
09/27/2023	Kellie Todd Griffin Carson, CA 90746	⊠IND □COM □OTH □PTY □SCC	President & Chief Executive Officer California Black Womens Collective	250.00 Received through inter aPundraising Connection Sacramento, CA 95816	mediary: ns	250.00		
09/28/2023	Long Beach, CA 90808	□IND □COM ☑OTH □PTY □SCC		1,000.00 Received through inter eFundraising Connectio Sacramento, CA 95816		,000.00		\$2,500.00
			SUBTOTAL	\$ 4,009.38				-
1. Amount re (Include al	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)			9,918.76	IND	•	il ent Commit than PTY (

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

PTY - Political Party SCC - Small Contributor Committee FPPC Form 460 (Jan/2016)

100.00

3. Total monetary contributions received this period.

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

07/01/2023

NAME OF FILER				through12/31		Page 5 of 11 I.D. NUMBER				
LANGFORD FOR WATER BOARD 2022										
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DATE				
09/29/2023	Cynthia Ambres Los Angeles, CA 90043	☑IND □COM □OTH □PTY □SCC	Physician Executive Kate Farms	Received through inte eFundraising Connection Sacramento, CA 95816		0.00				
09/29/2023	Mark Johnson Arcadia, CA 91007	⊠IND □COM □OTH □PTY □SCC	Attorney Lanna & Hanna	250.00 Received through inte eFundraising Connecti Sacramento, CA 95816		0.00				
11/10/2023	Julie Chlopecki Mc Lean, VA 22101	⊠IND □COM □OTH □PTY □SCC	Founder Lincoln Concepts	259.38 Received through inte ePundraising Connecti sacramento, CA 95816		9.38				
12/13/2023	Marathon Petroleum Co LP San Rafael, CA 94901	□IND □COM ☑OTH □PTY □SCC		250.00	250	0.00				
12/19/2023	Mava Blue Tech Corp. Riverside, IL 60546	□IND □COM ☑OTH □PTY □SCC		5,000.00 Received through interefundraising Connection Sacramento, CA 95816		0.00				
SUBTOTAL\$ 5,909.38										

*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									
Schedule B – Part 1	Amo	Statement cov	ers period	CALIFORNIA 460					
Loans Received		to whole dollar	s.		from	1/2023	FORM 400		
SEE INSTRUCTIONS ON REVERSE					through12/3	1/2023	Page6	of11	
NAME OF FILER							I.D. NUMBER		
LANGFORD FOR WATER BOARD 2022							1444644		
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 PAI OR FORGIVE THIS PERIOR	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE	
Joy Langford	District Representative California State Assembly			☑ PAID				CALENDAR YEAR	
Los Angeles, CA 90056	carriornia state Assembly			\$2,000.0	0.00	0.00% RATE	\$ _2,000.00	\$0.00	
† IND □ COM □ OTH □ PTY □ SCC		\$ 2,000.00	\$0.00	\$0.0	02/07/2023 DATE DUE	\$0.00	02/07/2022 DATE INCURRED	\$	
Jov Landford	District Representative California State Assembly	1		▼ PAID				CALENDAR YEAR	
Los Angeles, CA 90056				\$	0 \$ 38,000.00	0.00% RATE	\$ 45,000.00	\$0.00 PERELECTION *	
†☑ IND □ COM □ OTH □ PTY □ SCC		\$ 45,000.00	\$0.00	\$0.0	0 06/17/2023 DATE DUE	\$0.00	06/17/2022 DATE INCURRED	\$	
Joy Langford & Associates				PAID				CALENDAR YEAR	
Los Angeles, CA 90056				\$0.0	0 \$ 15,000.00	0.00% RATE	\$ 15,000.00	\$0.00 PER ELECTION *	
†□ IND □ COM ☑ OTH □ PTY □ SCC		\$ 15,000.00	\$0.00	\$0.0	09/01/2023 DATE DUE	\$0,00	08/31/2022 DATE INCURRED	\$	
		SUBTOTALS S	0.00	9,000.	00\$ 53,000.00	\$ 0.00			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)			
Loans received this period				\$	0.00	_	_		
(Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period						ommittee PTY or SCC)			
(Include loans paid by a third party that are also itemized on Schedule A.) OTH – Other (e.g., business PTY – Political Party SCC – Small Contributor Company of the party SCC – Small Contributor Compa						y			

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ -10,000.00 (Maybe a negative number)

Enter the net here and on the Summary Page, Column A, Line 2.

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

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

** If required.

SCHEDULE B - PART 1 (CONT.)

Schedule B - Part 1 (Continuation Sheet) Statement covers period Amounts may be rounded **CALIFORNIA** Loans Received to whole dollars. 07/01/2023 **FORM** from 12/31/2023 through _ Page ____7___ SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1.D. NUMBER LANGFORD FOR WATER BOARD 2022 1444644 OUTSTANDING (d) OUTSTANDING IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE AMOUNT INTEREST CUMULATIVE ORIGINAL AMOUNT PAID OCCUPATION AND EMPLOYER BALANCE BALANCEAT OF LENDER RECEIVED THIS PAID THIS CONTRIBUTIONS OR FORGIVEN **AMOUNT OF** (IF SELF-EMPLOYED, ENTER BEGINNING THIS CLOSE OF THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **PERIOD** PERIOD NAME OF BUSINESS) THIS PERIOD LOAN TO DATE PERIOD PERIOD Joy Langford District Representative X PAID CALENDAR YEAR California State Assembly Los Angeles, CA 90056 \$ 1,000.00 0..00 0.00% \$ 1,000.00 \$... 0.00 RATE ☐ FORGIVEN PER ELECTION** 09/30/2023 09/30/2022 \$ ___1,000.00 TE IND □ COM □ OTH □ PTY □ SCC DATE DUE DATE INCURRED Joy Langford & Associates ☐ PAID CALENDAR YEAR Los Angeles, CA 90056 0.00 \$ 4,000.00 0.00% \$ 4,000.00 0.00 ☐ FORGIVEN PER ELECTION ** 10/12/2023 4,000.00 0.00 10/12/2022 0.00 DATE DUE DATE INCURRED T□ IND □ COM ☑ OTH □ PTY □ SCC ☐ PAID CALENDAR YEAR FORGIVEN PER ELECTION ** DATE DUE DATE INCURRED †□ IND □ COM □ OTH □ PTY □ SCC □ PAID CALENDAR YEAR RATE FORGIVEN PER ELECTION ** DATE DUE DATE INCURRED T□ IND □ COM □ OTH □ PTY □ SCC

SUBTOTALS \$

0.00\$

1,000.00\$

4,000.00\$

†Contributor Codes

IND - Individual

0.00

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.

FPPC Form 460 (Jan/2016)
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www.fppc.ca.gov

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

LANGFORD FOR WATER BOARD 2022

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from07/01/2023	FORM 400
through12/31/2023	Page8 of11
	I.D. NUMBER
	1444644

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
СТВ	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
ЦT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
PRO	Political Accounting - July, 2023	125.0
CMP	Credit Card Processing Fees	9.30
CMP	Credit Card Processing Ree	88.1
Ciri	create cara recompring rec	00.1
	PRO	PRO Political Accounting - July, 2023 CMP Credit Card Processing Fees

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

SUBTOTAL\$ 222.48

Schedule E Summary

1.	Itemized payments made this period. (Include all Schedule E subtotals.)	\$	468.16
2.	Unitemized payments made this period of under \$100	\$	56.89
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.)	\$	525.05

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

		00.1250222 (00.11.)
Staten	nent covers period	CALIFORNIA 460
from	07/01/2023	FORM +OO
through_	12/31/2023	Page 9 of 11

I.D. NUMBER

1444644

SCHEDULE E (CONT)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LANGFORD FOR WATER BOARD 2022

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 OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* 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

IT 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
eFundraising Connections	CMP	Credit Card Processing Fee	9.0
Sacramento, CA 95816			
eFundraising Connections	CMP	Credit Card Processing Fee	35.3
Sacramento, CA 95816			
eFundraising Connections	CMP	Credit Card Processing Fee	14.6
Sacramento, CA 95816			
eFundraising Connections	CMP	Credit Card Processing Fee	2.0
Sacramento, CA 95816			·
eFundraising Connections	CMP	Credit Card Processing Fee	9.3
Sacramento, CA 95816		,	

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

SUBTOTAL \$

70.38

Schedule	E	
(Continua	tion	Sheet)
Payments	Mag	de

SCHEDULE E (CONT.)

Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460	
Payments Made	to whole dollars.	from07/01/2023	FORM 400	
EE INSTRUCTIONS ON REVERSE		through 12/31/2023	Page 10 of 11	
AME OF FILER			I.D. NUMBER	
ANGFORD FOR WATER BOARD 2022			1444644	
ODES: If one of the following codes accurately	describes the payment, you may enter the code. Other	erwise, describe the payment.		

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 c MTG meetings OFC office exp PET petition ci PHO phone bar POL polling an POS postage, o	ommunications and appearances enses culating	RAD radio airtime and production cost returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production cost race and production cost race and production cost race and production race are returned to the return of the return	on costs vals meals the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections Sacramento, CA 95816		CMP Credit Card	Processing Fee	175.30

SUBTOTAL \$ * Payments that are contributions or independent expenditures must also be summarized on Schedule D. 175.30

Schedule	F		
Accrued	Expenses	(Unpaid	Bills)

										SCHEDULE
	nedule F crued Expenses (Unpaid Bills)		Amounts may be round to whole dollars.	led	fro	Statement cove			ORNIA RM	460
SEE II	NSTRUCTIONS ON REVERSE				thr	ough12/31/	2023	Page _	11	of11
NAME	OF FILER							I.D. NUM	BER	
LANC	GFORD FOR WATER BOARD 2022							144464	14	
CMP CNS CTB CVC FIL ND ND LEG	DES: If one of the following codes accurately describe campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense	MBR MTG OFC PET PHO POL POS PRO	member communication meetings and appeara office expenses petition circulating phone banks polling and survey respostage, delivery and	ns nces earch messenger services	herwis RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime a returned contr campaign wor t.v. or cable air candidate trave staff/spouse tra	nd production co ibutions kers' salaries rtime and producel, lodging, and mavel, lodging, and en committees o	tion costs neals d meals		ate/sponsor
LIT	campaign literature and mailings	PRT	print ads		WEB		chnology costs (ir	nternet, e	-mail)	
	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DES	CODE OR SCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING		(b) NT INCURRED IIS PERIOD	(c) AMOUNT PA THIS PERIO		OUTS	(d) TANDING E AT CLOSE

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
Integrated Political Strategies LLC Sherman Oaks, CA 91423	CNS Consulting Services	7,000.00	0.00	0.00	7,000.00
* Payments that are contributions or independent expenditures must also be	SURTOTALS	\$ 7,000,00	0.00	0.00	7,000,00

SUBTOTALS \$ 7,000.00\$ summarized on Schedule D.

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 0.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 0.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)