Recipient Committee Campaign Statement Cover Page	Amendo		Date Stamp O BY S COUNTY	CALIFORNIA 460
i	Statement covers period from 07 01 2020 through 12 31 2020	Date of election if applicable: (Month, Day, Year) 2024 AUG -1 11-06-2018/FAIGH	PM 3: 18	Page of of
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Off	marily Formed Ballot Measure of Controlled Sponsored of Complete Part 6) marily Formed Candidate/ iceholder Committee of Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below) The Original	☐ Specia	eriy Statement al Odd-Year Report necded to Frons Made
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Grunes for Antelope Val STREET ADDRESS (NO P.O. BOX)	ley College 2018	Treasurer(s) NAME OF TREASURER BALLANA E MAILING ADDRESS CIENTER NAME OF ASSISTANT TREASURER, IF AN	Gaines CA 93	DE AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP COD OPTIONAL: FAX/E-MAIL ADDRESS	36 661 400-1264	MAILING ADDRESS	STATE ZIP COL	DE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of C Executed on 7-28-2024 Executed on Date Executed on Executed on Date	alifornia that the foregoing is t	OPTIONAL: FAX/E-MAIL ADDRESS nowledge the information contained herein a	-	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ...

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

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 07-01-2020 CALIFORNIA 460 through 12/31 2020 Page 2 of 3

SEE INSTRUCTIONS ON REVERSE		through	
Gaines for Antelope Valley Com	munity Co	llege 2018	1.D. NUMBER 1407467
Contributions Received /	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	\$ 0 \$ 0 \$ 0	\$ 5200.00 \$ 5200.00 \$ 5200.00	1/1 through 6/30 7/1 to Date 20. Contributions Received \$
Expenditures Made 6. Payments Made	\$ 225-co	: 4458.00	Expenditure Limit Summary for State Candidates
7. Loans Made	\$ 225 0 \$ 225.	\$ 4458.00 0 9 \$ 4458.00	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$ 967.00 0 235.000 \$ 742.00	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u> </u>	filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	\$ <u>0</u> \$ <u>0</u>	from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Payments Made	to whole dollars.		from 07-01-2020	FORM 46
SEE INSTRUCTIONS ON REVERSE			through 12-31-2020	Page 3 of 3
CATILIZES for Pontelos	o Valley	Community Callege	2018	1407465

Amounts may be rounded

Gaines for Antelone Valley	Commu	nity College	2018	1407467
contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL poiling and si POS postage, deli	ou may enter the cede. Oth munications appearances les lating		ition costs meals d meals if the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
Genesia Gum		Alta Dar	ation	225

Conditor adJ. Lancaster, CA. 93534

SUBTOTAL \$ 225,00 Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)...... 2. Unitemized payments made this period of under \$100......\$ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$

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

SCHEDULE E