1/25/23 665 **Recipient Committee** Date Stamp CALIFORNIA **Campaign Statement** FORM Cover Page RECEIVED B (Government Code Sections 84200-84216.5) OS ANGELES CO Statement covers period Date of election if applicable: Page (Month, Day, Year) 07/01/2022 For Official Use Only 12/31/2022 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: X Officeholder, Candidate Controlled Committee Preelection Statement Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report Recall Controlled **Termination Statement** Supplemental Preelection (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) Statement - Attach Form 495 (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1407713 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER BARBARA CALHOUN 4 COLLEGE BOARD 2020 Cine D. Ivery MAIL ING ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE CITY (310) 817-6679 Inglewood CA 90301 NAME OF ASSISTANT TREASURER, IF ANY CITY STATE ZIP CODE AREA CODE/PHONE Michelle Moore Sanders Inglewood 90301 (310) 817-6679 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE STATE Inglewood 90301 (310) 817-6679 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS (310) 672-6679 / cine@politicalreportingplus.com Verification I have used all reasonable diligence in preparing and reviewing this stateme ules is true and complete. I certify under penalty of perjury under the laws of the State of California that the fore Executed on _ Executed on. Executed on.

FPPC Form 460 (Jan/2016)

Executed on _

Recipient Committee Campaign Statement Cover Page — Part 2

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Page _	2	of1	2

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NAME OF OFFICEHOLDER OR CANDID	AIE	 See well-party seed. 	7 :	NAME OF BALLOT MEASURE	and the second s	ler in the Color of the Color o
arbara Calhoun - O White		<u>. 7 47 19 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	<u>.</u> :			
FFICE SOUGHT OR HELD (INCLUDE I	LOCATION AND DISTRICT	NUMBER IF APPLICABLE)	_ :	BALLOT NO. OR LETTER JURISDICTI		SUPPORT
ommunity College Board Com			;	The property of		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (N			- :			
	· ·			Identify the controlling officeholder, ca	ndidate, or state measure	proponent, if any.
ر در در د		Lewcod CA 90301	- .	NAME OF OFFICEHOLDER, CANDIDATE, OR PR	ROPONENT	
Related Committees Not Inc not included in this statement that a				OFFICE SOUGHT OR HELD	DISTRICT NO	IF ANY
not included in this statement that a contributions or make expenditures			e ,		13 / F 199 3	
COMMITTEE NAME			_		the property of the second	Carrier Street
OWNITTE NAME	are amounted to be a fine of the contract of	I.D. NUMBER			·	
	4.					
NAME OF TREASURER		CONTROLLED COMMITTEE?	- 7.	Primarily Formed Candidate/Office officeholder(s) or candidate(s) for which the		
7.7		☐ YES ☐ NO		omcenoider(s) or candidate(s) for which the	s committee is primarily long	ned,
OMMITTEE ADDRESS STREE	TADDRESS (NO P.O. BO)		_		ANTIGE COLLEGE COLUMN	
	TI ADDRESS (NO P.O. BO)			NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
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- W	STATE ZIP CO		: :		1	OPPOSE
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HTY	STATE ZIP CO	DE AREA CODE/PHONE	: : :		1	OPPOSE
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OMMITTEE NAME	STATE ZIP CO	DE AREA CODE/PHONE	= .	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	OPPOSE SUPPORT OPPOSE SUPPORT
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www.fppc.ca.gov

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Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

SUMMARY PAGE

Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460		
	from07/01/2022	FORM TOO		
	through12/31/2022	Page3 of12		
		I.D. NUMBER		
		1407713		

BARBARA CALHOUN 4 COLLEGE BOARD 2020							1407713
Contributions Received	(Column A TOTALTHIS PERIOD FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE		oth the	mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	0.00	\$.	0.00			rough 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		1,105.00		9,659.00	OO Oortsibustiana		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	1,105.00	\$.	9,659.00	20. Contributions Received	\$	\$
4. Nonmonetary Contributions Schedule C, Line 3		. 0.00	٠.	0.00	21. Expenditures		_
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	1,105.00	\$.	9,659.00	Made	\$	\$
Expenditures Made		-			Expenditure L	imit S	Summary for State
6. Payments Made Schedule E, Line 4	\$	280.00	\$.	558.56	Candidates		
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Gun	nulativ	e Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	280.00	\$.	558.5 <u>6</u>	(ir s	ubject to	Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		0.00	Date of Elect		Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$	280.00	\$.	558.56			\$
Current Cash Statement]		\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	178.96	Tod	calculate Column B, add			
13. Cash Receipts Column A, Line 3 above		1,105.00		ounts in Column A to the responding amounts	*A magueta in this as	ation m	ay ha different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fron	n Column B of your last	reported in Column		ay be different from amounts
15. Cash Payments Column A, Line 8 above		280.00		ort. Some amounts in umn A may be negative			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	1,003.96		res that should be tracted from previous			
If this is a termination statement, Line 16 must be zero.			peri	iod amounts. If this is			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	first report being filed this calendar year, only by over the amounts			tung i di dan memberah dan kebuah dan kebuah Sebuah dan kebuah dan
Cash Equivalents and Outstanding Debts				n Lines 2, 7, and 9 (if			titet dage ett av en av de des
18. Cash Equivalents	\$	0.00	any	·)·	Ŧ		and the second of the property of the control of th
19. Outstanding Debts Add Line 2 + Line 9 in Column B above				•	,	•	
			l				FPPC Form 460 (Jan/2016)

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es Made* ure Limit)

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Cohodula D. Dart 4							SCH	DULEB-PARTT
Schedule B – Part 1	Amo	ounts may be re			Statement cov	ers period	CALIFORN	^{IA} 460
Loans Received		to whole dollar	rs.		from07/0	1/2022	FORM	400
					through12/3	1/2022	Page4	of12
SEE INSTRUCTIONS ON REVERSE					tillough			01
NAME OF FILER	•						I.D. NUMBER	
BARBARA CALHOUN 4 COLLEGE BOARD 2020							1407713	
BARBARA CALHOON 4 COLLEGE BOARD 2020	T	(a)	(b)	(c)	(d)	(e)	(f)	(g)
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	OUTSTANDING BALANCE	AMOUNT	AMOUNT PA	ID OUTSTANDING BALANCE AT	INTEREST	ORIGINAL	CUMULATIVE
OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(IF SELF-EMPLOYED, ENTER	BEGINNING THIS	RECEIVED THIS PERIOD	OR FORGIVE	CLOSE OF THIS	PAID THIS PERIOD	AMOUNT OF LOAN	CONTRIBUTIONS TO DATE
Barbara Calhoun	NAME OF BUSINESS) Retired	PERIOD		THIS PERIO	D PERIOD	TEMOD	LOAN	
	None			PAID				CALENDARYEAR
Compton, CA 90222			l	\$0.0	s_1,000.00	0.00%	\$ 1,000.00	\$_1,105.00
		1		FORGIVEN		RATE		PER ELECTION**
					09/18/2019		09/18/2018	١.
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$_1,000.00	\$0.00	\$	DATE DUE	\$0	DATE INCURRED	5
Barbara Calhoun	Retired	 		- DAID				CALENDAR YEAR
	None			PAID				CALENDAR TEAR
Compton, CA 90222				\$o.o	0 \$ 1,500.00	-0.00%	\$ 1,500.00	\$_1,105.00
	1			FORGIVEN		RATE		PER ELECTION **
					10/05/2019		10/05/2018	
TIND □ COM □ OTH □ PTY □ SCC	I	\$ -1,500.00	\$0.00	\$	DATE DUE	\$0.00	DATE INCURRED	5———
Barbara Calhoun	Retired	 				 	 	OH SHOUNGER
	None			☐ PAID		ı		CALENDAR YEAR
Compton, CA 90222	1		İ	\$0_0	0 \$ 100.00	-0.00%	\$ 100.00	\$_1,105_00
	1		· .	FORGIVEN	,	RATE		PER ELECTION **
	*				02/21/2020		02/21/2019	
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$100.00	\$0.00	\$0.0	DATE DUE	\$0.00	DATE INCURRED	5
							\$40 1. 15° q. 15°	
		SUBTOTALS \$	0.00	0.	00\$ 2,600.00	\$ 0.00		
						(Enter (e) on	1. 400 - 55- 56- 1-12	3,103 701 100, 510
Schedule B Summary						Schedule E, Line 3)		
1. Loans received this period				•	1,105.00)	**	
(Total Column (b) plus unitemized loan	s of less than \$100.)	•••••		Ψ <u> </u>	2/200100	_	amtributor Codos	
(Total Coldinii (b) plus uniternized loan	s of less than \$ 100.)						Contributor Codes	
2. Loans paid or forgiven this period				\$	0.00		D – Individual DM – Recipient Co	mmittee
(Total Column (c) plus loans under \$100								PTY or SCC)
(Include loans paid by a third party that		lule A.)					TH - Other (e.g.,	
		•					TY - Political Party CC - Small Contrib	
3. Net change this period. (Subtract Line				NET \$ _	1,105.00 (May be a negative number)		- Small Contrib	- Continues
- Enter the net here and on the Summar					(way be a negative number)			
*Amounts forgiven or paid by another party also	must be repeded as Sabadula A	`						
** If required.	must be reported on scriedule A.						EDDC E	orm 460 (Jan/201

SCHEDULE B - PART 1 (CONT.) Schedule B - Part 1 (Continuation Sheet) Statement covers period Amounts may be rounded CALIFORNIA Loans Received to whole dollars. FORM 07/01/2022 through ___12/31/2022 of __12 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER BARBARA CALHOUN 4 COLLEGE BOARD 2020 1407713 (a) OUTSTANDING (d) OUTSTANDING (e) (g) (b) IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE **AMOUNT** CUMULATIVE INTEREST ORIGINAL AMOUNT PAID OCCUPATION AND EMPLOYER BALANCE BALANCEAT OF LENDER RECEIVED THIS CONTRIBUTIONS PAID THIS **AMOUNT OF** OR FORGIVEN (IF SELF-EMPLOYED, ENTER **BEGINNING THIS** CLOSE OF THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PERIOD PERIOD LOAN TO DATE NAME OF BUSINESS) THIS PERIOD PERIOD PERIOD Barbara Calhoun Retired CALENDAR YEAR ☐ PAID None Compton, CA 90222 \$____0_00 \$ _____100_00 0.00% \$ ____100..00 \$_1,105,00 RATE PER ELECTION** ☐ FORGIVEN 02/28/2019 02/28/2020 \$ 100.00 0.00 \$____0.00 TIND □ COM □ OTH □ PTY □ SCC DATE DUE DATE INCURRED Barbara Calhoun Retired ☐ PAID CALENDAR YEAR None Compton, CA 90222 \$ _1,105.00 \$____0.00 100.00 0.00% \$ ___100.00 RATE FORGIVEN PER ELECTION ** 03/07/2019 03/07/2020 \$ 100.00 0.00 0.00 0.00 DATE INCURRED DATE DUE TIXI IND ☐ COM ☐ OTH ☐ PTY ☐ SCC Barbara Calhoun Retired **CALENDAR YEAR** PAID None Compton, CA 90222 \$____0_0 _0.00% \$ 1,105.00 \$ ____100.00 \$ ____100.00 RATE □ FORGIVEN PER ELECTION ** 03/21/2020 03/21/2019 \$___100_00 0.00 DATE DUE DATE INCURRED TIND □ COM □ OTH □ PTY □ SCC Retired Barbara Calhoun CALENDAR YEAR ☐ PAID None Compton, CA 90222 \$ 1,105.00 \$____0_0 \$ _____100_00 -0.00% \$ 100.00 RATE FORGIVEN PER ELECTION ** 03/28/2020 03/28/2019 100.00 0.00

SUBTOTALS \$

0.00\$

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

☐ COM ☐ OTH ☐ PTY ☐ SCC

†Contributor Codes

DATE INCURRED

IND - Individual

DATE DUE

400.00\$

0.00\$

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 (CONT.)
Schedule B – Part 1 (Continua Loans Received	tion Sheet) Amo	ounts may be re to whole dollar			Statement cov	ers period	CALIFORN FORM	^{IA} 460
SEE INSTRUCTIONS ON REVERSE						1/2022	Page 6	of12
NAME OF FILER							I.D. NUMBER	
BARBARA CALHOUN 4 COLLEGE BOARD 2020							1407713	
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Barbara Calhoun	Retired None			PAID				CALENDAR YEAR
Compton, CA 90222	None			\$0_0	\$100.00	0_0% RATE	\$100_00	\$1,105_00 PER ELECTION**
†☑IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		.\$100_00	\$0.00	\$0.00	04/04/2020 DATE DUE	\$0.00	04/04/2019 DATE INCURRED	\$
Barbara Calhoun	Retired None			PAID				CALENDAR YEAR
Compton, CA 90222	None			\$0.00	\$0	— 0 . 0 0% RATE	\$100.00	\$1,105_00 PER ELECTION **
		\$inn.nn	\$ <u>0_0</u>	so.o	04/11/2020 DATE DUE	\$	04/11/2019 DATE INCURRED	s
Barbara Calhoun	Retired			E DAID				CALENDAR YEAR
Compton, CA 90222	None			\$0_00 FORGIVEN	\$_1,000.00		\$_1,000.00	\$1,105_00 PER ELECTION**
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$_1,000.00	\$0.00	\$0.00	04/16/2020 DATE DUE	\$0.00	04/16/2019 DATE INCURRED	s
Barbara Calhoun	Retired None			PAID				CALENDARYEAR
Compton, CA 90222				\$0_00	\$ 100.00	0_0% RATE	\$100.00	\$1,105_00 PER ELECTION**
TIND □ COM □ OTH □ PTY □ SCC		\$100.00	\$0_0	\$0.00	04/18/2020 DATE DUE	\$0.00	04/18/2019 DATE INCURRED	\$
		SUBTOTALS \$	0.00	0.0	0\$ 1,300.00	\$ 0.00		

†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

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

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SCHEDULE B - PART 1 (CONT.) Schedule B - Part 1 (Continuation Sheet) Statement covers period Amounts may be rounded CALIFORNIA 460 **Loans Received** to whole dollars. 07/01/2022 FORM from 12/31/2022 of __12_ through _ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER BARBARA CALHOUN 4 COLLEGE BOARD 2020 1407713 OUTSTANDING (b) (d) OUTSTANDING (e) (g) IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE AMOUNT INTEREST ORIGINAL CUMULATIVE AMOUNT PAID OCCUPATION AND EMPLOYER BALANCEAT BALANCE OF LENDER RECEIVED THIS PAID THIS **AMOUNT OF** CONTRIBUTIONS OR FORGIVEN (IF SELF-EMPLOYED, ENTER **BEGINNING THIS** CLOSE OF THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PERIOD **PERIOD** TO DATE LOAN NAME OF BUSINESS) PERIOD THIS PERIOD PERIOD Barbara Calhoun Retired ☐ PAID **CALENDAR YEAR** None Compton, CA 90222 \$_1,105.00 \$____0.00 \$ ____ 100.00 __0.00% \$ ___100_00 RATE ☐ FORGIVEN PER ELECTION** 04/25/2020 04/25/2019 \$___100.00 \$ 0.00 \$_____0_0 TIND COM □ OTH □ PTY □ SCC DATE DUE DATE INCURRED Barbara Calhoun Retired CALENDAR YEAR None Compton, CA 90222 \$ _1,654.00 0.00% RATE \$ 1,654.00 \$_1,105.00 \$____0.00 ☐ FORGIVEN PER ELECTION ** 06/30/2021 06/30/2020 \$ _1,654.00 DATE DUE DATE INCURRED [†]⊠ IND COM OTH PTY SCC Barbara Calhoun Retired CALENDAR YEAR ☐ PAID None Compton, CA 90222 0 00 \$ ____500_00 -0.00% \$ ___500.00 \$ 1,105.00 RATE ☐ FORGIVEN PER ELECTION** 08/31/2021 07/31/2020 \$ ____500.00 0.00 DATE INCURRED DATE DUE TIND □ COM □ OTH □ PTY □ SCC <u>retired</u> Barbara Calhoun ☐ PAID CALENDAR YEAR None Compton, CA 90222 \$___00 \$ ____500_00 0.00% \$__500.00 \$ 1,105.00 RATE FORGIVEN PER ELECTION ** 09/10/2021 09/10/2020 \$ ** 500 00 0_00

SUBTOTALS \$

0.00\$

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

COM OTH PTY SCC

†Contributor Codes

DATE INCURRED

IND - Individual

DATE DUE

2,754.00\$

0.00\$

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY-Political Party

SCC - Small Contributor Committee

							SCHEDULE B	-PART1 (CONT.)
Schedule B – Part 1 (Continua Loans Received	tion Sheet) Amo	ounts may be re to whole dollar			Statement cov	ers period	CALIFORN FORM	^{IA} 460
SEE INSTRUCTIONS ON REVERSE					through12/3	1/2022	Page8	of12
NAME OF FILER					-	U	I.D. NUMBER	
BARBARA CALHOUN 4 COLLEGE BOARD 2020							1407713	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. 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 FORGIVED THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Barbara Calhoun	Retired .			PAID				CALENDARYEAR
Compton, CA 90222				\$0_0	\$	00% RATE	\$_1,500_00	\$_1,105.00 PERELECTION**
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$ 1,500.00	\$0.00	\$0.00	09/24/2021 DATE DUE	\$	09/24/2020 DATE INCURRED	\$
Barbara Calhoun	Retired None			PAID				CALENDAR YEAR
Compton, CA 90222	1020			\$0.00	\$221.00	0_00% RATE	\$221.00	\$1, 105.00 PER ELECTION ***
†⊠IND □ COM □ OTH □ PTY □ SCC		** 0.00	\$	\$0.00	08/05/2023 DATE DUE	\$	DATE INCURRED	s
Barbara Calhoun	Retired None			PAID				CALENDAR YEAR
Compton, CA 90222				\$0_00 ☐ FORGIVEN	\$221.00	0_0% RATE	\$221.00	\$_1,105_00 PER ELECTION**
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$0_0	\$221_00	\$0_0	09/14/2023 DATE DUE	\$0.00	09/14/2022 DATE INCURRED	s
Barbara Calhoun	Retired None			PAID				CALENDAR YEAR
Compton, CA 90222				\$0_00	\$221_00	0_0% RATE	\$221.00	\$_1,105_00 PERELECTION**
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$0	\$221.00	\$0.00	10/15/2023 DATE DUE	\$0.00	10/15/2022 DATE INCURRED	\$
		SUBTOTALS \$	663.00	0.0	0 \$ 2,163.00	\$ 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 B - PART 1 (CONT.) Schedule B – Part 1 (Continuation Sheet) Statement covers period Amounts may be rounded CALIFORNIA 460 **Loans Received** to whole dollars. FORM 07/01/2022 through ____12/31/2022 of __12 Page ____9___ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER BARBARA CALHOUN 4 COLLEGE BOARD 2020 1407713 (e) (g) (c) (d) OUTSTANDING IF AN INDIVIDUAL, ENTER OUTSTANDING FULL NAME, STREET ADDRESS AND ZIP CODE AMOUNT INTEREST **ORIGINAL** CUMULATIVE AMOUNT PAID OCCUPATION AND EMPLOYER BALANCE BALANCEAT OF LENDER RECEIVED THIS PAID THIS **AMOUNT OF** CONTRIBUTIONS OR FORGIVEN (IF SELF-EMPLOYED, ENTER **BEGINNING THIS** CLOSE OF THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **PERIOD** PERIOD LOAN TO DATE NAME OF BUSINESS) THIS PERIOD PERIOD PERIOD Barbara Calhoun Retired **CALENDAR YEAR** ☐ PAID None Compton, CA 90222 \$___221.00 \$_1,105.00 \$____0_0 0.00% \$ ___221_00 RATE ☐ FORGIVEN PER ELECTION** 11/05/2023 11/05/2022 0.00 221.00 \$____0.00 0.00 DATE DUE TIND □ COM □ OTH □ PTY □ SCC DATE INCURRED Barbara Calhoun Retired CALENDAR YEAR ☐ PAID None Compton, CA 90222 \$ 221.00 ---0.00% \$ 221.00 \$_1,105.00 RATE ☐ FORGIVEN PER ELECTION ** 12/15/2023 12/15/2022 221.00 0.00 DATE DUE DATE INCURRED ☐ COM ☐ OTH ☐ PTY ☐ SCC ☐ PAID CALENDAR YEAR RATE FORGIVEN PER ELECTION** †□ IND □ COM □ OTH □ PTY □ SCC DATE DUE DATE INCURRED CALENDAR YEAR □ PAID RATE FORGIVEN PER ELECTION**

SUBTOTALS \$

442.00\$

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

†Contributor Codes

DATE INCURRED

IND - Individual

DATE DUE

442.00\$

0.00\$

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

†□ IND □ COM □ OTH □ PTY □ SCC

Schedule D SCHEDULE D **Summary of Expenditures** Statement covers period **CALIFORNIA** Amounts may be rounded **Supporting/Opposing Other** to whole dollars. **FORM** 07/01/2022 **Candidates, Measures and Committees** through $\frac{12/3}{1/2022}$ Page 10 of 12 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER BARBARA CALHOUN 4 COLLEGE BOARD 2020 1407713 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE 10/01/2022 Contribution Nan Gomez-Heitzeberg 100.00 100.00 X Monetary Community College Board Contribution Kern Community College District District 3 □ Nonmonetary Contribution ☐ Independent ☐ Support ☐ Oppose Expenditure Contribution □ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support Oppose ■ Monetary Contribution □ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support ☐ Oppose SUBTOTAL \$ 100.00 Schedule D Summary 100.00

Schedule E Payments Made	Amounts may to whole o			State	07/01/2022 12/31/2022	CALIFO	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				tilrough		I.D. NUM	
BARBARA CALHOUN 4 COLLEGE BOARD 2020						140773	.3
CODES: If one of the following codes accurately described comparing paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and POS postage, del	nmunications Id appearance Inses Idating Is Idating Is Idating Is Idating Idat	es	RAD rad RFD retu SAL can TEL t.v. TRC can TRS stat TSF tran VOT vote	ribe the payment. io airtime and production irned contributions inpaign workers' salaries or cable airtime and prod ididate travel, lodging, and if/spouse travel, lodging, insfer between committees er registration irmation technology costs	duction costs d meals and meals s of the sar	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	RIPTION OF	PAYMENT		AMOUNT PAID
Chase Card Services		CTB	Contribution				100.0
New York, NY 10017							
Political Reporting Plus		PRO	Political Accounti	ng - Year	r-End Report		125.0
Inglewood, CA 90301							
Secretary of State	·	FIL	2023 Annual Filing	Fee			50.0
Sacramento, CA 95814						ĺ	
* Payments that are contributions or independent expenditures	must also be summ	arized on S	chedule D.		SU	BTOTAL\$	275.0
Schedule E Summary					V.		
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)					\$	275.00
2. Unitemized payments made this period of under \$100						\$	5.00
3. Total interest paid this period on loans. (Enter amount from	n Schedule B, Part	1, Column	(e).)			\$	0.00

Schedule G Payments Made by an Agent or Independent	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
Contractor (on Behalf of This Committee)	10 111010 20112101	from07/01/2022	FORM TOO
SEE INSTRUCTIONS ON REVERSE	•	through	Page 12 of 12
NAME OF FILER			I.D. NUMBER
BARBARA CALHOUN 4 COLLEGE BOARD 2020			-1407713
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
Chase Card Services	· ·		

CO	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise	e, 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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Nan Gomez-Heitzeberg for KCCD Trustee 2022 (ID# 1453951)	CTB	Contribution			100.00
Irvine, CA 92612	·				
	1				
#		•			
	-				
Attach additional information on appropriately labeled continuation sheets.		<u> </u>		TOTAL* \$	100.00

^{*} 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.