Recipient Committee Campaign Statement

Campaign Statement Cover Page			REDEIVE	D OV	FORM 400
	Statement covers period from July 1, 2022	Date of election if applicable: (Month, Day, Year)	RECEIVE LOS ANGELES no post ma 2022 OCT -3 P		ge 1 of 9 of
SEE INSTRUCTIONS ON REVERSE	through Sep 24, 2022	Nov 8, 2022	CAMPAIGN FI		C11793
. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		<u> </u>	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6)	✓ Preelection Statement Semi-annual Statemen Termination Statement (Also file a Form 410 To Amendment (Explain b	ermination)	Quarterly S Special Oc	Statement dd-Year Report
Small Contributor Committee	Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)				
	D. NUMBER 453970	Treasurer(s)	-		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	100070	NAME OF TREASURER			
Cheryl Alexander for Board Trustee Citrus Com 2022	munity College Area 3	Karen Wilson MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Duarte	CA	91010	626 256-6313
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY		
Duarte CA 910					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	X	MAILING ADDRESS			
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS		· · · · · · · · · · · · · · · · · · ·
cheryl4citrus@gmail.com		mskw@verizon.net			
. Verification)				
I have used all reasonable diligence in preparing and review		knowledge the information contained	I herein and in the attac	hed schedule	es is true and complete. I
certify under penalty of perjury under the laws of the State or	California that the forego				
Executed on Sep 28, 2022	Ву	stan	t Treasurer		
Executed on Sep 28, 2022 Date	Ву	re Pi	roponent or Responsible Office	of Sponsor	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	<u>-</u>	
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent		
					FPPC Form 460 (Jan/2016))

Officeholder or Candidate Controlled Comm	6.	6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE	· · · · · · · · · · · · · · · · · · ·			NAME OF BALLOT MEASURE			
Cheryl Alexander						,	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT
Board Trustee Citrus Community College Area	3 2022						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE ZIP					
	Duarte	CA 91010		Identify the controlling office	eholder, candi	date, or state measure p	roponent, if any.
				NAME OF OFFICEHOLDER, CA	NDIDATE, OR I	PROPONENT	
Related Committees Not Included in this Stanot included in this statement that are controlled by you contributions or make expenditures on behalf of your can	r are primarily fo			OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED	COMMITTEE?	7.	Primarily Formed Can	didate/Offic	eholder Committee	List names of
NAME OF THEROOFER	YES	NO		officeholder(s) or candidate(s) for which this	committee is primarily for	rmed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT
							OPPOSE
CITY STATE ZIP	CODE A	REA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD
							SUPPORT
COMMITTEE NAME	I.D. NUMBER					<u> </u>	OPPOSE
				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT
							OPPOSE
NAME OF TREASURER	CONTROLLED	COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT
	YES	NO					OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)						
Oltv		DEL CORFIDIONE		•			
CITY STATE ZIP	CODE	REA CODE/PHONE		Atta	ach continuati	ion sheets if necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period from July 1, 2022

through Sep 24, 2022

CALIFORNIA 460

Page 3 of 9

I.D. NUMBER

NAME OF FILER 1453970 Cheryl Alexander **Calendar Year Summary for Candidates** Column A Column B **Contributions Received** CALENDAR YEAR TOTAL THIS PERIOD Running in Both the State Primary and TOTAL TO DATE (FROM ATTACHED SCHEDULES) **General Elections** 114.00 114.00 1. Monetary Contributions...... Schedule A, Line 3 1/1 through 6/30 7/1 to Date 3650.00 3650.00 20. Contributions 3764.00 3764.00 Received 1.030.34 1.030.34 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 4.794.34 4.794.34 Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 4,250.84 4,250.84 6. Payments Made...... Schedule E, Line 4 **Candidates** 0 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 4,250.84 4,250.84 SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 165.00 165.00 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Total to Date Date of Election 1,030.34 1.030.34 (mm/dd/yy) 10. Nonmonetary Adjustment......Schedule C. Line 3 5.446.18 5,446,18 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 3,764.00 add amounts in Column 13. Cash Receipts Column A, Line 3 above 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. of your last report. Some 4.250.84 15. Cash Payments Column A, Line 8 above amounts in Column A may (684.00)be negative figures that 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 \$ 0 only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 3,815.00 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule	A	
Monetary	Contributions	Received

Amounts may be rounded

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SCH	ь.	D	U	_	–	А

Monetary Contributions Received	to whole dollars.	Statement covers period from July 1, 2022	CALIFORNIA 460
EE INSTRUCTIONS ON REVERSE		through Sep 24, 2022	Page 4 of 9
AME OF FILER Cheryl Alexander			I.D. NUMBER 1453970

9/15/22 Lois Gaston Duarte, CA 91010	DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC	9/15/22		COM OTH PTY	HR Mgr Retired AT&T/Nokia	99	99	n/a
COM OTH PTY SCC IND COM OTH PTY SCC IND COM			COM OTH PTY				
COM OTH PTY SCC IND COM			COM OTH PTY				
СОМ			COM OTH PTY			7	
PTY SCC			COM OTH PTY				

Schedule A Summary

- 1. Amount received this period itemized monetary contributions.
- 2. Amount received this period unitemized monetary contributions of less than \$100\$
- 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$ 114

*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

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

Schedule B - Part 1 **Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA from Jul 1, 2022 FORM through Sep 24, 2022 Page 5 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cheryl Alexander

1453970

							,					
	ME, STREE OF COMMITTEE,	LENDER	}		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD +	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
	Alexande				Educator Inglewood USD			PAID \$ 0 FORGIVEN	_{\$} 650	% RATE	\$_650	\$ 650 PER ELECTION**
† , IND	сом	отн		scc		\$ <u>O</u>	\$_650 	\$ <u>0</u>	n/a DATE DUE	\$_0	8/12//22 DATE INCURRED	\$
Monrovi	ia, CA 91	1016			Owner Lutz & Company	0	3,000	PAID \$ 0 FORGIVEN	_s 3,000	RATE	s_3,000 9/19/22	\$ 3,000 PER ELECTION**
† , IND	СОМ	отн	PTY	scc		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				,				\$ FORGIVEN	\$	% RATE	s	\$PER ELECTION**
† , IND	сом	ОТН	PTY	scc		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
						SUBTOTALS \$	3650	\$ 0	\$ 3650	\$ 0		
										(Enter (e) on Schedu	ile E. Line 3)	

(Enter (e) on Schedule E, Line 3)

Schedule	е В	Summary
----------	-----	---------

1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period......\$ (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)

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

(May be a negative number)

†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.

Schedule C Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period from Jul 1, 2022

through Sep 24, 2022

CALIFORNIA 460

FORM

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1453970

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Cheryl Alexander

						* .
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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Lois Gaston Duarte CA 91010	VIND COM OTH PTY SCC	HR Mgr Retired AT&T/Nokia	Area 3 Call & Text Lists	389.50	389.50	488.50
Mary Ann Lutz Monrovia CA 91010	VIND COM OTH PTY SCC	Owner Lutz & Co	mailers	590.84	590.84	
Duarte CA 91010	VIND COM OTH PTY SCC	retired Engrg Rep Pac Bell	Fee to file 410	50.00	50.00	
	IND COM OTH PTY SCC					
_	ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Lois Gaston Duarte CA 91010 Mary Ann Lutz Monrovia CA 91010	ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Lois Gaston Duarte CA 91010 Mary Ann Lutz Monrovia CA 91010 Duarte CA 91010	TOLL NAME, SIREEI ADDRESS AND ZIP CODE TO CODE CODE CODE CODE CODE CODE CODE COD	Lois Gaston Duarte CA 91010 Duarte CA 91010	ZIP CODE OF CONTRIBUTOR CODE* CONTRIBUTOR CODE* CONTRIBUTOR CODE* CODE* CONTRIBUTOR CODE* CODE* CONTRIBUTOR CODE* CODE*	TIP CODE OF CONTRIBUTOR CODE* CONTRIBUTOR CODE* C

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

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

 *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

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Schedule E Payments Made	Amounts may b to whole do			Statement covers period from Jul 1, 2022	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through Sep 24, 2022	Page of
Cheryl Alexander					1453970
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 independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, delir	munications d appearances ses ating urvey research	ı eenger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, and	uction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DES	CRIPTION OF PAYMENT	AMOUNT PAID
Curo Managed Print		LIT	Mailers		3590.84
Duarte CA 91010					
L A Democratic Party		СМР	Fee - Apply To In	nterview	50.00

Norwalk CA 90650		
* Payments that are contributions or independent expenditures must also be summarized on Sche	edule D.	SUBTOTAL \$ 4,250.84

FIL

Candidate Statement Fee & Filing

Los Angeles CA 90071

L A County Registrar

Schedule E Summary

600.00

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Cheryl Alexander	Amounts may be to whole do				RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries t.v. or cable airtime and production TRC candidate travel, lodging, a staff/spouse travel, lodging		of 9	
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 fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member common meetings and office expens PET petition circular phone banks POL polling and suppostage, deliver professional support print ads	munication I appearant es ating urvey resea	s ces arch essen	ger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and prod candidate travel, lodging, an staff/spouse travel, lodging, transfer between committees voter registration	luction costs d meals and meals s of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	RIPTIO	ON OF PAYMENT	-	AMOUNT PAID
SCEFCU Duarte, CA 91010		cvc	!	mandatory donat	ion to	open bank account		\$10
					•			

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

S			

, : p •						
			•		SCHEDULE	
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.		Statement covers period from Jul 1, 2022		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE			through Sept 24	, 2022 Pa	ge <u>9</u> of <u>9</u>	
NAME OF FILER				I.D.	NUMBER	
Cheryl Alexander				. 14	53970	
CODES: If one of the following codes accurately described 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 communications meetings and appearances OFC office expenses PET petition circulating phone banks POL polling and survey research PRO professional services (legal, accounting) PRT print ads MBR member communications RAD radio airtime and production cost returned contributions campaign workers' salaries returned contributions campaign workers' salaries t.v. or cable airtime and product candidate travel, lodging, and messenger services transfer between committees of voter registration web information technology costs (in		nd production costs butions kers' salaries time and production cel, lodging, and meals avel, lodging, and measen committees of the son	als same 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	
Jacqueline Hasty	СМР	0	\$165	0	\$165	
Duarte: CA 91010						

Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	\$	\$
Duarte CA 91010					
Jacqueline Hasty	CMP	0	\$165	0	\$165
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	OF THIS PERIOD	THIS PERIOD	(ALSO REPORT ON E)	OF THIS PERIOD

Schedule F Summary

1.	Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	165.00
2.	Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	0
3.	Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	165.00

May be a negative number FPPC Form 460 (Jan/2016))