

**Recipient Committee
Campaign Statement
Cover Page**

1/25/23 PM 0418 COVER PAGE

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2023 JAN 26 PM 3:22
CAMPAIGN FINANCE

CALIFORNIA FORM 460
Page 1 of 6
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Statement covers period
from 10-23-22
through 12-31-22

Date of election if applicable:
(Month, Day, Year)
11-8-22

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
(Also Complete Part 6)

Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1452356

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
2022 Committee to Elect STEVE BUFFALO
Antelope Valley Community College Board

STREET ADDRESS (NO P.O. BOX)

CITY QUARTZ HILL STATE CA. ZIP CODE 93536 AREA CODE/PHONE 661-902-3503

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
STEVE BUFFALO

CITY QUARTZ HILL STATE CA. ZIP CODE 93536 AREA CODE/PHONE 661-902-3503

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and certify under penalty of perjury under the laws of the State of California that the information contained herein and in the attached schedules is true and complete. I

Executed on 12-29-22 Date

Executed on 12-29-22 Date

Executed on _____ Date

Executed on _____ Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

or Assistant Treasurer

Measure Proponent or Responsible Officer of Sponsor

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

STEVE BUFFALO

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Antelope Valley College Board member District 2

CITY STATE ZIP

QUARTZ Hill CA 93536

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10-23-22</u>	CALIFORNIA FORM 460
through <u>12-31-22</u>	
Page <u>3</u> of <u>6</u>	
I.D. NUMBER <u>1452356</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
STEVE BUFFALO

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>0</u>	\$ <u>9,900.00</u>
2. Loans Received..... Schedule B, Line 3	\$ <u>-5,600.00</u>	\$ <u>-5,600.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>-5,600.00</u>	\$ <u>9,900.00</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>-5,600.00</u>	\$ <u>9,900.00</u>

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>4,431.00</u>	\$ <u>9,900.00</u>
7. Loans Made..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>4,431.00</u>	\$ <u>9,900.00</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>4,431.00</u>	\$ <u>9,900.00</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
<u> / / </u>	\$ _____
<u> / / </u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>10,031.00</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u>-5,600.00</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments..... Column A, Line 8 above	\$ <u>4,431.00</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>0</u>

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 filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse \$ _____

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

**Schedule B - Part 1
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>10-23-22</u> through <u>12-31-22</u>	CALIFORNIA FORM 460
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I.D. NUMBER <u>1452356</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

STEVE BUFFALO

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 PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<u>STEVE BUFFALO</u> <u>QUARTZ HILL, CA 93366</u> † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED</u>	\$ _____	\$ _____	<input checked="" type="checkbox"/> PAID <u>\$ 5,600.00</u> <input type="checkbox"/> FORGIVEN	\$ <u>0</u> DATE DUE _____	_____% RATE \$ _____	<u>\$ 5,600.00</u> <u>9-13-22</u> DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____

SUBTOTALS \$ 0 \$ 5,600.00 - \$ _____ \$ _____

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

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ -5,600.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ -5,600.00
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 D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period from <u>10-23-22</u> through <u>12-31-22</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

STEVE BUFFALO

I.D. NUMBER

1452356

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
<u>12-31-22</u>	<u>STEVE BUFFALO ANTELOPE Valley College Board</u>	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	<u>Reimbursement Ballot Statement</u>	<u>631.00</u>	<u>631.00</u>	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				<u>631.00</u>		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 631.00
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL.. \$** 631.00

**Schedule E
Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period from <u>10-23-22</u> through <u>12-31-22</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>6</u>
	I.D. NUMBER <u>1452356</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

STEVE BUFFALO

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 |
| 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) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>ANTELOPE VALLEY PRESS</u> <u>KATHMANDU, VT. 10000</u>		<u>NEWSPAPER AD</u>	<u>800.00</u>
<u>LANCASTER, CA. 75504</u> <u>STEVE BUFFALO</u>	<u>CNS</u>		<u>3,000.00</u>
<u>COURTIZ INC., CA. 93536</u>	<u>FIL</u>	<u>Ballot Statement</u>	<u>631.00</u>

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

SUBTOTAL \$ 4,431.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>4,431.00</u>
2. Unitemized payments made this period of under \$100	\$ <u>0</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>4,431.00</u>

1/25/23 PM

02 18

Statement of Organization Recipient Committee

Statement Type

Initial
 Not yet qualified or Date qualification threshold met
 Amendment
 Termination - See Part 5
 Date of termination 12/29/22

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2023 JAN 26 PM 3:20
 CALIFORNIA FORM 410 For Official Use Only
 2012833
 CAMPAIGN FINANCE C11799

1. Committee Information I.D. Number 1452356 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE: 2022 Committee to ELECT STEVE BUFFALO Antelope Valley Community College Board
 NAME OF TREASURER: STEVE BUFFALO

CITY: QUARTZ HILL STATE: CA ZIP CODE: 93536 AREA CODE/PHONE: 661-902-3503

CITY: QUARTZ HILL STATE: CA ZIP CODE: 93536 AREA CODE/PHONE: 661-902-3503
 NAME OF ASSISTANT TREASURER, IF ANY:

FULL MAILING ADDRESS (IF DIFFERENT):
 STREET ADDRESS (NO P.O. BOX):

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL):
 CITY: STATE: ZIP CODE: AREA CODE/PHONE:

COUNTY OF DOMICILE: JURISDICTION WHERE COMMITTEE IS ACTIVE: NAME OF PRINCIPAL OFFICER(S):

STREET ADDRESS (NO P.O. BOX):

CITY: STATE: ZIP CODE: AREA CODE/PHONE:

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 12-29-22
 Executed on 12-29-22
 Executed on _____ by _____
 Executed on _____ by _____