

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp: RECEIVED BY LOS ANGELES COUNTY FE 11/26/23 2023 JAN 26 AM 11:25 CAMPAIGN FINANCE	<b>CALIFORNIA FORM 460</b> Page <u>1</u> of <u>11</u> For Official Use Only
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Statement covers period from <u>01/01/2022</u> through <u>06/30/2022</u>	Date of election if applicable: (Month, Day, Year) <u>Nov 8, 2022</u>
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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)  
 To correct the ending date of this period, and add one missing contribution on  
Page 10

Quarterly Statement  
 Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER  
1448522

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
CHARLES HUGHES FOR HIGH SCHOOL BOARD 2022

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE  
LEONA VALLEY CA 93551 661-492-1790

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
calsatf@aol.com

**Treasurer(s)**

NAME OF TREASURER  
ARCADIA VENEGAS

MAILING ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE  
LANCASTER CA 93535 661-435-8636

NAME OF ASSISTANT TREASURER, IF ANY  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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 to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the for

Executed on 01/25/23 Date By \_\_\_\_\_ Assistant Treasurer

Executed on 01/25/23 Date By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
CHARLES F. HUGHES

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
ANTELOPE VALLEY HIGH SCHOOL BOARD TRUSTEE

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
LeonaValley CA 93551

**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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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
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**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
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**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>01/01/2022</u>  through <u>06/30/2022</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>11</u>	I.D. NUMBER <u>1448522</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
HUGH FOR HIGH SCHOOL BOARD 2022

## 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>9,026.00</u>	\$ <u>9,026.00</u>
2. Loans Received..... Schedule B, Line 3	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>9,026.00</u>	\$ <u>9,026.00</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>9,026.00</u>	\$ <u>9,026.00</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>50.00</u>	\$ <u>50.00</u>
7. Loans Made..... Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>50.00</u>	\$ <u>50.00</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>50.00</u>	\$ <u>50.00</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
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>0.00</u>
13. Cash Receipts..... Column A, Line 3 above	<u>9,026.00</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>0.00</u>
15. Cash Payments..... Column A, Line 8 above	<u>50.00</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>8,976.00</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	\$ <u>0.00</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>0.00</u>

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/2022</u> through <u>06/30/2022</u>		<b>CALIFORNIA FORM 460</b>
NAME OF FILER HUGHES FOR HIGH SCHOOL BOARD 2022		I.D. NUMBER 1448522

SEE INSTRUCTIONS ON REVERSE

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/11/2022	Brandon Calandri Nicole C. Calandri Lancaster, CA 93539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Business Owner Calandri Farms	500.00	500.00	
04/11/2022	John A. Calandri Lancaster, CA 93539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Calandri Farms	500.00	500.00	
04/12/2022	PMI Antelope Valley Lancaster, CA 93534	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
04/13/2022	Bill's Landscaping, Inc Lancaster, CA 93535	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
04/18/2022	Henne Hay & Feed, Inc Lancaster, CA 93534	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
<b>SUBTOTAL \$</b>				2,500.00		

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$ 9,026.00
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$ 0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	<b>TOTAL \$</b> 9,026.00

\*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

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2022</u> through <u>06/30/2022</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
HUGHES FOR HIGH SCHOOL BOARD 2022

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/19/2022	Craig A Van Dam Marta Van Dam Lancaster, CA 93536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Business Owner Van Dam Farm	500.00	500.00	
05/04/2022	Chris Hughes Ashley Hughes Thousand Oaks, CA 91360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cal Highway Patrol Officer, California Highway Patrol Banker, Wells Fargo Bank	100.00	100.00	
05/04/2022	Kevin S Polwort Lancaster, CA 93536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Officer, California Department of Correction	100.00	100.00	
05/04/2022	Catherine Cope-Bates Mario D. Bates Lancaster, CA 93536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse, High Desert Medical Retired Officer, California Department of Correction	100.00	100.00	
05/05/2022	Visco Financial Insurance Services Lancaster, Ca 93539	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
<b>SUBTOTAL \$</b>				<b>1,800.00</b>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2022</u> through <u>06/30/2022</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

HUGHES FOR HIGH SCHOOL BOARD 2022

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/11/2022	Lester Bryant 37778 Leo Circle, Palmdale, CA 93552	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Officer, California Department of Correction	100.00	100.00	
05/12/2022	Newton Chelette 3860 Vista Circle Dr, Lancaster, CA 93536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Basketball Coach, Paraclete High School	100.00	100.00	
05/14/2022	Glen A Hughes 1370 Riggs St, Eugene, OR 97401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Glass Worker	100.00	100.00	
05/14/2022	Brian C Jones Deborah S Jones Palmdale, CA 93551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired LA County Sheriff n/a	100.00	100.00	
05/16/2022	Law Offices of Stephen J Horvath Pasadena, CA 91106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Stephen J Horvath	2,000.00	2,000.00	
<b>SUBTOTAL \$</b>				<b>2,400.00</b>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2022</u> through <u>06/30/2022</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

HUGHES FOR HIGH SCHOOL BOARD 2022

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/19/2022	Joseph Kuhn Bethany Kuhn Spokane, WA 99224	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teamster Rep., Local 690 Business Chef, Union Gospil Mission	100.00	100.00	
05/20/2022	John K Curiel Bobbie J Curiel Palmdale, CA 93551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Officer, California Department of Correction Notary	100.00	100.00	
05/20/2022	Emanuel Latimore Stockton, CA 95215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Officer, California Department of Correction	100.00	100.00	
05/20/2022	James M Wallace San Bernardino, CA 92407	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Officer, California Department of Correction	100.00	100.00	
05/22/2022	Allen Robles 6026 Jamaica Ct, Lancaster, CA 93536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Correction Officer, California Department of Correction	100.00	100.00	
<b>SUBTOTAL \$</b>				500.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2022</u> through <u>06/30/2022</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

HUGHES FOR HIGH SCHOOL BOARD 2022

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/23/2022	Beverly Roberts  Spokane, WA 99223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a	125.00	125.00	
05/27/2022	David Perez  Palmdale, CA 93551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Officer, California Department of Correction Notary	100.00	100.00	
05/31/2022	Donald E Cokeley Jr Tanya Cokeley Springfield, OR 97477	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Glass Worker RN, Sacred Heart Hospital	100.00	100.00	
06/01/2022	Sherron L Reed-Hall Carlos L Hall	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Officers, California Department of Correction	100.00	100.00	
06/01/2022	Jerrold E Hughes  Springfield, OR 97477	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, Telephone repairman	100.00	100.00	
<b>SUBTOTAL \$</b>				525.00		

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 PTY - Political Party  
 SCC - Small Contributor Committee



**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2022</u> through <u>06/30/2022</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

HUGHES FOR HIGH SCHOOL BOARD 2022

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/01/2022	Jorge Robles  La Puente, CA 91746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Parole Agent III, California Department of Correction	101.00	101.00	
06/02/2022	Charla J Gonzales  Lancaster, CA 93534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Charla J Gonzales Realtor	100.00	100.00	
06/02/2022	Benjamin R Martin Jennifer L Martin Palmdale, CA 93551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Correction Officer, California Department of Correction. n/a	100.00	100.00	
06/03/2022	Lauren V Hughes-Leslie Kenneth B Leslie  Colorado SPGS, CO 80910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Captains, US Army	200.00	200.00	
06/05/2022	Anne Jordan Eric C Jordan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a. Correction Officer, California Department of Correction	100.00	100.00	
<b>SUBTOTAL \$</b>				601.00		

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 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2022</u> through <u>06/30/2022</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

HUGHES FOR HIGH SCHOOL BOARD 2022

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/07/2022	Larry Dorsey 42103 50th St, W #3364, Quartz Hill, CA 93536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DBA West Coast Polygraph	300.00	300.00	
06/10/2022	Deborah J Jordan 892 Wishard Ave, Simi Vley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a	100.00	100.00	
06/10/2022	Joseph M Jackson 7338 Shadow Mountain Dr, Lancaster, CA 93536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Correction Officer, California Department of Correction	100.00	100.00	
06/13/2022	Christopher Goleco, Kilani L Goleco 12233 Knightsbridge Dr, Rancho Cucamonga, CA 91739	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Correction Officer n/a	100.00	100.00	
06/29/2022	Gorrindo Ranch and Cattle Company LLC P.O. Box 831, Leona Valley, CA 93551	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
<b>SUBTOTAL \$</b>				<b>700.00</b>		

\*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 E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>01/01/2022</u> through <u>06/30/2022</u>	<b>CALIFORNIA FORM 460</b>
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	I.D. NUMBER 1448522

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

HUGHES FOR HIGH SCHOOL 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
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
California Secretary of State Sacramento, CA 95814	FIL		Annual fee for committee	50.00

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

**SUBTOTAL \$ 50.00**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	50.00
2. Unitemized payments made this period of under \$100.....	\$	0.00
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.).....	<b>TOTAL \$</b>	<b>50.00</b>