

**Recipient Committee  
Campaign Statement  
Cover Page**

5724

Date Stamp <b>RECEIVED</b> LOS ANGELES 2024 JUL 31 AM 10:26 CAMPAIGN FINANCE 7/30/24 on	<b>CALIFORNIA FORM 460</b> Page 1 of 4 For Official Use Only 014654 C11404
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Statement covers period from <u>1-1-24</u> through <u>6-30-24</u>	Date of election if applicable: (Month, Day, Year) <u>11-5-24</u>
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SEE INSTRUCTIONS ON REVERSE

<b>1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.</b> <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <i>(Also Complete Part 5)</i>  <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <i>(Also Complete Part 6)</i>  <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i>
<b>2. Type of Statement:</b> <input type="checkbox"/> Preelection Statement <input checked="" type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement (Also file a Form 410 Termination) <input type="checkbox"/> Amendment (Explain below) _____ _____	

<b>3. Committee Information</b> COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) <u>Winn for High School Board 2020</u>  STREET ADDRESS (NO P.O. BOX) _____  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">CITY</td> <td style="width: 25%;">STATE</td> <td style="width: 25%;">ZIP CODE</td> <td style="width: 25%;">AREA CODE/PHONE</td> </tr> <tr> <td><u>Lancaster</u></td> <td><u>CA</u></td> <td><u>93535</u></td> <td><u>661-916-3545</u></td> </tr> </table> MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX _____  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">CITY</td> <td style="width: 25%;">STATE</td> <td style="width: 25%;">ZIP CODE</td> <td style="width: 25%;">AREA CODE/PHONE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> OPTIONAL: FAX / E-MAIL ADDRESS _____	CITY	STATE	ZIP CODE	AREA CODE/PHONE	<u>Lancaster</u>	<u>CA</u>	<u>93535</u>	<u>661-916-3545</u>	CITY	STATE	ZIP CODE	AREA CODE/PHONE					<b>Treasurer(s)</b> NAME OF TREASURER <u>Duane G. Winn</u> MAILING ADDRESS _____  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">CITY</td> <td style="width: 25%;">STATE</td> <td style="width: 25%;">ZIP CODE</td> <td style="width: 25%;">AREA CODE/PHONE</td> </tr> <tr> <td><u>Lancaster</u></td> <td><u>CA</u></td> <td><u>93535</u></td> <td><u>661-435-6557</u></td> </tr> </table> NAME OF ASSISTANT TREASURER, IF ANY _____  MAILING ADDRESS _____  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">CITY</td> <td style="width: 25%;">STATE</td> <td style="width: 25%;">ZIP CODE</td> <td style="width: 25%;">AREA CODE/PHONE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> OPTIONAL: FAX / E-MAIL ADDRESS _____	CITY	STATE	ZIP CODE	AREA CODE/PHONE	<u>Lancaster</u>	<u>CA</u>	<u>93535</u>	<u>661-435-6557</u>	CITY	STATE	ZIP CODE	AREA CODE/PHONE				
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**4. Verification**

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

Executed on <u>7-29-24</u> <small>Date</small>	By _____ <small>Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor</small>
Executed on <u>7-29-24</u> <small>Date</small>	By _____ <small>Signature of Controlling Officer, Candidate, State Measure Proponent</small>
Executed on _____ <small>Date</small>	By _____ <small>Signature of Controlling Officer, Candidate, State Measure Proponent</small>
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**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**Donita J. Winn**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**Antelope Valley Joint Union HSD Board Member, Trustee Area #3**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**Lancaster CA 93535**

**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>01-01-24</u> through <u>06-30-24</u>	CALIFORNIA FORM <b>460</b>
Page <u>3</u> of <u>4</u>	I.D. NUMBER ID #1429080

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Donita J. Winn

## Contributions Received

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

## 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>98.09</u>	\$ _____
7. Loans Made..... Schedule H, Line 3	\$ -0-	\$ -0-
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>98.09</u>	\$ _____
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ -0-	\$ -0-
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ -0-	\$ _____
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>98.09</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>8650.20</u>
13. Cash Receipts..... Column A, Line 3 above	<u>0</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>0</u>
15. Cash Payments..... Column A, Line 8 above	<u>98.09</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>8552.11</u>

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

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.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ -0-
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ -0-
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ -0-

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01-01-24</u> through <u>06-30-24</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>4</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Donita J. winn

I.D. NUMBER

ID #1429080

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> 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
us bank Lancaster, CA 93534		bank analysis service charge, from 01-01-24 to 06-30-24	36.00
California Secretary of State - Political Reform Division Sacramento, CA 95814	FIL	VISA annual filing fee bank statement date: 1-10-24	50.00
Red Ex Lancaster, CA 93535	POS	VISA debit card payment posted on bank statement, Jan. '24	12.09

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

**SUBTOTAL \$** 98.09

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	<u>98.09</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.)	<b>TOTAL \$</b>	<u>98.09</u>