

**Slate Mailer Organization  
Campaign Statement**  
(Government Code Sections 84218 - 84219)

Type or print in ink.

PE29-3

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

**Amendment** (explain): \_\_\_\_\_  
\_\_\_\_\_

Statement covers period  
from 01/01/24  
through 06/30/24

Date Stamp  
RECEIVED BY  
LOS ANGELES COUN  
2024 AUG -2 PM 3:06  
CAMPAIGN FINANCE  
7/31/24

CALIFORNIA FORM **401**

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For Official Use Only

611407

**I Slate Mailer Organization Information**

FULL NAME OF SLATE MAILER ORGANIZATION: Assembly District 40 Central Committee Valley's United ID NUMBER 1465919

ADDRESS NO. AND STREET

CITY STATE ZIP CODE PHONE NUMBER  
Valencia CA 91355 ( 805 ) 904-5639

NAME OF TREASURER  
Brandon Zavala

ADDRESS NO. AND STREET

CITY STATE ZIP CODE DAYTIME PHONE NUMBER  
Santa Clarita CA 91321 ( 661 ) 433-6035

**II Is This A General Purpose Committee?**

If this Slate Mailer Organization is also a "general purpose committee" as defined in Government Code Section 82027.5, check box and attach the committee's campaign disclosure report to this statement.

Committee Report Attached

ID Number if Recipient Committee

**III Summary of Payments**

	(A) Total This Period	(B) Cumulative to Date (Since January 1 of calendar year covered)
1. TOTAL PAYMENTS RECEIVED.....	\$ 500 Sch. A, Line 3	\$ _____
2. TOTAL PAYMENTS MADE .....	\$ 0 Sch. B, Line 3	\$ _____

**IV 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 \_\_\_\_\_ e and correct.

Executed on 07/30/2024 At Valencia, A  
DATE CITY AND STATE

By \_\_\_\_\_  
ER

Name of Responsible Officer Michelle Kampbell  
TYPE OR PRINT

Title N/  
\_\_\_\_\_

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT FOR SLATE MAILER ORGANIZATIONS.

**Period Covered by Statement:**

The period covered begins on the day after the closing date of the last campaign statement filed. If no previous statement has been filed, the period begins on January 1 of the calendar year covered by the statement.

**Amendments:**

To amend a previously filed statement, check the Amendment box, give a brief explanation of the amendment, and list the schedules being amended. Complete Part 3, if applicable. Be sure to enter the period covered by the statement being amended.

**Committee Campaign Statements:**

If the slate mailer organization is also a "general purpose committee" (including a recipient committee; independent expenditure or major donor committee), attach the most recent committee campaign statement (Form 450, 460 or 461) filed covering the current calendar year. If the organization is a recipient committee, enter its committee I.D. Number in the appropriate space on the Form 401 cover page.

**Summary of Payments:**

**Total Payments Received (Line 1)**

In Column A, enter the total payments received during the period covered by the statement for the production and distribution of slate mailers. This should be the same as the amount contained on Line 3 of the Summary section of Schedule A. In Column B, enter the cumulative amount of payments received since January 1 of the calendar year covered by the statement for the production and distribution of slate mailers.

**Total Payments Made (Line 2)**

In Column A, enter the total amount of payments made during the period covered by the statement for the production and distribution of slate mailers. This should be the same as the amount contained on Line 3 of the Summary section of Schedule B. In Column B, enter the cumulative amount of payments made since January 1 of the calendar year covered by the statement for the production and distribution of slate mailers.

**Verification:**

If the filer is an individual, the statement must be signed by the individual. If the filer is an entity or other organization, a responsible officer of the entity or organization, or an attorney or certified public accountant acting as the entity's or organization's agent, must sign the statement.

*[Handwritten signature]*

**Schedule A**  
**Payments Received**

Statement covers period		<b>CALIFORNIA FORM 401</b>
from	01/01/24	
through	06/30/24	Page <u>2</u> of <u>3</u>
NAME OF SLATE MAILER ORGANIZATION		I.D. NUMBER
Assembly District 40 Central Committee Valley's United		1465919

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NAME OF SLATE MAILER ORGANIZATION

Assembly District 40 Central Committee Valley's United

(1)	(2)	(3)	B		(4)	(5)
DATE RECEIVED	IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	A NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE OR MEASURE
			SUPPORT	OPPOSE		
3/3/24	Christopher Werthe	Assembly District 40 Central Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100	100
3/3/24	Michelle Elmer	Assembly District 40 Central Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100	100
3/4/24	Southern California Armenian Democrats #1333867	Assembly District 40 Central Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	250	250
<b>SUBTOTAL</b>					<b>\$ 450</b>	<b>\$ 450</b>

**Summary**

1. Amount Received – Itemized payments (include all Schedule A subtotals) ..... \$ 450
2. Amount Received – Payments of less than \$100 (not itemized) ..... \$ 50
3. Total Payments Received (Line 1 + Line 2). Enter here and in Column A, Line 1, of the Summary of Payments section on Page 1 ..... \$ 500

## Instructions for Completing Schedule A Payments Received

Report all payments received for the production and distribution of slate mailers on Schedule A. If payments received from a single source during the period covered by the statement total \$100 or more, provide the following information:

○ The date received.

• If payments of \$100 or more were received during the period from candidates and committees, must include:

- The name and street address of the candidate or committee.
- The committee's identification number if the payment was received from a committee.
- The jurisdiction and office sought or held by a candidate or officeholder making a payment, or
- The jurisdiction and ballot letter or number if paid by a committee formed to support or oppose a ballot measure.

○ If payments of \$100 or more are received during the period from persons other than a candidate or committee, Column (2) must include:

- The full name and street address of the payor.
- If the payor is an individual, the name of the individual's employer or, if self-employed, the name of the business.

- If payments of \$100 or more were received during the period from persons other than the candidate supported or opposed in a slate mailer, or other than the committee primarily formed to support or oppose a ballot measure, Column (3) must include:
  - The name, office sought, and jurisdiction of the candidate supported or opposed, or the name, jurisdiction, and number or letter of the ballot measure supported or opposed (Column (a)); and
    - An indication whether the payment received was in support of or opposition to the candidate or measure (Column (b)).
  - The amount received during the period covered by the report from each payor.
  - The cumulative amount of payments received from each payor on behalf of or in opposition to each candidate or measure included in a slate mailer since January 1 of the calendar year covered by the statement.

Summarize at the bottom of Schedule A all payments received during the period for production and distribution of slate mailers. Payments of less than \$100 need only be reported as a lump sum amount.

**Schedule B  
Payments Made**

Statement covers period  
from 01/01/24  
through 06/30/24

**CALIFORNIA  
FORM 401**

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SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION

Assembly District 40 Central Committee Valley's United

I.D. NUMBER

1465919

NAME AND STREET ADDRESS OF PAYEE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Woodland Hills Printing Woodland Hills, CA 91364	Literature	323

**SUBTOTAL \$ 323**

**Summary**

- 1. Payments of \$100 or more (include all Schedule B subtotals) ..... \$ 323
- 2. Payments under \$100 this period (not itemized) ..... \$ 0
- 3. Total payments this period (Line 1 + Line 2). Enter here and in Column A, Line 2,  
of the Summary of Payments section on Page 1 ..... \$ 323

