Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		Type or print		Date Stemp CALIFORNIA 460 RECEIVED BY		
		Statement covers period 7/1/24 9/21/24	Date of election if applicable: (Month, Day, Year)	1001	4: 57	For Official Use Only
_	EINSTRUCTIONS ON REVERSE	through		MPAIGN FINA	AMUL	12089
	Type of Recipient Committee: All Committees  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 Ter  ☐ Amendment (Explain be		Supplemen	Statement Id-Year Report ntal Preelection - Attach Form 495
3.	Committee Information	I.D. NUMBER / 475080	Treasurer(s)			
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMIT CYNTHIA SANCHEZ FOR PALMDALE WA		NAME OF TREASURER CYNTHIA SANCHEZ MAILING ADDRESS			
	STREET ADDRESS (NO P.O. BOX)		PALMDALE	STATE	ZIP CODE 93550	AREA CODE/PHONE 661-675-5598
	PALMDALE CA 9	AREA CODE/PHONE 3550 661-675-5598	NAME OF ASSISTANT TREASURI		55550	001-070-0000
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR	P.O. BOX	MAILING ADDRESS			
	CITY STATE Z	IP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS CYNTHIAVANES55@GMAIL.COM		OPTIONAL: FAX / E-MAIL ADDRE			
4.	Verification I have used all reasonable diligence in preparing and revi under penalty of perjury under the laws of the State of Cal  Executed on	ewing this statement and to the best of my ifornia that the foregoing is true and correct  By  By  Signature	nt. Tr	ein and in the attached		true and complete. I certify
	Executed on	Ву	Signature of Controlling Officeholder, Candidate, Sta	te Measure Proponent		
	Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, Sta	te Measure Proponent		FPPC Form 460 (January/05)

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COVER PAGE - PART 2			
CALIFORNIA FORM	460		
Page	of		

officeholder or Candidate Controlled Committee		6.	6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
CYNTHIA SANCHEZ								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER	ID DISTRICT NUMBER IF APPLICABLE)  BALLOT NO. OR LETTER  JURISDICTION		N	☐ SUPPORT ☐ OPPOSE			
PALMDALE WATER DISTRICT, DIV	. 3							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND ST	TREET) CITY	STATE ZIP		Idealife the controllists off				
PALMDALE CA 93550			Identify the controlling officeholder, candidate, or state measure proponent, if an					
				NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT		
Related Committees Not Included in not included in this statement that are contro contributions or make expenditures on behal	lled by you or are prin	-		OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUM	BER						
NAME OF TREASURER	CONTRO	LLED COMMITTEE?	7.	Primarily Formed Candofficeholder(s) or candidate(s)				
COMMITTEE ADDRESS STREET ADDRESS		.5		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUG		<b>☑</b> SUPPORT
				CYNTHIA SANCHEZ		Palmdale ( Dist		OPPOSE
CITY STAT	E ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUN	BER .		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	☐ YE	S NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS  CITY STAT		AREA CODE/PHONE		Attac	h continuatio	n sheets if n	ecessary	

## Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 7/1/24 CALIFORNIA 460 FORM Page \_\_\_\_ of \_\_\_\_

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Cynthia Sanchez for Palmdake Water Board 2024 1475080 Column A **Calendar Year Summary for Candidates** Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 5000 1. Monetary Contributions ...... Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date .0 0 2. Loans Received ...... Schedule B. Line 3 0 0 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ 5000 Received 4. Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures 0 s\_ 847.78 5000 5000 Made 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ \_\_\_\_\_ **Expenditures Made Expenditure Limit Summary for State** 847.78 6. Payments Made ...... Schedule E, Line 4 \$ 847.78 Candidates 7. Loans Made ...... Schedule H. Line 3 22. Cumulative Expenditures Made\* O 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 O 9. Accrued Expenses (Unpaid Bills) ......Schedule F, Line 3 Date of Election Total to Date 0 (mm/dd/yy) 10. Nonmonetary Adjustment ...... Schedule C. Line 3 847.78 847.78 **Current Cash Statement** 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ \_ To calculate Column B. add amounts in Column A to the 13. Cash Receipts ...... Column A, Line 3 above corresponding amounts \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I. Line 4 from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 4152.22 figures that should be 16. ENDING CASH BALANCE .......... Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed n for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_\_ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). \* O FPPC Form 460 (January/05) 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ \_\_\_\_\_

## Schedule A **Monetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A Statement covers period CALIFORNIA 460 7/1/24 **FORM** from \_ 9/21/24 through

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Cynthia Sancher For Palmdale Water Board 2024 147 5080 AMOUNT CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE RECEIVED THIS OCCUPATION AND EMPLOYER CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE \* (IF SELF-EMPLOYED, ENTER NAME PERIOD (IF REQUIRED) (JAN. 1 - DEC. 31) OF BUSINESS) DNU Marin Crist Vice Mayor ПСОМ 8/6/2024 Потн Lancaster UA 93534

Tronworkers 416

Norwalk CA 90650 Personal \$1,000 PTY SCC Ironworkers \$1,500 **ACOM** ŬОТН Local 416 PTY □ SCC apsporu So Cal Pipe District So Cal Pipe 1,500 **MCOM** District □ OTH □ PTY □scc LA/OC Building Trades F-COM 1,000 ОТН **□**PTY □ scc COM ⊟о**т**н PTY □scc SUBTOTAL \$ Schedule A Summary \*Contributor Codes IND - Individual Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) \$ 5,000 COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) 2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$ PTY - Political Party SCC - Small Contributor Committee 3. Total monetary contributions received this period. 

FPPC Form 460 (January/05)

## Schedule E **Payments Made**

CMP campaign paraphernalia/misc. CNS campaign consultants

FIL candidate filing/ballot fees

CVC civic donations

FND fundraising events

CTB contribution (explain nonmonetary)\*

Type or print in ink. Amounts may be rounded to whole dollars.

MBR member communications

petition circulating

OFC office expenses

PHO phone banks

MTG meetings and appearances

POL polling and survey research

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

		SCHEDULI	ΞΙ
Stateme	nt covers period	CALIFORNIA ACC	١
from	7/1/24	FORM 400	
through _	9/21/24	Page of	
1.6		I.D. NUMBER	
I A		11,000,000	

RAD radio airtime and production costs

TEL t.v. or cable airtime and production costs

TRS staff/spouse travel, lodging, and meals

TRC candidate travel, lodging, and meals

RFD returned contributions

SAL campaign workers' salaries

	110111	
SEE INSTRUCTIONS ON REVERSE	through9/21/24	Page of
Cynthia Sancher for Palmdale Water Board 202	Ч	1.D. NUMBER 147 5080

	ivery and messenger services services (legal, accounting)  TSF transfer between committees of the services (legal, accounting)  VOT voter registration  WEB information technology costs (internet			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID		
LA County Registrar Recorder/County Clerk	Campaign Statement (Eng/Span)	\$800		
Mission Bank	Checks	<b>\$47.78</b>		
* Payments that are contributions or independent expenditures must also be summ	arized on Schedule D. SUBTOTA	1.\$		
Schedule E Summary				
1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	\$ 808.00		
2. Unitemized payments made this period of under \$100	\$	\$ 47.78		
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part	1, Column (e).)\$	0		
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the		<del>*80</del> 847.78		