## Recipient Committee

Campaign Statement Cover Page					OS ANGELES COUNTY For Official Use Only				
		Statement covers period 01/01/2021	Date of election if applicable: (Month, Day, Year)  November 06, 2018	JUL 28 P	COUNTY	Page 1 of 4 For Official Use Only  133 000155			
SEE INSTRUCTIONS ON REVERSE	thro	ugh 06/30/2021	PAI	- CAMPAIGN FINANCE CO7478					
1. Type of Recipient Committe			2. Type of Statement:						
✓ Officeholder, Candidate Controlled Committee			Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)						
3. Committee Information	I.D. NUM 127918		Treasurer(s)						
COMMITTEE NAME (OR CANDIDATE'S			NAME OF TREASURER		-				
Committee to Re-Elect Helen H	Iall for School Board 2022		Helen Hall Mailing address						
STREET ADDRESS (NO P.O. BOX)			CITY	STATE	ZIP CODE	AREA CODE/PHONE			
			Diamond Bar	CA	91765	909-861-4426			
CITY	STATE ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF	ANY					
Diamond Bar MAILING ADDRESS (IF DIFFERENT) NO	CA 91765 AND STREET OR P.O. BOX	909-861-4426	MAILING ADDRESS						
CITY	STATE ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE			
OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDRESS						
4. Verification									
I have used all reasonable diligence certify under penalty of perjury under			knowledge the information contained here	in and in the attac	ched schedules is	s true and complete. I			
Executed on July 19, 2021		D.							
Da	te	Ву							
Executed on July 19, 2021	de	By Signature of Cor	ntrolling Officeholder, Candidate, State Measure Proponer	nt or Responsible Office	er of Sponsor				
Executed onDa	te	Ву	Signature of Controlling Officeholder, Candidate, State M	leasure Proponent					
Executed on	te	Ву	Signature of Controlling Officeholder, Candidate, State N	leasure Proponent					

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Date Stamp

## Recipient Committee Campaign Statement Cover Page — Part 2

COVE	ER PAGE - PART 2
CALIFOR FORM	1 460
Page 2	of 4

NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE				
Helen Hall						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	N AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT	
Walnut Valley Unified School District			1		OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	Walnut CA 91789	Identify the controlling officeholder, candidate, or state measure proponent, if an				
		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT				
Related Committees Not Included in not included in this statement that are controlled.	ed by you or are primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY	
contributions or make expenditures on behalf o	your curicusy.					
	I.D. NUMBER					
COMMITTEE NAME  NAME OF TREASURER		7. Primarily Formed Can	ndidate/Offic	eholder Committee Li	st names of	
COMMITTEE NAME	I.D. NUMBER  CONTROLLED COMMITTEE?	7. Primarily Formed Can officeholder(s) or candidate(s)	ndidate/Offic s) for which this	eholder Committee Li committee is primarily forme	st names of d.	
OMMITTEE NAME	CONTROLLED COMMITTEE?	7. Primarily Formed Can officeholder(s) or candidate(s	s) for which this	eholder Committee Li committee is primarily forme OFFICE SOUGHT OR HELD	st names of d.	
COMMITTEE NAME	CONTROLLED COMMITTEE?  YES NO S (NO P.O. BOX)	officeholder(s) or candidate(s	R CANDIDATE	committee is primarily forme	SUPPOR	
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRES	CONTROLLED COMMITTEE?  YES NO S (NO P.O. BOX)	officeholder(s) or candidate(s	R CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR	
COMMITTEE NAME  NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRES  CITY STATE  COMMITTEE NAME	I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO S (NO P.O. BOX)  E ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OF	R CANDIDATE  R CANDIDATE  R CANDIDATE  R CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPOR SUPPOR OPPOSE SUPPOR OPPOSE	
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRES  CITY STATE	I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO S (NO P.O. BOX)  E ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	NAME OF OFFICEHOLDER OF	R CANDIDATE  R CANDIDATE  R CANDIDATE  R CANDIDATE	OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD	SUPPOR SUPPOR OPPOSE SUPPOR SUPPOR	

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars. SUMMARY PAGE

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Statement covers period from 01/01/2021	FORM 460
through 06/30/2021	Page 3 of 4
	I.D. NUMBER 127918

NAME OF FILER Committee to Re-Elect Helen Hall for School Board 2022 **Calendar Year Summary for Candidates** Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1/1 through 6/30 7/1 to Date 13,230,17 2. Loans Received ...... Schedule B. Line 3 20. Contributions 0 13,230,17 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 0 13,230.17 Made **Expenditures Made Expenditure Limit Summary for State** Candidates 22. Cumulative Expenditures Made\* SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date 0 (mm/dd/yy) **Current Cash Statement** To calculate Column B. add amounts in Column A to the corresponding \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some amounts in Column A may 4,395.57 16. ENDING CASH BALANCE ......Add Lines 12 + 13 + 14, then subtract Line 15 \$ be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ \_\_\_\_ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents ...... See instructions on reverse \$ \_\_\_\_ 13,230.17 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule B – Part 1 Loans Received		Amounts may be rounded to whole dollars.			Statement cover	ers period	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Helen Hall					through <u>06/30/20</u>	21	Page 4  I.D. NUMBER  127918	of <u>4</u>	
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	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE	
Helen Hall  Diamond Bar, CA 91765  IND COM OTH PTY SCC	Retired	s 4,130.17	s	PAID  FORGIVEN	\$ 4,130.17	RATE \$	\$ 4,130.17 4/15/10 DATE INCURRED	\$ PER ELECTION	
Helen Hall  Diamond Bar, CA 91765  IND COM OTH PTY SCC	Retired	5,500.00 s	\$	PAID  FORGIVEN  \$	s 5,500.00	% RATE	\$ 5,500.00 8/13/13 DATE INCURRED	\$ PER ELECTION	
Helen Hall  Diamond Bar, CA 91765  IND COM OTH PTY SCC	Retired	ş <u>3,600.00</u>	\$	PAID  FORGIVEN  \$	\$ 3,600.00	RATE	s_3,600.00 10/15/13 DATE INCURRED	\$ PER ELECTION	

Net change this period. (Subtract Line 2 from Line 1.)

Enter the net here and on the Summary Page, Column A, Line 2.

NET \$

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

(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.

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