Recipient Committee Campaign Statement Cover Page

COVER PAGE

Date Stamp: RECEIVED OCT 24 2022 By

CALIFORNIA FORM 460

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7-1 22
through 9/24 22

Date of election if applicable: (Month, Day, Year)
11-8-22

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [X] 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:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

[redacted]

STREET ADDRESS (NO P.O. BOX)

[redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

[redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

[redacted]

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

Cathrina Dunham

NAME OF TREASURER

[redacted]

MAILING ADDRESS

[redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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 foregoing is true and correct.

Executed on 10-24 22 (Date) — By [redacted] Signature of Treasurer or Assistant Treasurer

Executed on 10-24-22 (Date) — By [redacted] 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
John Avalos

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
S.F. District 5 supervisor #5

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

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? ☐ YES ☐ 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? ☐ YES ☐ 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	☐ SUPPORT ☐ OPPOSE

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

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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

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SCHEDULE A MONETARY CONTRIBUTIONS RECEIVED

STATEMENT COVERS PERIOD: FROM 10/8/22 THROUGH 10/18/22

CALIFORNIA FORM 460 SCHEDULE A

JOHN HAWK CAMPAIN INCOME / DONATIONS

I.D. NUMBER 1446570

DATE OF RECEIPT/ DEPOSIT	FULL NAME, STREET ADDRESS & ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMT. RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
10/18/2022	ROBERT CHELL RANCHES 2580 HOLT RD. HOLTVILLE, CA. 92250	OTH	SELF EMPLOYED	$ 500.00			
10/18/2022	WILLIAM QUAN DDS APC 480 OLIVE ST. STE. #5 EL CENTRO, CA. 92243	OTH	SELF EMPLOYED	$ 500.00			
10/18/2022	CLIFFORD & FRANCES STRAHM 1979 CHAMBERS LANE HOLTVILLE, CA. 92250	OTH	RETIRED	$ 300.00			
10/18/2022	ROBERT M & BETTY JO McNEECE 2226 AURORA CT. EL CENTRO, CA. 92243	OTH	RETIRED	$ 100.00			
10/18/2022	MORRIS FARMS 847 OLIVE AVE. HOLTVILLE, CA. 92250	OTH	SELF EMPLOYED	$ 1,000.00			
			SUBTOTAL	$ 2,400.00			

SCHEDULE A MONETARY CONTRIBUTIONS RECEIVED

STATEMENT COVERS PERIOD: FROM 10/1/22 THROUGH 10/7/22

CALIFORNIA FORM 460 SCHEDULE A

JOHN HAWK CAMPAIN INCOME / DONATIONS

I.D. NUMBER 1446570

DATE OF RECEIPT/ DEPOSIT	FULL NAME, STREET ADDRESS & ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMT. RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
10/7/2022	LAWRENCE COX RANCHES P.O. BOX 301 BRAWLEY, CA. 92227	OTH	SELF EMPLOYED	$ 1,000.00			
10/7/2022	DAVID B. DALE 647 W. EVAN HEWES HWY. EL CENTRO, CA. 92243	OTH	RETIRED	$ 100.00			
			SUBTOTAL	$ 1,100.00			