

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

1/25/23 '665 5123 COVER PAGE

Date Stamp
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2023 JAN 26 PM 3:13
CAMPAIGN FINANCE

CALIFORNIA FORM **460**
Page 1 of 12
For Official Use Only
019659
C11053

Statement covers period
from 07/01/2022
through 12/31/2022

Date of election if applicable:
(Month, Day, Year)

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

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 Termination)
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1407713

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
BARBARA CALHOUN 4 COLLEGE BOARD 2020

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Inglewood CA 90301 (310) 817-6679

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

CITY STATE ZIP CODE AREA CODE/PHONE
Inglewood CA 90301 (310) 817-6679

OPTIONAL: FAX / E-MAIL ADDRESS
(310) 672-6679 / cine@politicalreportingplus.com

Treasurer(s)

NAME OF TREASURER
Cine D. Ivery

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Inglewood CA 90301 (310) 817-6679

NAME OF ASSISTANT TREASURER, IF ANY
Michelle Moore Sanders

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Inglewood CA 90301 (310) 817-6679

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on JAN 24 2023
Date

Executed on JAN 24 2023
Date

Executed on _____
Date

Executed on _____
Date

Signature of Controlling Officer/holder, Candidate, State Measure Proposer

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Barbara Calhoun

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Community College Board Compton District 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Inglewood CA 90301

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

SUMMARY PAGE

Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2022</u>	CALIFORNIA FORM 460
through <u>12/31/2022</u>	
Page <u>3</u> of <u>12</u>	I.D. NUMBER <u>1407713</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BARBARA CALHOUN 4 COLLEGE BOARD 2020

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
2. Loans Received <i>Schedule B, Line 3</i>	<u>1,105.00</u>	<u>9,659.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>1,105.00</u>	\$ <u>9,659.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>1,105.00</u>	\$ <u>9,659.00</u>

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 <i>Schedule E, Line 4</i>	\$ <u>280.00</u>	\$ <u>558.56</u>
7. Loans Made <i>Schedule H, Line 3</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>280.00</u>	\$ <u>558.56</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>280.00</u>	\$ <u>558.56</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
<u> / / </u>	\$ _____
<u> / / </u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>178.96</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>1,105.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>280.00</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>1,003.96</u>

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.

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

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents <i>See instructions on reverse</i>	\$ <u>0.00</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>9,659.00</u>

**Schedule B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>07/01/2022</u> through <u>12/31/2022</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BARBARA CALHOUN 4 COLLEGE BOARD 2020

I.D. NUMBER

1407713

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*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Barbara Calhoun Compton, CA 90222	Retired None	\$ 1,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00 09/18/2019 DATE DUE	0.00% RATE \$ 0.00	\$ 1,000.00 09/18/2018 DATE INCURRED	CALENDAR YEAR \$ 1,105.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Barbara Calhoun Compton, CA 90222	Retired None	\$ 1,500.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,500.00 10/05/2019 DATE DUE	0.00% RATE \$ 0.00	\$ 1,500.00 10/05/2018 DATE INCURRED	CALENDAR YEAR \$ 1,105.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Barbara Calhoun Compton, CA 90222	Retired None	\$ 100.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 100.00 02/21/2020 DATE DUE	0.00% RATE \$ 0.00	\$ 100.00 02/21/2019 DATE INCURRED	CALENDAR YEAR \$ 1,105.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS \$			0.00 \$	0.00 \$	2,600.00 \$	0.00		

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

Schedule B Summary

- Loans received this period \$ 1,105.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 1,105.00**
Enter the net here and on the Summary Page, Column A, Line 2. (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.

Schedule B – Part 1 (Continuation Sheet)
Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1 (CONT.)

Statement covers period from <u>07/01/2022</u> through <u>12/31/2022</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER BARBARA CALHOUN 4 COLLEGE BOARD 2020	I.D. NUMBER 1407713
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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*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Barbara Calhoun Compton, CA 90222	Retired None	\$ 100.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 100.00 02/28/2020 DATE DUE	0.00% RATE \$ 0.00	\$ 100.00 02/28/2019 DATE INCURRED	CALENDAR YEAR \$ 1,105.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Barbara Calhoun Compton, CA 90222	Retired None	\$ 100.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 100.00 03/07/2020 DATE DUE	0.00% RATE \$ 0.00	\$ 100.00 03/07/2019 DATE INCURRED	CALENDAR YEAR \$ 1,105.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Barbara Calhoun Compton, CA 90222	Retired None	\$ 100.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 100.00 03/21/2020 DATE DUE	0.00% RATE \$ 0.00	\$ 100.00 03/21/2019 DATE INCURRED	CALENDAR YEAR \$ 1,105.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Barbara Calhoun Compton, CA 90222	Retired None	\$ 100.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 100.00 03/28/2020 DATE DUE	0.00% RATE \$ 0.00	\$ 100.00 03/28/2019 DATE INCURRED	CALENDAR YEAR \$ 1,105.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS \$		0.00	\$	0.00	\$	400.00	\$	0.00

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

†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

Schedule B – Part 1 (Continuation Sheet)
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
 from 07/01/2022
 through 12/31/2022

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BARBARA CALHOUN 4 COLLEGE BOARD 2020

I.D. NUMBER

1407713

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 *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Barbara Calhoun Compton, CA 90222	Retired None			<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>100.00</u>	<u>0.00%</u> RATE	\$ <u>100.00</u>	CALENDAR YEAR \$ <u>1,105.00</u> PER ELECTION** \$ _____
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	<u>04/04/2020</u> DATE DUE	\$ <u>0.00</u>	<u>04/04/2019</u> DATE INCURRED	\$ _____
Barbara Calhoun Compton, CA 90222	Retired None			<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>100.00</u>	<u>0.00%</u> RATE	\$ <u>100.00</u>	CALENDAR YEAR \$ <u>1,105.00</u> PER ELECTION** \$ _____
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	<u>04/11/2020</u> DATE DUE	\$ <u>0.00</u>	<u>04/11/2019</u> DATE INCURRED	\$ _____
Barbara Calhoun Compton, CA 90222	Retired None			<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>1,000.00</u>	<u>0.00%</u> RATE	\$ <u>1,000.00</u>	CALENDAR YEAR \$ <u>1,105.00</u> PER ELECTION** \$ _____
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>1,000.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	<u>04/16/2020</u> DATE DUE	\$ <u>0.00</u>	<u>04/16/2019</u> DATE INCURRED	\$ _____
Barbara Calhoun Compton, CA 90222	Retired None			<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>100.00</u>	<u>0.00%</u> RATE	\$ <u>100.00</u>	CALENDAR YEAR \$ <u>1,105.00</u> PER ELECTION** \$ _____
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	<u>04/18/2020</u> DATE DUE	\$ <u>0.00</u>	<u>04/18/2019</u> DATE INCURRED	\$ _____
SUBTOTALS \$			0.00\$	0.00\$	1,300.00\$	0.00		

†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.

Schedule B – Part 1 (Continuation Sheet)
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from <u>07/01/2022</u> through <u>12/31/2022</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BARBARA CALHOUN 4 COLLEGE BOARD 2020

I.D. NUMBER

1407713

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*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Barbara Calhoun Compton, CA 90222	Retired None			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 100.00	0.00% RATE	\$ 100.00	CALENDAR YEAR \$ 1,105.00 PER ELECTION**
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 100.00	\$ 0.00	\$ 0.00	04/25/2020 DATE DUE	\$ 0.00	04/25/2019 DATE INCURRED	\$
Barbara Calhoun Compton, CA 90222	Retired None			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,654.00	0.00% RATE	\$ 1,654.00	CALENDAR YEAR \$ 1,105.00 PER ELECTION**
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1,654.00	\$ 0.00	\$ 0.00	06/30/2021 DATE DUE	\$ 0.00	06/30/2020 DATE INCURRED	\$
Barbara Calhoun Compton, CA 90222	Retired None			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 500.00	0.00% RATE	\$ 500.00	CALENDAR YEAR \$ 1,105.00 PER ELECTION**
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 500.00	\$ 0.00	\$ 0.00	08/31/2021 DATE DUE	\$ 0.00	07/31/2020 DATE INCURRED	\$
Barbara Calhoun Compton, CA 90222	Retired None			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 500.00	0.00% RATE	\$ 500.00	CALENDAR YEAR \$ 1,105.00 PER ELECTION**
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 500.00	\$ 0.00	\$ 0.00	09/10/2021 DATE DUE	\$ 0.00	09/10/2020 DATE INCURRED	\$
SUBTOTALS \$			0.00\$	0.00\$	2,754.00\$	0.00		

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

†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

Schedule B – Part 1 (Continuation Sheet)
Loans Received

Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2022</u> through <u>12/31/2022</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BARBARA CALHOUN 4 COLLEGE BOARD 2020

I.D. NUMBER

1407713

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*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Barbara Calhoun Compton, CA 90222	Retired None			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,500.00	0.00% RATE	\$ 1,500.00	CALENDAR YEAR \$ 1,105.00 PER ELECTION**
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1,500.00	\$ 0.00	\$ 0.00	09/24/2021 DATE DUE	\$ 0.00	09/24/2020 DATE INCURRED	\$
Barbara Calhoun Compton, CA 90222	Retired None			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 221.00	0.00% RATE	\$ 221.00	CALENDAR YEAR \$ 1,105.00 PER ELECTION**
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 0.00	\$ 221.00	\$ 0.00	08/05/2023 DATE DUE	\$ 0.00	08/05/2022 DATE INCURRED	\$
Barbara Calhoun Compton, CA 90222	Retired None			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 221.00	0.00% RATE	\$ 221.00	CALENDAR YEAR \$ 1,105.00 PER ELECTION**
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 0.00	\$ 221.00	\$ 0.00	09/14/2023 DATE DUE	\$ 0.00	09/14/2022 DATE INCURRED	\$
Barbara Calhoun Compton, CA 90222	Retired None			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 221.00	0.00% RATE	\$ 221.00	CALENDAR YEAR \$ 1,105.00 PER ELECTION**
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 0.00	\$ 221.00	\$ 0.00	10/15/2023 DATE DUE	\$ 0.00	10/15/2022 DATE INCURRED	\$
SUBTOTALS \$			663.00 \$	0.00 \$	2,163.00 \$	0.00		

†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.

Schedule B – Part 1 (Continuation Sheet)
Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1 (CONT.)

Statement covers period from <u>07/01/2022</u> through <u>12/31/2022</u>	CALIFORNIA FORM 460
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NAME OF FILER

BARBARA CALHOUN 4 COLLEGE BOARD 2020

I.D. NUMBER

1407713

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*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Barbara Calhoun Compton, CA 90222	Retired None	\$ 0.00	\$ 221.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 221.00 11/05/2023 DATE DUE	0.00% RATE \$ 0.00	\$ 221.00 11/05/2022 DATE INCURRED	CALENDAR YEAR \$ 1,105.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Barbara Calhoun Compton, CA 90222	Retired None	\$ 0.00	\$ 221.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 221.00 12/15/2023 DATE DUE	0.00% RATE \$ 0.00	\$ 221.00 12/15/2022 DATE INCURRED	CALENDAR YEAR \$ 1,105.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$		442.00	\$	0.00	\$	442.00	\$	0.00

*Amounts forgiven or paid by another party also must be reported on Schedule A.
 ** If required.

†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

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

SCHEDULE D

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/01/2022	Nan Gomez-Heitzeberg Community College Board Kern Community College District District 3	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Contribution	100.00	100.00	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				100.00		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 100.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 100.00

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB 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
Chase Card Services New York, NY 10017	CTB		Contribution	100.00
Political Reporting Plus Inglewood, CA 90301	PRO		Political Accounting - Year-End Report	125.00
Secretary of State Sacramento, CA 95814	FIL		2023 Annual Filing Fee	50.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 275.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 275.00
2. Unitemized payments made this period of under \$100	\$ 5.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 280.00

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Statement covers period from <u>07/01/2022</u> through <u>12/31/2022</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BARBARA CALHOUN 4 COLLEGE BOARD 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Chase Card Services

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LJT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Nan Gomez-Heitzeberg for KCCD Trustee 2022 (ID# 1453951) Irvine, CA 92612	CTB		Contribution	100.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 100.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.