CALIFORNIA 460

Date Stamp

	Recipient C	Committee
/	Campaign	Statement
	Cover Page	9

Cover rage			RECEIVED COUNTY				
	Statement covers period from 10/23/2022	Date of election if applicable: (Month, Day, Year)	RECEIVED DO NO. 1.0S ANGELES COUNTS. 2 /6 /2 3 2: 49	For Official Use Only			
SEE INSTRUCTIONS ON REVERSE	through 12/31/2022	11/08/2022	CAMPAIGN FINANCE				
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:					
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)	 ✓ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below) ☐ Quarterly Statement ☐ Special Odd-Year Report 					
Sponsored Small Contributor Committee Political Party/Central Committee Political Party/Central Committee Political Party/Central Committee							
3 Committee Information	D. NUMBER 1230947	Treasurer(s)		_			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	100717	NAME OF TREASURER					
Antelope Valley Teachers Association PAC	James Stockdale MAILING ADDRESS						
STREET ADDRESS (NO P.O. BOX)		CITY	, STATE ZIP CODE	AREA CODE/PHONE			
		Lancaster	CA 93536	(661) 916-8841			
CITY STATE ZIP CO		NAME OF ASSISTANT TREASUR	RER, IF ANY				
Lancaster CA 935: MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS					
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP CODE.	AREA CODE/PHONE			
		CITT	STATE ZIF GODE.	AREA CODE/FITORE			
CA 9353 OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ESS				
jamesstockdale@gmail.com							
 Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of 		knowledge the information contained	I herein and in the attached schedules	is true and complete. I			
Executed on	Ву	i	t Treasurer				
Executed on 1/31/2023 Date	By Signature c	;	oponent or Responsible Officer of Sponsor				
Executed on	By ————————————————————————————————————	ignature of Controlling Officeholder, Candidate, S	State Measure Proponent				
Executed onDate	By	ignature of Controlling Officeholder, Candidate, S	State Measure Proponent				

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

	Statement covers period from $\frac{10/23/2022}{10/23/2022}$	california 460
	through	Page of4
		I.D. NUMBER
		1230947

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Antelope Valley Teachers Association PAC **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 36490 7176 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 20. Contributions 7176 36490 Received 0 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made 7176 36490 TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 595 34413 6. Payments Made......Schedule E, Line 4 \$ Candidates 0 0 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made* 34413 595 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 0 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date 0 0 (mm/dd/vv) 595 34413 Current Cash Statement 11601 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 7176 13. Cash Receipts Column A, Line 3 above add amounts in Column

0 14. Miscellaneous Increases to Cash Schedule I, Line 4 595 15. Cash Payments Column A, Line 8 above 18182 If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above 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.

> FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A			nts may be rounded	SCHEDULE /				
Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE		to whole dollars.		Statement covers period from 10/23/2022 through 12/31/2022		CALIFORNIA 460 FORM of 4		
								NAME OF FILER Antelope Valle
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR Y (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		OTH PTY SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
-			SUBTOTAL \$	5 0				
(Include all §	eived this period – itemized monetary contribution Schedule A subtotals.)		·	76	*Con IND - COM OTH PTY	tributor Co - Individua I – Recipie (other ti – Other (e – Political	al ent Committee than PTY or SCC) e.g., business entity)	
3. Total moneta (Add Lines 1	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, C	olumn A, Line 1	.) TOTAL \$ $\frac{71}{}$	76	PPC Advice: advice:		Form 460 (Jan/2016)) ca.gov (866/275-3772)	

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Schedule E	Amounts may be rounded to whole dollars.			Statement cover	's period CALL	CALIFORNIA 460	
Payments Made				from	CALI		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through 12/31/202	Page .		
Antelope Valley Teachers Association PAC					12309	947	
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense	the payment, y MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deliv PRO professional	munications d appearance es lating urvey reseal very and me	es rch essenger services	RAD radio airtime an RFD returned contrib SAL campaign work TEL t.v. or cable airti TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registratio	d production costs utions ers' salaries me and production cost l, lodging, and meals vel, lodging, and meals n committees of the san	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT	-	AMOUNT PAID	
David Fletcher Lancaster, CA 93536		СМР	Sign Installation/R	emoval	,	295	
Aiden Betzer , Lancaster CA 93536		СМР	Sign Installation/R	emoval		300	
* Payments that are contributions or independent expenditures must also be su	ummarized on Sche	dule D.			SUBTOTAL	\$ 595	
Schedule E Summary			1000				
Itemized payments made this period. (Include all Schedule E	subtotals.)				\$	595	
2. Uniterprized payments made this period of under \$100					. و (,	

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