

**Recipient Committee
Campaign Statement
Cover Page**

11/13/20 (1)
RECEIVED BY
LOS ANGELES COUNTY
2020 NOV 18 AM 11:39
CAMPAIGN FINANCE

CALIFORNIA FORM **460**

Page 1 of 5

For Official Use Only

020855

C11362

Statement covers period
from 10/18/2020
through 11/13/2020

Date of election if applicable:
(Month, Day, Year) 2020 11/3/2020

SEE INSTRUCTIONS ON REVERSE

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

3. Committee Information

I.D. NUMBER
1430738

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

Committee to Elect Robert Carder Mt SAC Trustee 2020

STREET ADDRESS (NO P.O. BOX)

| | | | |
|-----------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>La Verne</u> | <u>CA</u> | <u>91750</u> | <u>909-593-6285</u> |

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

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

r.carder9@gmail.com/909-593-6285

Treasurer(s)

NAME OF TREASURER

Robin M. Carder

MAILING ADDRESS

| | | | |
|-----------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>La Verne</u> | <u>CA</u> | <u>91750</u> | <u>909-593-6285</u> |

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 the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the fo

Executed on November 13, 2020
Date

Executed on November 13, 2020
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officer/holder, Candidate, State Measure Proponent



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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Robert H. Carder

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mt San Antonio Comm College District Govern Brd Member, Trustee Area No. 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
La Verne CA 91750

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 |
|----------------------|--------------|---|

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 | <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

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|----------------------------|
| Statement covers period from <u>10/18/20</u> through <u>11/13/20</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>5</u> |
| | I.D. NUMBER 1430738 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Robert Carder Mt SAC Trustee 2020

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ _____ | \$ 100 |
| 2. Loans Received..... Schedule B, Line 3 | -11,500 | 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ -11,500 | \$ 100 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | _____ | _____ |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ -11,500 | \$ 100 |

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..... Schedule E, Line 4 | \$ 4,310.96 | \$ 15,600.00 |
| 7. Loans Made..... Schedule H, Line 3 | _____ | _____ |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ 4,310.96 | \$ 15,600.00 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | _____ | _____ |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | _____ | _____ |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ 4,310.96 | \$ 15,600.00 |

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 |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|--|---------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16 | \$ 311 |
| 13. Cash Receipts..... Column A, Line 3 above | 4,000 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | _____ |
| 15. Cash Payments..... Column A, Line 8 above | 4,311 |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 0.00 |

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

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.

| | |
|--|----------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ _____ |
|--|----------|

Cash Equivalents and Outstanding Debts

| | |
|--|---------|
| 18. Cash Equivalents..... See instructions on reverse | \$ 0.00 |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ 0.00 |

**Schedule B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

| | |
|--|----------------------------|
| Statement covers period from <u>10/18/2020</u> through <u>11/13/20</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>5</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|---|------------------------|
| NAME OF FILER Committee to Elect Robert Carder Mt SAC Trustee 2020 | I.D. NUMBER 1430738 |
|---|------------------------|

| 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 |
|---|---|--|------------------------------------|--|--|----------------------------------|---------------------------------------|---|
| Robert H. Carder La Verne, CA 90750 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Property Manager AE Partners La Verne, CA 91750 | \$ 11,500 | \$ 4,000 | <input checked="" type="checkbox"/> PAID \$ 59.31 <input checked="" type="checkbox"/> FORGIVEN \$ 15,440.66 | \$ 0 DATE DUE | 0 % RATE \$ 0 | \$ 11,500 8/24/20 DATE INCURRED | CALENDAR YEAR \$ 15,500 PER ELECTION** \$ 15,500 |
| † <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 | | \$ 4,000 | \$ 15,500 | \$ 0 | \$ 0 | \$ 0 | | |

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

Schedule B Summary

| | |
|---|----------------|
| 1. Loans received this period | \$ 4,000 |
| (Total Column (b) plus unitemized loans of less than \$100.) | |
| 2. Loans paid or forgiven this period | \$ 15,500 |
| (Total Column (c) plus loans under \$100 paid or forgiven.) | |
| (Include loans paid by a third party that are also itemized on Schedule A.) | |
| 3. Net change this period. (Subtract Line 2 from Line 1.) | NET \$ -11,500 |
| 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 E
Payments Made**

Amounts may be rounded
to whole dollars.

| | |
|--|--------------------------------|
| Statement covers period from 10/18/20 through 11/13/20 | CALIFORNIA FORM 460 |
| | Page 5 of 5 |
| | I.D. NUMBER 1430738 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Robert Carder Mt SAC Trustee 2020

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 |
|---|---------|------------------------|-------------|
| Curo Managed Print Production Duarte, CA 91010 | WEB | | 191.19 |
| US Postal Service | POS | | 27.85 |
| Curo Managed Print Production Duarte, CA 91010 | LIT | | 3,935.37 |

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

SUBTOTAL \$ 4,154.41

Schedule E Summary

| | |
|---|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ 4,154.41 |
| 2. Unitemized payments made this period of under \$100..... | \$ 156.55 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$ |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$ 4,310.96 |

**Statement of Organization
Recipient Committee**

Statement Type

- Initial
 Not yet qualified
 or
 Date qualification threshold met

RECEIVED BY
LOS ANGELES COUNTY

Amendment

2020 DEC -4 AM 10: 36

DATE QUALIFICATION THRESHOLD MET

Termination - See Part 6

Date of termination

11 / 13 / 2020

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

NOV 19 2020

**CALIFORNIA
FORM 410**

For Official Use Only

| 1. Committee Information | | | | I.D. Number 1430738 <small>(if applicable)</small> | | | | 2. Treasurer and Other Principal Officers | | | |
|---|--|---|--|---|--|--|--|---|--|--|--|
| NAME OF COMMITTEE Committee to Elect Robert Carder For Mt SAC Trustee 2020 | | | | NAME OF TREASURER Robin M. Carder | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| STREET ADDRESS (NO P.O. BOX) | | | | CITY La Verne | | STATE CA | | ZIP CODE 91750 | | AREA CODE/PHONE 909-593-6285 | |
| CITY La Verne | | STATE CA | | ZIP CODE 91750 | | AREA CODE/PHONE 909-593-6285 | | NAME OF ASSISTANT TREASURER, IF ANY | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | | STREET ADDRESS (NO P.O. BOX) | | | | CITY | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) r.carder9@gmail.com / 909-593-6285 | | | | STATE | | | | ZIP CODE | | AREA CODE/PHONE | |
| COUNTY OF DOMICILE Los Angeles | | JURISDICTION WHERE COMMITTEE IS ACTIVE LA County, Mt San Antonio College Area 1 | | NAME OF PRINCIPAL OFFICER(S) Robert H. Carder | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| <i>Attach additional information on appropriately labeled continuation sheets.</i> | | | | CITY La Verne | | STATE CA | | ZIP CODE 91750 | | AREA CODE/PHONE 909-593-6285 | |

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California.

Executed on November 13, 2020 By _____
DATE

Executed on November 13, 2020 By _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER
1430738

COMMITTEE NAME
Committee to Elect Robert Carder Mt SAC Trustee 2020

All committees must list the financial institution where the campaign bank account is located.

| | | | |
|--|--|-------------------------------------|-------------------|
| NAME OF FINANCIAL INSTITUTION Bank of America | AREA CODE/PHONE 909-865-2424/888-888-7937 | BANK ACCOUNT NUMBER 325134983312 | |
| ADDRESS | CITY La Verne | STATE CA | ZIP CODE 91750 |

4. Type of Committee Complete the applicable sections:

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE | | |
|--|---|------------------|--|----------|------------------------------|
| Robert H. Carder | Mt San Antonio Community College District | 2020 | Nonpartisan <input checked="" type="checkbox"/> | Partisan | (list political party below) |
| | Governing Board Member, Trustee Area No. 1 | | Nonpartisan | Partisan | (list political party below) |

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|-----------|--------|
| | | SUPPORT | OPPOSE |
| | | SUPPORT | OPPOSE |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

Committee to Elect Robert Carder For Mt SAC Trustee 2020

I.D. NUMBER

1430738

4 Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____

Date qualified

5 Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.