

Recipient Committee Campaign Statement Cover Page

COVER PAGE

| | |
|-----------------------------------|----------------------------|
| Date Stamp | CALIFORNIA FORM 460 |
| RECEIVED BY LOS ANGELES COUNTY | Page 1 of 6 |
| 2022 OCT 24 PM 3:24 | For Official Use Only |
| CAMPAIGN FINANCE | |

| | |
|--|--|
| Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u> | Date of election if applicable: (Month, Day, Year) <u>11/08/2022</u> |
|--|--|

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1451757

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

The committee to elect Simone Zulu for school board 2022

STREET ADDRESS (NO P.O. BOX)

| | | | |
|-----------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Palmdale</u> | <u>CA</u> | <u>93551</u> | <u>662 492 5944</u> |

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Kadiatou N. Zulu

MAILING ADDRESS

| | | | |
|-----------------|-----------|--------------|--------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Palmdale</u> | <u>CA</u> | <u>93551</u> | <u>861418-9590</u> |

NAME OF ASSISTANT TREASURER, IF ANY

NA

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

Executed on 10/21/22
Date

Executed on 10/21/22
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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
Simone Zulu

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
School Board of Trustee

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Palmdale CA 93551

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 NA | I.D. NUMBER |
| NAME OF TREASURER Na | 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 Na | 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>09/25/2022</u> through <u>10/22/2022</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>6</u> |
| | I.D. NUMBER |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

The committee to elect Simone Zulu for school Baord 2022

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ 0 | \$ 1,800.00 |
| 2. Loans Received..... Schedule B, Line 3 | 0 | 4,500.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ 0 | \$ 6,300.00 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 400.00 | 100.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 400.00 | \$ 6,400.00 |

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 | Column B |
|--|-------------|-------------|
| 6. Payments Made..... Schedule E, Line 4 | \$ 1,026.43 | \$ 3,486.42 |
| 7. Loans Made..... Schedule H, Line 3 | 0 | 4,500.00 |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ 1,026.43 | \$ 7,986.42 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | 0 | 00. |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | 400.00 | 100.00 |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ 1,426.43 | \$ 8,086.42 |

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 | \$ 1,686.42 |
| 13. Cash Receipts..... Column A, Line 3 above | 0 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | 400.00 |
| 15. Cash Payments..... Column A, Line 8 above | 1,026.43 |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 2086.42 |

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

| | |
|--|-------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ 00 |
|--|-------|

Cash Equivalents and Outstanding Debts

| | |
|--|-------|
| 18. Cash Equivalents..... See instructions on reverse | \$ 00 |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ 00 |

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.

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u> | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

The committee to elect Simone Zulu for School board 2022

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-------------------------------------|---------------------------|---|------------------------------------|
| 10/12/22 | Ronnie Jones | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Ron's auto detailing | passing out post cards for campaign | \$300.00 | | |
| 10/20/22 | Ousmane Diol Palmdale, Ca.93551 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Security guard | passing out campaign postcards | \$100'00 | | |
| | | <input 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 | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 400.00

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) 400,00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$ 400.00**

*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

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|--|-------------------------------|
| Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u> | CALIFORNIA FORM 460 |
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| | I.D. NUMBER 1451757 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

The committee to elect Simone Zulu for School board 2022

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 |
|---|---------|--------------------------------------|-------------|
| Walmart Palmdale, Ca. 93551 | | Food for the campaign helpers | 167.78 |
| Aldi Palmdale, Ca. 93551 | | supplies, and food for phone banking | 303.63 |
| Hobby Lobby Palmdale, Ca. 93551 | | craft supplies for campaign | \$342.47 |

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

SUBTOTAL \$

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100 \$ _____
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 1026.48**

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | |
|--|----------------------------|
| Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u> | CALIFORNIA FORM 460 |
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| | I.D. NUMBER |

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NAME OF FILER

The committee to elect Simone Zulu for schoolboard 2022

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 |
|---|---------|--|-------------|
| Smart and Final Palmdale, Ca.93551 | | supplies for the campaign | \$183.64 |
| Lowe's Palmdale, Ca.93551 | | stakes and other supplies for campaign signs | 219.64 |
| | | | |
| | | | |
| | | | |

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

SUBTOTAL \$ 1,026.43