

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA
FORM

Date Stamp

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SEP 29 2022

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For Official Use Only

AMADOR COUNTY ELECTIONS

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

11.8.2022

Statement covers period
from

8.10.22

through

11.8.22

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
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

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

Angela Wise for School Board - Jackson 2022

STREET ADDRESS (NO P.O. BOX)

18244 West Clinton Rd, Jackson Ca 95642

CITY

PA Box 391 Sutter Creek Ca 95673

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

JACKSON Ca 95642

CITY

JACKSON Ca 95642

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Kandi Trompson

MAILING ADDRESS

1070 Jackson Gate Rd JACKSON Ca 95642

CITY

JACKSON Ca 95642

NAME OF ASSISTANT TREASURER, IF ANY

KATHARIN SPEARS

MAILING ADDRESS

1328 TEMU PI JACKSON Ca 95642

CITY

JACKSON Ca 95642

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

9/29/22

Executed on

9/29/2022

Executed on

9/29/22

Executed on

Date

Signature of Treasurer or Assistant Treasurer

[Signature]

Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

[Signature]

Signature of Controlling Officerholder, Candidate, State Measure Proponent

[Signature]

Signature of Controlling Officerholder, Candidate, State Measure Proponent

[Signature]

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA **460** FORM

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

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

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? <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

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 | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| ANGELAWISE | ALVSD BARRA | |
| 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

CALIFORNIA
FORM **460**

Statement covers period
from 8.10.22
through 11.8.2022
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
ANNEA WISSE FOR SCHOOL BOARD - JACKSON 2022
I.D. NUMBER

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------|--|--|
| 1. Monetary Contributions | \$ <u>3500.00</u> | \$ <u>3500.00</u> |
| 2. Loans Received | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS | \$ <u>3500.00</u> | \$ <u>3500.00</u> |
| 4. Nonmonetary Contributions | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED | | |

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|------------------------------------|--|--|
| 6. Payments Made | \$ <u>375.50</u> | \$ <u>375.50</u> |
| 7. Loans Made | | |
| 8. SUBTOTAL CASH PAYMENTS | \$ <u>375.50</u> | \$ <u>375.50</u> |
| 9. Accrued Expenses (Unpaid Bills) | | |
| 10. Nonmonetary Adjustment | | |
| 11. TOTAL EXPENDITURES MADE | \$ <u>375.50</u> | \$ <u>375.50</u> |

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|-------------------------------------|--|--|
| 12. Beginning Cash Balance | \$ <u>3000.00</u> | |
| 13. Cash Receipts | \$ <u>1700.00</u> | |
| 14. Miscellaneous Increases to Cash | \$ <u>375.50</u> | |
| 15. Cash Payments | \$ <u>3124.50</u> | |
| 16. ENDING CASH BALANCE | \$ <u>0</u> | |

Expenditure Limit Summary for State Candidates

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

| | Date of Election (mm/dd/yy) | Total to Date |
|--|--------------------------------|---------------|
| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | ____/____/____ | \$ _____ |
| | ____/____/____ | \$ _____ |

| | Previous Summary Page, Line 16 | Column A, Line 3 above |
|-------------------------------------|--------------------------------|------------------------|
| 12. Beginning Cash Balance | \$ <u>3000.00</u> | |
| 13. Cash Receipts | \$ <u>1700.00</u> | |
| 14. Miscellaneous Increases to Cash | \$ <u>375.50</u> | |
| 15. Cash Payments | \$ <u>3124.50</u> | |
| 16. ENDING CASH BALANCE | \$ <u>0</u> | |

Current Cash Statement

| | Previous Summary Page, Line 16 | Column A, Line 3 above |
|-------------------------------------|--------------------------------|------------------------|
| 12. Beginning Cash Balance | \$ <u>3000.00</u> | |
| 13. Cash Receipts | \$ <u>1700.00</u> | |
| 14. Miscellaneous Increases to Cash | \$ <u>375.50</u> | |
| 15. Cash Payments | \$ <u>3124.50</u> | |
| 16. ENDING CASH BALANCE | \$ <u>0</u> | |

| | Column A, Line 8 above |
|------------------------------|------------------------|
| 17. LOAN GUARANTEES RECEIVED | \$ <u>0</u> |

| | Column A, Line 8 above |
|-----------------------|------------------------|
| 18. Cash Equivalents | \$ <u>0</u> |
| 19. Outstanding Debts | \$ <u>0</u> |

*Amounts in this section may be different from amounts reported in Column B.

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).

SEE INSTRUCTIONS ON REVERSE

SEE INSTRUCTIONS ON REVERSE

SEE INSTRUCTIONS ON REVERSE

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

**CALIFORNIA 460
FORM**

Statement covers period
from 8-10-22
through 11-8-22

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

| 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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|--|-----------------------------|---|------------------------------------|
| 9/8/22 | STAN LUKOWICZ | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MOTHERLOVE INVESTORS | 0 | 3,000.00 | |
| 9/23/22 | PAT CRAN | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED / DIST. 1 SUBURSE | 500.00 | 500.00 | |
| | | <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 | | | | |
| | | <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 | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 500.00
- Amount received this period – unitemized monetary contributions of less than \$100\$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 500.00

*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 may be rounded to whole dollars.

Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period from _____ through _____

I.D. NUMBER

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery, and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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 |
|---|------|----|------------------------|-------------|
| LAWA BROOKS 1324 SILBERT DRIVE, 35905 GLENCOE ALABAMA | CMP | | CASH | 375.50 |
| | | | | |
| | | | | |

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 375.50
2. Unitemized payments made this period of under \$100..... \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$ 375.50**