

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/1/2021
through 6/30/2020

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

Date Stamp
FILED
REGISTRAR OF VOTERS
JUL 30 2021
DONNA M. JOHNSTON
COUNTY CLERK

**CALIFORNIA 460
FORM**
Page 1 of 2
For Official Use Only

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

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) KARM BAINS FOR SUPERVISOR 2020

I.D. NUMBER
1417353

Treasurer(s)

NAME OF TREASURER

K. COLEEN MORRIS, SUTTER BUTTES BUSINESS SERVICES

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

YUBA CITY CA 95993 530-682-5905

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

CITY STATE ZIP CODE AREA CODE/PHONE

YUBA CITY CA 95992 530-216-7394

OPTIONAL: FAX / E-MAIL ADDRESS

KARM4DISTRICT4@GMAIL.COM

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 the foregoing is true and correct.

Executed on 7/30/21
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on 7/30/21
Date

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

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

Executed on _____
Date

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
Karm Bains

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Sutter County Supervisor, District 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Yuba City, CA 95993

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	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOONENT

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	SUPPORT	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

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Karm Bains for Supervisor 2020

Statement covers period from <u>01/01/2021</u> through <u>06/30/2021</u>	CALIFORNIA 460 FORM
Page <u>3</u> of <u>8</u>	
I.D. NUMBER <u>1417553</u>	

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 1,000.00	\$ 1,000.00
2. Loans Received	Schedule B, Line 3 0.00	21,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 1,000.00	\$ 22,000.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 1,000.00	\$ 22,000.00

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

20. Contributions Received	1/1 through 6/30 \$ 0.00	7/1 to Date \$ 0.00
21. Expenditures Made	\$ 0.00	\$ 0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 1,125.00	\$ 1,125.00
7. Loans Made	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 1,125.00	\$ 1,125.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 1,125.00	\$ 1,125.00

**Expenditures 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 \$ 18,036.72
13. Cash Receipts	Column A, Line 3 above 1,000.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 718.87
15. Cash Payments	Column A, Line 8 above 1,125.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 18,690.59

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

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Line 2 \$ 0.00

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 \$ 21,000.00

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Karm Bains for Supervisor 2020

Statement covers period
from 01/01/2021
through 06/30/2021

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I.D. NUMBER
1417553

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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)
02/01/2021	Rai Brothers Farming 1861 Taylor Street Yuba City, CA 95993	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 P-2020

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals) \$ 1,000.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) \$ TOTAL \$ 1,000.00

* Contributor Codes
 IND - Individual
 COM - Recipient Committee
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

SUBTOTAL \$	1,000.00
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**Schedule B - Part 1
Loans Received**

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 01/01/2021 through 06/30/2021

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CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Karm Bains for Supervisor 2020

I.D. NUMBER
1417553

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF 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
Yuba City, CA 95993	Karmdeep & Harpreet Bains/Bains Ranch Farmer	\$ 10,000.00	\$ 0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 10,000.00	0 %	\$ 10,000.00	CALENDAR YEAR \$ 0.00 PER ELECTION** 21,000.00 P-2020
Yuba City, CA 95993	Karmdeep & Harpreet Bains/Bains Ranch Farmer	\$ 11,000.00	\$ 0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 11,000.00	0 %	\$ 11,000.00	CALENDAR YEAR \$ 0.00 PER ELECTION** 21,000.00 P-2020

Schedule B Summary

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

SUBTOTALS \$	0.00	\$	0.00	\$	21,000.00	\$	0.00
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* 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.

SCHEDULE E

**CALIFORNIA
FORM 460**

Statement covers period
from 01/01/2021
through 06/30/2021

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

- GMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CYC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT 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
- RPD 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
Elfte Media 2819 Rio Oso Road Rio Oso, CA 95674	TEL			500.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC			30.00
K Coleen Morris 1510 Poole Boulevard Suite 201 Yuba City, CA 95993	PRO			455.00
SUBTOTAL \$				985.00

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

**CALIFORNIA
FORM 460**

Statement covers period
from 01/01/2021
through 06/30/2021

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1417553

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Karm Bains for Supervisor 2020

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

- | | | |
|---|---|---|
| GMP 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)* | ORC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL tv, or cable airtime and production costs |
| FL 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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 985.00
- Unitemized payments made this period of under \$100 \$ 140.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) \$ 1,125.00

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

SUBTOTAL \$ 0.00

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Karm Bains for Supervisor 2020

Statement covers period		CALIFORNIA FORM 460	
from	01/01/2021	Page	8 of 8
through	06/30/2021	I.D. NUMBER	1417553

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
1/3/21	TAG COMMUNICATIONS INC 5016 LEMAY FAIR OAKS, CA 95628	REFUND OF OVERPAYMENT ON FB ADS	697.10

Schedule I Summary

- Itemized increases to cash this period. ----- \$ 697.10
- Unitemized increases to cash of under \$100 this period. ----- \$ 21.77
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ----- \$ 0.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ----- TOTAL \$ 718.87

SUBTOTAL \$ 697.10