

# Recipient Committee Campaign Statement Cover Page

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)

## 3. Committee Information

I.D. NUMBER  
1433005

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Divinder K Bains

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Yuba City CA 95991 530-701-4511

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

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 1-11-22 Date  
 Executed on 1-11-22 Date  
 Executed on \_\_\_\_\_ Date  
 Executed on \_\_\_\_\_ Date

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

COPY

Date Stamp  
**FILED**  
 REGISTRAR OF VOTERS  
 JAN 11 2022  
 DONNA M. JOHNSON  
 DEPUTY CLERK

Page \_\_\_\_\_ of \_\_\_\_\_  
 For Official Use Only

Date of election if applicable:  
 (Month, Day, Year)  
 November 3, 2020 BY \_\_\_\_\_

## 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

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
 Divinder K Bains  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
 Yuba City Unified School District Trustee Area 1  
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
 Yuba City CA 95991

**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
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 10/16/2020  
through 12/31/2020

CALIFORNIA  
FORM  
**460**

Page \_\_\_\_\_ of \_\_\_\_\_  
I.D. NUMBER  
1433005

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
DIVANER K BARNES

## 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	\$ 15,348.60
2. Loans Received.....	Schedule B, Line 3 \$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 0	\$ 15,348.60
4. Nonmonetary Contributions.....	Schedule C, Line 3 \$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 0	\$ 15,348.60

## Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 0	\$ 15,348.60
7. Loans Made.....	Schedule H, Line 3 \$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 0	\$ 15,348.60
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 \$ 0	\$ 0
10. Nonmonetary Adjustment.....	Schedule C, Line 3 \$ 0	\$ 0
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 0	\$ 15,348.60

## Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ 0	\$ 0
13. Cash Receipts.....	Column A, Line 3 above \$ 0	\$ 0
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 \$ 0	\$ 0
15. Cash Payments.....	Column A, Line 8 above \$ 0	\$ 0
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 0	\$ 0

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

## LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 \$ 0	\$ 0
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See Instructions on reverse \$ 0	\$ 0
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$ 0	\$ 0

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

20. Contributions Received.....	1/1 through 8/30 \$ _____	7/1 to Date \$ _____
21. Expenditures Made.....	\$ _____	\$ _____

## 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
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

\*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).