

**Recipient Committee  
Campaign Statement  
Cover Page**

COPY

COVER PAGE

**CALIFORNIA 460  
FORM**

Date Stamp  
**FILED**  
REGISTRAR OF VOTERS  
**DEC 28 2021**  
DONNA M. JOHNSTON  
DEPUTY CLERK

Page 1 of 1  
For Official Use Only

Date of election if applicable:  
(Month, Day, Year)  
11/03/2020 BY \_\_\_\_\_

Statement covers period  
from 7/1/2020 through 9/19/2020

**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:**

- Pre-election Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)  
learned amounts
- Quarterly Statement
- Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER  
1430668

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

Juan Delgado, Yuba Community College District, area 4, 2020

**Treasurer(s)**

NAME OF TREASURER

Juan Delgado

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Yuba City ca 95993 530-788-8344

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
Same as above  
CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE  
Yuba City ca 95993 Yuba City

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

id4yccd.4.2020@gmail.com

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 12-25-2021 Date  
Executed on 12-28-2021 Date  
Executed on \_\_\_\_\_ Date  
Executed on \_\_\_\_\_ Date

By Juan Delgado Signature of Treasurer or Assistant Treasurer  
By Juan Delgado Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor  
By \_\_\_\_\_ Signature of Controlling Officer/Candidate, State Measure Proponent  
By \_\_\_\_\_ Signature of Controlling Officer/Candidate, State Measure Proponent

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period

from 7/1/2020

through 9/19/2020

CALIFORNIA FORM 460

Page 1 of 1

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Juan Delgado

I.D. NUMBER  
1430668

## Contributions Received

Column B  
CALENDAR YEAR  
TOTAL TO DATE

Column A  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 1250	\$
2. Loans Received..... Schedule B, Line 3	850	
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 2100	\$
4. Nonmonetary Contributions..... Schedule C, Line 3	0	
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 2100	\$

## Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$ 1594.71	\$
7. Loans Made..... Schedule H, Line 3	0	
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 1594.71	\$
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0	
10. Nonmonetary Adjustment..... Schedule C, Line 3	0	
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 1594.71	\$

## Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 0	\$
13. Cash Receipts..... Column A, Line 3 above	2100	
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0	
15. Cash Payments..... Column A, Line 8 above	1594.71	
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 505.29	\$

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

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

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

## 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	\$ 0	\$ 0
21. Expenditures Made	\$ 0	\$ 0

## 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
/ /	\$ 0
/ /	\$ 0

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 A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 7/1/2020  
through 9/19/2020

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NAME OF FILER  
**Juan Delgado**

I.D. NUMBER  
**1430668**

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)
8/21/2020	FRDC PO Box 704, Yuba City, CA 95992 CPA # 1316022	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		200		
8/22/2020	DCC PO Box 704, Yuba City, CA 95992 CPA # 881463	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		500		
8/25/2020	Ernest Farms 6020 Larkin Rd Live oak ca 95953	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150		
9/6/2020	Horacio Paras 1714 Corsica Dr. Yuba City CA 95993	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200		
				<b>SUBTOTAL \$ 1050.00</b>		

## Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ 1050.00

2. Amount received this period – unitemized monetary contributions of less than \$100 .....\$ 200.00

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 1250.00**

\*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 B – Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Statement covers period  
from 7/1/2020  
through 9/19/2020

Page 1 of 1  
I.D. NUMBER

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
Juan Delgado City CA 95993	.Yuba	\$ 750	\$ 750	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	\$ _____ PER ELECTION** \$ _____
Juan Delgado City CA 95993	.Yuba	\$ 100	\$ 100	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	\$ _____ PER ELECTION** \$ _____
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	\$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS</b>							\$ 850	\$

**Schedule B Summary**

- Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) .....\$ 850
  - Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) .....\$ \_\_\_\_\_
  - Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 850
- Enter the net here and on the Summary Page, Column A, Line 2.

†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.

(May be a negative number)

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

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

## CALIFORNIA 460 FORM

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Juan Delgado

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**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
Clerk of the Board 1160 Civic Center Blvd., Suite A Yuba City, CA 95993	FIL			750.00
Signworx - 1468 Sky Harbor Dr, Ste J, Olivehurst, CA 95961	CMP			844.71
<b>SUBTOTAL \$ 1594.71</b>				

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

### Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 1594.71
- Unitemized payments made this period of under \$100..... \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$ 1594.71**