

**Recipient Committee  
Campaign Statement  
Cover Page**

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**CALIFORNIA  
FORM  
460**

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REGISTRAR OF VOTERS  
**DEC 16 2021**  
DONNA M. JOHNSTON  
DEPUTY CLERK

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

Statement covers period  
from 9/20/2020  
through 10/17/2020

- 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:**
- 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)  
Juan Delgado, Yuba Community College District, area 4,2020

I.D. NUMBER  
1430668

**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  
\_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS  
jd4yccd.4.2020@gmail.com

**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 12-16-2021 Date  
By Juan Delgado Signature of Treasurer or Assistant Treasurer

Executed on 12-16-2021 Date  
By Juan Delgado 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  
 Juan Delgado

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
 Yuba Community College Distric, Board of Trustee, area 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  
 Juan Delgado, Yuba Community College Distric, 1430668

NAME OF TREASURER CONTROLLED COMMITTEE?  
 YES  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?  
 YES  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
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 9/20/2020 through 10/17/2020

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Juan Delgado

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I.D. NUMBER

1430668

## Contributions Received

Column B  
CALENDAR YEAR  
TOTAL TO DATE

Column A  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

1. Monetary Contributions	Schedule A, Line 3	\$ 3750	\$
2. Loans Received	Schedule B, Line 3	0	\$
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	3750	\$
4. Nonmonetary Contributions	Schedule C, Line 3	0	\$
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	3750	\$

## 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
21. Expenditures Made	\$ 0

## Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 3,007.31	\$
7. Loans Made	Schedule H, Line 3	0	\$
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	3,007.31	\$
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	3,007.31	\$

## 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

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 252.29
13. Cash Receipts	Column A, Line 3 above	3750
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	3,007.31
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	994.98

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	\$

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.

SCHEDULE A

## CALIFORNIA 460 FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Juan Delgado

Statement covers period

from 9/20/2020

through 10/17/2020

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I.D. NUMBER

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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)
9/24/2020	Operating Engineers local 3 District 60 PAC 1620 South Loop Rd Alameda ca 94502	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000		
10/3/2020	Nicolaus Farms LLC 4306 Pinell St. Sacramento CA 95838	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250		
10/13/2020	California Federation of Teachers 1107 9th st Suite 460 Sacramento ca 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500		
		<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				
<b>SUBTOTAL \$</b>				<b>3750</b>		

### Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 3750

2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 3750**

\*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.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Juan Delgado

Statement covers period  
from 9/20/2020  
through 10/17/2020

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I.D. NUMBER  
**1430668**

**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
CrazyCheapPoliticalSigns.com 11525A Stonehollow Dr., Suite 100 Austin, TX, 78758, USA	CMP			424.07
Staples 671 Colusa Ave. Yuba City CA 95991	CMP			1884.63
Bridge Coffee Co · 101 Clark Ave. Yuba City, CA 95991				60.00

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

**SUBTOTAL \$ 2368.70**

## Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 3,007.31
- 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 \$** \$3,007.31