

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE		Statement covers period from <u>07/01/2021</u> through <u>12/31/2021</u>		Date Stamp <b>EMPOWERED FILED</b> JAN 8 2022 DONNA M. JOHNSTON REGISTRAR OF VOTERS W. S. [Signature] DEPUTY CLERK	Page <u>1</u> of <u>8</u> For Official Use Only
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**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 6)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- 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) KARM BAINS FOR SUPERVISOR 2020 I.D. NUMBER 1417553

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 \_\_\_\_\_

**Treasurer(s)**

NAME OF TREASURER K. COLLEEN MORRIS, SUTTER BUTTES BUSINESS SERVICES  
 MAILING ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_  
 YUBA CITY CA 95993 530-216-7394

OPTIONAL: FAX / E-MAIL ADDRESS KARM4DISTRICT4@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 1/30/22 By [Signature] Signature of Treasurer or Assistant Treasurer  
 Executed on 1/30/22 By [Signature] Signature of Controlling Officer of Sponsor  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ Signature of Controlling Officer/Candidate, State Measure Proponent  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ Signature of Controlling Officer/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 CODE/PHONE	

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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 7/1/2021 through 12/31/2021

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
KARM BAINS FOR SUPERVISOR 2020

I.D. NUMBER  
1417553

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 0.00	\$ 0.00
2. Loans Received	\$ 0.00	\$ 21000.00
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 0.00	\$ 21000.00
4. Nonmonetary Contributions	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 0.00	\$ 21000.00

## Expenditures Made

6. Payments Made	\$ 10791.04	\$ 10791.04
7. Loans Made	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	\$ 10791.04	\$ 10791.04
9. Accrued Expenses (Unpaid Bills)	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE	\$ 10791.04	\$ 10791.04

## Current Cash Statement

12. Beginning Cash Balance	\$ 18690.59	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).
13. Cash Receipts	\$ 0.00	
14. Miscellaneous Increases to Cash	\$ 0.00	
15. Cash Payments	\$ 10791.04	
16. ENDING CASH BALANCE	\$ 7899.55	

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

17. LOAN GUARANTEES RECEIVED \$ 0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0.00
19. Outstanding Debts	\$ 21000.00

## 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	\$ _____	\$ _____
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.

# Schedule B - Part 1 Loans Received

Amounts may be rounded to whole dollars.

Statement covers period  
from 7/1/2021  
through 12/31/2021

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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 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
<b>KARM BAINS</b> <b>YUBA CITY, CA 95993</b>	<b>KARDEEP &amp; HARPREET BAINS/BAINS RANCH, FARMER</b>	<b>21000.00</b>	<b>0.00</b>	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN <b>0.00</b>	<b>12/31/2021</b>	<b>0.00</b> %	<b>10000.00</b>	<b>0.00</b>
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE	% RATE	DATE INCURRED	CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE	% RATE	DATE INCURRED	CALENDAR YEAR PER ELECTION**
<b>SUBTOTALS</b>		<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 21000.00</b>	<b>\$ 0.00</b>			

## Schedule B Summary

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- 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  
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.

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

KARM BAINS FOR SUPERVISOR 2020

Statement covers period  
from 7/1/2021  
through 12/31/2021

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I.D. NUMBER  
1417553

**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  | TSE | 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
INTERGRATED SOLUTIONS POLITICAL 4142 ADAMS AVE, SUITE 103-550 SAN DIEGO, CA 92116	OFC		POLITICAL SOFTWARE	180.00
SAPPHIRE GROUP LLC 547 2ND STREET YUBA CITY, CA 95991	CNS, CMP, LIT		CONSULTING AND REIMBURSEMENTS	10278.54
SUTTER BUTTES BUSINESS SERVICES 1510 POOLE BLVD, SUITE 201 YUBA CITY, CA 95993	PRO		TREASURY SERVICES JULY-DEC 2021	392.50
<b>SUBTOTAL \$</b>				<b>10791.04</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.) ..... \$ 10791.04
- Unitemized payments made this period of under \$100..... \$ 0.00
- 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.)..... **TOTAL \$** 10791.04

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 7/1/2021 through 12/31/2021

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NAME OF FILER  
 KARM BAINS FOR SUPERVISOR 2020  
 NAME OF AGENT OR INDEPENDENT CONTRACTOR  
 SAPPHIRE GROUP LLC

**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)           |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
VOLUME PRESS 1348 TERMINAL ST W. SACRAMENTO, CA 95691	LIT		HOLIDAY CARD PRINTING	573.62
POLITICAL DATA INC 12501 IMPERIAL HWY, SUITE 200 NORWALK, CA 90650	LIT		MAIL FILE	162.00
MARK ANTHONY CARTER 859 JONES RD, #45 YUBA CITY, CA 95991	CMP		PHOTO LICENSE	250.00
ORIGINAL RANDY 8025 MARSHALL ST SUTTER, CA 95982	CMP		DESIGN WORK	1020.00

TOTAL \* \$ 2005.62

Attach additional information on appropriately labeled continuation sheets.

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

# Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded  
to whole dollars.

SCHEDULE G  
CALIFORNIA  
FORM  
**460**

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 7/1/2021  
through 12/31/2021

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NAME OF FILER  
**KARM BAINS FOR SUPERVISOR 2020**

I.D. NUMBER  
**1417553**

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
**SAPPHIRE GROUP LLC**

**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/balot 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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PREMIER PRINT AND MAIL 2615 DEL MONTE ST W. SACRAMENTO, CA 95691	LIT/POS		POSTAGE, ENVELOPES, MAIL PREP	1987.02
POLITICAL DATA INC 12501 IMPERIAL HWY, SUITE 200 NORWALK, CA 90650	LIT		MAIL FILE/WALKING FILE	324.00
MARCO 2640 COMMERCE DR HARRISBURG, PA 17110	CMP		MASKS	1608.64
TERRITORIAL DISPATCH 7144 FAIR OAKS BLVD, SUITE 5 CARMICHAEL, CA 95608	PRT		PRINT ADS	444.96
<b>TOTAL * \$</b>				<b>4364.62</b>

Attach additional information on appropriately labeled continuation sheets.

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**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/2021 through 12/31/2021

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NAME OF FILER  
**KARM BAINS FOR SUPERVISOR 2020**

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
**SAPPHIRE GROUP LLC**

**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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<b>THE SHOPPER</b> 6976 N PALORA AVE, SUITE D YUBA CITY, CA 95991	PRT	PRINT ADS		586.50
<b>BECKY MCWILLIAMS</b> 1675 EMMET WY YUBA CITY, CA 95993	PHO	PHONE BANKING		234.00
<b>APPEAL DEMOCRAT</b> 1530 ELLIS LAKE DR MARYSVILLE, CA 95901	PRT	PRINT ADS		358.80
<b>TOTAL * \$</b>				<b>1179.30</b>

Attach additional information on appropriately labeled continuation sheets.

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