A Verification In Average 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 perjuny under the laws of the State of California that the foregoing is true and complete. I certify a late of perjuny under the laws of the State of California that the foregoing is true and complete. I certify secured on a Li/oz/2022  Executed on Li/oz/2022  By Sandra White State Measure Proponent or Resistant Treasurer State Measure Proponent or Responsible Officer of Sponsor  Bate  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent
4. Verification Under penalty of perjury under the laws of the State of California that the foregoing is true and to whe beat of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under the laws of the State of California that the foregoing is true and correct.  Executed on  Executed on  Executed on  Bate  By  Sandza White  Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  By  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  By  Signature of Controlling Officeholder, Candidate, State Measure Proponent  By  Signature of Controlling Officeholder, Candidate, State Measure Proponent  By  Signature of Controlling Officeholder, Candidate, State Measure Proponent  By  Signature of Controlling Officeholder, Candidate, State Measure Proponent  By  Signature of Controlling Officeholder, Candidate, State Measure Proponent  By  Signature of Controlling Officeholder, Candidate, State Measure Proponent  By  Signature of Controlling Officeholder, Candidate, State Measure Proponent  By  Signature of Controlling Officeholder, Candidate, State Measure Proponent  By  Signature of Controlling Officeholder, Candidate, State Measure Proponent  By  Signature of Controlling Officeholder, Candidate, State Measure Proponent  By  Signature of Controlling Officeholder, Candidate, State Measure Proponent  By  Signature of Controlling Officeholder, Candidate, State Measure Proponent  By  Signature of Measure Proponent  By  Signature of Controlling Officeholder, Candidate, State Measure Proponent  By  Signature of Measure Proponent  By  Signature of Candidate, State Measure Proponent  By  Signature of Measure Proponent  By  Signature of Candidate, State Measure Proponent  By  Signature of Candidate, State Measure
## Verification    Nave 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 correct.    Nave 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 the laws of the State of California that the foregoing is true and correct.    Executed on
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 correct.  Executed on \( \frac{11\color{10}\
A. 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 the laws of the State of California that the foregoing is true and correct.  Executed on  By  Sandra White  Signature of Treasurer or Assistant Treasurer
sandra.whitel8@yahoo.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.  By Lindsey America
sandra.whitel8@yahoo.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.
sandra.whitel8@yahoo.com 4. Verification
OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
Antioch CA 94531
CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY
STREET ADDRESS (NO P.O. BOX) CITY STATE ADDRESS (NO P.O. BOX) AMENDMESS (NO P.O. BOX)
2450 Benttree Way
District 4 2022
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Building a Better Antioch - Sandra G. White for City Council  Lindsey Amercua
3. Committee Information I.D. NUMBER Treasurer(s)
1. Type of Recipient Committee: All Committee: All Committee: All Committee: Definition Statement
SEE INSTRUCTIONS ON REVERSE through 12/08/2022 11/08/2022
2474128 Statement covers period (Month, Day, Year)  Trom O7/01/2022  Statement covers period (Month, Day, Year)
(Government Code Sections 84200-84216.5)
Cover Page
Recipient Committee Campaign Statement  Campaign Statement

COVER PAGE

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

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Identify the controlling officeholder, c	10 🗆	) bb08E
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#### to whole dollars. Amounts may be rounded

#### Summary Page Campaign Disclosure Statement

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				00.270,11	\$	by Line 2 + Line 9 in Column B above	9. Outstanding DebtsAd
				00.0	\$	See instructions on reverse	8. Cash Equivalents
		ìi) θ bns ,7 , <u>9</u>	from Lines 2 any).			ding Debts	nststuO bns stnelsviup∃ desC
		ndar year, only he amounts	for this cale: carry over th	00.0	\$	Schedule B, Part 2	7. LOAN GUARANTEES RECEIVED
		rom previous Ints. If this is Int being filed	period amou			onez ed teu.	If this is a termination statement, Line 16 m
		əq pınoys	figures that	₱£.132,8	\$	3 12 + 13 + 14, then subtract Line 15	9. ENDING CASH BALANCE Add Lines
		ni struoms ər ay be negative		99.891,4		Solumn A, Line 8 above	5. Cash Payments5
may be different from amounts	*Amounts in this section reported in Column B.	ng amounts n B of your last		00.0		4 əni1, l əlubədəs	4. Miscellaneous Increases to Cash
2, 32, 1		ent of A nmulo	ni struoms	11,020.00		Solumn A, Line 3 above	3. Cash Receipts
		Solumn B, add	To calculate	00.0	\$	81 enious Summary Page, Line 16	2. Beginning Cash Balance
							Current Cash Statement
		99.025,4		99.028,4	\$	01 + 6 + 8 səni  bbA	1. TOTAL EXPENDITURES MADE
	(ʎʎ/pp/ww)	00.0		00.0		Sehil ,C Schedule C, Line 3	0. Nonmonetary Adjustment
Total to Date	Date of Election	00.22		52.00		Sehedule F, Line 3	Accrued Expenses (Unpaid Bills)
to Voluntary Expenditure Limit)		99.891,4		99.894,4	\$	7 + 8 sənid bbA	3. SUBTOTAL CASH PAYMENTS
*ebsM saditures Made	itslumu2 .22.	00.0		00.0		Schedule H, Line 3	Loans Made
	Candidates	99.891,4	\$	99.894,4	\$	♦ əni⊐ ,Zchedule E, Line	Payments Made
Summary for State	Expenditure Limit						Expenditures Made
s	— \$ əpsM	00.020,11	\$	00.020,11	\$	4 + ε səni⊿ bbA ·····	TOTAL CONTRIBUTIONS RECEIVED
·	21. Expenditures	00.0		00.0		Schedule C, Line 3	
\$	20. Contributions Received \$	00.020,11	\$	11,020.00	\$	S + f səniJ bbA	SUBTOTAL CASH CONTRIBUTIONS
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through 6/30 7/1 to Date	1/1	00.0	\$	00.0	\$	£ əni A, Line 3	Monetary Contributions
	General Elections	atad ot ja	וחוי	FROM ATTACHED SCHEDULES)	1)		
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SCHEDULE B - PART 1

## Amounts may be rounded

# Schedule B - Part 1

Loans paid or forgiven this period		Jule A.)		\$ ·······	00.0	00 00	– Individual M – Recipient Co (other than F H – Other (e.g., I Y – Political Party	or SCC)
Loans received this period				<sub>&amp;</sub>	00.020,11	I	ontributor Codes	
chedule B Summary				Ψ	00 000 11	(Enter (e) on Schedule E, Line 3)		
		\$ SUBTOTALS	\$ 00.020,11	00.0	\$00.020,11			
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	VP of Human Resources			0lA9 □	aud atad		DATE INCURRED	CALENDAR YEAR
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FULL NAME, STREET ADDRESS AND ZIP CODE  (IF COMMITTEE, ALSO ENTER ID. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDO BALANCE BEGINNING THIS PERIOD	(b) RECEIVED THIS PERIOD	(e) AMOUNT PAID OR FORGIVEN *OOIR39 SIHT	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(†) DRIGINAL MAOUT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
uilding a Better Antioch - Sandra G. Wh	White for City Council Di	SSOS 4 Joirie					1452323	
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oans Received	omA	ounts may be ro to whole dollars		11	Statement cove	rs period	CALIFORM FORM	09₺ ᢦ

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SCC - Small Contributor Committee

(May be a negative number)

11,020.00

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\*\* If required.

\*Amounts forgiven or paid by another party also must be reported on Schedule A. Enter the net here and on the Summary Page, Column A, Line 2.

3. Net change this period. (Subtract Line 2 from Line 1.)..

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Page 5 of 8	through
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CALIFORNIA AGO	Statement covers period
SCHEDNTE E	

### Amounts may be rounded to whole dollars.

#### Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

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99.914,4 00.52	<del></del> \$ ······						chedule E Summary Itemized payments made this period. (Include all Schedule b Unitemized payments made this period of under \$100 Total interest paid this period on loans. (Enter amount from 5	.l . <u>c</u>
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CALIFORNIA Statement covers period

## Amounts may be rounded

Schedule E (Continuation Sheet)

independent expenditure supporting/opposing others (explain)\*

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ne candidate/sponsor		transfer between committee	∃ST.	postage, delivery and messenger services		independent expenditure supporting/opposing others (explain)*	αN

eyments that are contributions or independent expenditures must also be summarized	chedule D.	SUATOTAUS	98.692,2
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Se legal defense PRO profession campaign literature and mailings	services (legal, accountir	VOT voter registration WEB information technology costs (internet, e	(lisn

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#### to whole dollars. Amounts may be rounded

Payments Made (Continuation Sheet) Schedule E

CTB contribution (explain nonmonetary)\* SAL campaign workers' salaries OFC office expenses MTG meetings and appearances CNS campaign consultants RFD returned contributions CMP campaign paraphernalia/misc. RAD radio airtime and production costs MBR member communications CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. Building a Better Antioch - Sandra G. White for City Council District 4 2022 1452323 NAME OF FILER SEE INSTRUCTIONS ON REVERSE

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candidate/sponsor	TSF transfer between committees of the same of VOT voter registration	senger services al, accounting)			POS PRO	<ul> <li>Independent expenditure supporting/opposing others (explain)*</li> <li>EG legal defense</li> </ul>
	TRS staff/spouse travel, lodging, and meals		urvey researc	s bns gnillog	POL	etneve gnisisibnut OV-
	TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals			byone banks	PET	SVC civic donations IL candidate fliing/ballot fees
	oftee daileithead bas earlise soldes as W. T. T.			displaying apitited		

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# Schedule F

ccrued Expenses (Unpaid Bills)	,	to whole dollars.	iorî	u	FORM	nat	
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SMS campaign consultants		meetings and appearances	RFD	refurned contributions			
TB contribution (explain nonmonetary)*		otlice expenses	∃AS	campaign workers' salaries			
Solutions SV3	T39	petition circulating	TEL	t.v. or cable airtime and production costs			
IL candidate filing/ballot fees	OHd	byoue psuks	<b>JAT</b>	candidate travel, lodging, and meals			
VD fundraising events	DOL	polling and survey research	SAT	staff/spouse travel, lodging, and meals			
Independent expenditure supporting/opposing others (explain)*	SOd *	postage, delivery and messenger services	∃ST	transfer between committees of the same candidate/sponsor			
epal abal 23.	OBA	professional services (legal, accounting)	TOV	voter registration			

$^{\ast}$ Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	00.0	\$00.0	00.0	00.0
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(d) AMOUNT INCURRED THIS PERIOD	(a) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE BALANCE AT CLOSE OF THIS PERIOD
CT campaign literature and mailings	sbs fining TAP	/Surveyage (value)	WEB information tech	hnology costs (internet, e	(lism-e

#### Schedule F Summary

summarized on Schedule D.

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00.22	\$ TAN	on the Summary Page, Column A, Line 9.)
		3. Net change this period. ( <b>Subtract</b> Line 2 from Line 1. Enter the difference here and
00.0	\$ SJATOT GIA9	accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)
	V 0 1 1 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on
52.00	ИСЛВВЕР ТОТАГЗ \$	accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for

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