

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Antelope Valley Taxpayers Association

ADDRESS (number and street) 1787 Tribute Road, Suite K Sacramento CA 95815

2. FEC IDENTIFICATION NUMBER C C00563445 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (X) (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, PRE-Election, Convention, Special (d) 30-Day Report for the: General, Runoff, Special

5. Covering Period 01 / 01 / 2014 through 06 / 20 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Shawnda Deane

Signature of Treasurer Shawnda Deane [Electronically Filed] Date 06 / 20 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Antelope Valley Taxpayers Association

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="25000.00"/>	<input type="text" value="25000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="25000.00"/>	<input type="text" value="25000.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="25000.00"/>	<input type="text" value="25000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Antelope Valley Taxpayers Association

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25000.00	25000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25000.00	25000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	25000.00	25000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	25000.00	25000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25000.00	25000.00

DETAILED SUMMARY PAGE

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4378.66	4378.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4378.66	4378.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	20621.34	20621.34
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	25000.00	25000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25000.00	25000.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	25000.00	25000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25000.00	25000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4378.66	4378.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4378.66	4378.66

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 12
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Antelope Valley Taxpayers Association

A. IBEW PAC Educational Fund
Full Name (Last, First, Middle Initial)
Mailing Address 900 Seventh Street, Northwest
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
25000.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2014
Transaction ID : INCA3
Amount of Each Receipt this Period
25000.00

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	25000.00
TOTAL This Period (last page this line number only).....▶	25000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Antelope Valley Taxpayers Association

Full Name (Last, First, Middle Initial)

A. Deane & Company

Mailing Address 1787 Tribute Road, Suite K

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Reporting Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2014

Transaction ID : EXPB4

Amount of Each Disbursement this Period

2042.98

Full Name (Last, First, Middle Initial)

B. Method Campaign Services

Mailing Address 4657 West 1st Street

City Los Angeles State CA Zip Code 90004

Purpose of Disbursement
Bank Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2014

Transaction ID : EXPB8

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C. Method Campaign Services

Mailing Address 4657 West 1st Street

City Los Angeles State CA Zip Code 90004

Purpose of Disbursement
P.O. Box Rental

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2014

Transaction ID : EXPB9

Amount of Each Disbursement this Period

139.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

2211.98

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Antelope Valley Taxpayers Association

Full Name (Last, First, Middle Initial)

A. Method Campaign Services

Mailing Address 4657 West 1st Street

City Los Angeles State CA Zip Code 90004

Purpose of Disbursement
Consulting Services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB10

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Nossaman LLP

Mailing Address 777 South Figueroa Street
34th Floor

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Legal Services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB11

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Antelope Valley Taxpayers Association
FEC IDENTIFICATION NUMBER
C C00563445
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Method Campaign Services
Mailing Address
4657 West 1st Street
City
Los Angeles State
CA Zip Code
90004
Date of Public Distribution/Dissemination
05 / 24 / 2014
Amount
8767.16
Transaction ID : EDTEALC2
Date of Disbursement or Obligation
05 / 24 / 2014
Purpose of Expenditure
Mailer Category/Type
24A
Name of Federal Candidate
Steve Knight Support
Oppose Office Sought:
House District: 25
President Senate State: CA
Calendar Year-To-Date
Per Election for Office Sought
20621.34
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Baughman Company
MEMO ITEM
Mailing Address
42 Ratto Road
City
Alameda State
CA Zip Code
94502
Date of Public Distribution/Dissemination
05 / 24 / 2014
Amount
8767.16
Transaction ID : EDTEGALC21
Date of Disbursement or Obligation
06 / 06 / 2014
Purpose of Expenditure
Mailer Category/Type
24A
Name of Federal Candidate
Steve Knight Support
Oppose Office Sought:
House District:
President Senate State:
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 8767.16
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Shawnda Deane
[Electronically Filed]
Date
06 / 20 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Antelope Valley Taxpayers Association
FEC IDENTIFICATION NUMBER
C C00563445
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Method Campaign Services
Mailing Address
4657 West 1st Street
City
Los Angeles State
CA Zip Code
90004
Purpose of Expenditure
Data for Mailer Category/
Type 24A
Name of Federal Candidate
Steve Knight Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
20621.34

Date of Public Distribution/Dissemination
05 / 24 / 2014
Amount
293.51
Transaction ID : EDTEALC6
Date of Disbursement or Obligation
05 / 24 / 2014
Office Sought:
House District: 25
Senate State: CA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Method Campaign Services
Mailing Address
4657 West 1st Street
City
Los Angeles State
CA Zip Code
90004
Purpose of Expenditure
Consulting for Mailer Category/
Type 24A
Name of Federal Candidate
Steve Knight Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
20621.34

Date of Public Distribution/Dissemination
05 / 24 / 2014
Amount
1250.00
Transaction ID : EDTEALC8
Date of Disbursement or Obligation
05 / 24 / 2014
Office Sought:
House District: 25
Senate State: CA
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1543.51
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Shawnda Deane [Electronically Filed] Date 06 / 20 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Antelope Valley Taxpayers Association	FEC IDENTIFICATION NUMBER ▼ C C00563445
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Method Campaign Services		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2014	
Mailing Address 4657 West 1st Street		Amount 8767.16	
City Los Angeles	State CA	Zip Code 90004	Transaction ID : EDTEALC5
Purpose of Expenditure Mailer	Category/ Type 24A	Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2014	
Name of Federal Candidate Steve Knight		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>25</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought		20621.34	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Baughman Company [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2014	
Mailing Address 42 Ratto Road		Amount 8767.16	
City Alameda	State CA	Zip Code 94502	Transaction ID : EDTEGALC54
Purpose of Expenditure Mailer	Category/ Type 24A	Date of Disbursement or Obligation MM / DD / YYYY 06 / 06 / 2014	
Name of Federal Candidate Steve Knight		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8767.16
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	_____
(c) TOTAL Independent Expenditures.....▶	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shawnda Deane

Signature _____ [Electronically Filed] Date MM / DD / YYYY
06 / 20 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Antelope Valley Taxpayers Association
FEC IDENTIFICATION NUMBER
C C00563445
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Method Campaign Services
Mailing Address
4657 West 1st Street
City
Los Angeles State
CA Zip Code
90004
Purpose of Expenditure
Data for Mailer Category/
Type 24A
Name of Federal Candidate
Steve Knight Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
20621.34

Date of Public Distribution/Dissemination
05 / 28 / 2014
Amount
293.51
Transaction ID : EDTEALC7
Date of Disbursement or Obligation
05 / 28 / 2014
Office Sought:
House District: 25
Senate State: CA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Method Campaign Services
Mailing Address
4657 West 1st Street
City
Los Angeles State
CA Zip Code
90004
Purpose of Expenditure
Consulting for Mailer Category/
Type 24A
Name of Federal Candidate
Steve Knight Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
20621.34

Date of Public Distribution/Dissemination
05 / 28 / 2014
Amount
1250.00
Transaction ID : EDTEALC9
Date of Disbursement or Obligation
05 / 28 / 2014
Office Sought:
House District: 25
Senate State: CA
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 1543.51
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures..... 20621.34

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Shawnda Deane [Electronically Filed] Date 06 / 20 / 2014