Image# 14961313799 PAGE 1 / 12

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office Us	se Only	
1.	NAME OF COMMITTEE (in full)	YPE OR PR	RINT ▼		mple: If typir r the lines.	ng, type	12FE4M	5		
Α	ntelope Valley Taxpay	ers Asso	ciation							1
AD	DRESS (number and street)	1787 Tribut	te Road, Suite l	(						
ř	Check if different									
ŀ	than previously reported. (ACC)	Sacrament	to				CA	95815		
2.	FEC IDENTIFICATION NUI	MBER ▼	C	TY 🛦		S	STATE 🛦		ZIP COI	DE 🛦
	C C00563445			IS THIS REPORT		IEW N) <b>OR</b>		MENDED A)		
4.	TYPE OF REPORT (Choose One)	(b) Month Repor	t 📙 🖰	b 20 (M2)		May 20 (M5)	Au	g 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due C		ar 20 (M3)		lun 20 (M6)	Se	p 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
			Ap	r 20 (M4)		Jul 20 (M7)	Oc	t 20 (M10)		Jan 31 (YE)
	April 15 Quarterly Report (Q1	) (c) 1	2-Day	П	Primary (12P	)	Genera	ıl (12G)	П	Runoff (12R)
	July 15 Quarterly Report (Q2	) F	PRE-Election	H					ш.	
	October 15		Report for the:		Convention (	12C)	Specia	(128)		
	Quarterly Report (Q3  January 31  Year-End Report (YE		Elect	ion on	M = M /	D D /	Y	Y	in the State of	
	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 3	80-Day		General (30G	3)	Runoff	(30R)		Special (30S)
	Termination Report (TER)		Report for the:		M = M /	D   D /	Y Y Y	Υ	in the	
	(TEH)		Elect	ion on					State of	
5.	Covering Period 01	01	2014	Y	through	06	/ D D D 20	/ Y Y 20°	14	
Ιc	ertify that I have examined this	Report and	d to the best of	of my knov	wledge and b	pelief it is true	e, correct a	nd comple	te.	
	oe or Print Name of Treasurer	Shawnda [						·		
Sig	gnature of Treasurer Shawn.	da Deane			[Electronically	Filed] D	ate 06	M / D		2014
NC	TE: Submission of false, erroned	ous, or incom	nplete informati	on mav su	biect the ners	son sianina th	is Report to	the penaltic	es of 2 l	J.S.C. 8437a.
	Office Office	, 56511	,		., a.o pore			T		
ı	Use Only								FOR Rev. 12/20	

## SUMMARY PAGE

FEC <b>Form 3X</b> (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name		
Antelope Valley Taxpayers Associa	ation	
Report Covering the Period: From:	1 01 / 2014 To:	06 20 / 2014
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		0.00
(b) Cash on Hand at  Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	25000.00	25000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25000.00	25000.00
7. Total Disbursements (from Line 31)	25000.00	25000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.00	0.00
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multical	andidate 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### Antelope Valley Taxpayers Association

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:	Total Tills I criod	Guicildai Teal to Bate
(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
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines		0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5)▶	25000.00	25000.00
Transfers From Affiliated/Other	7	
Party Committees	0.00	0.00
Tary commission		
All Loans Received	0.00	0.00
	7	
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	5.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts	7	7
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	7	7
(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
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	25000.00	25000.0
_		
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	25000.00	25000.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Ope (a)	rating Expenditures: Allocated Federal/Non-Federal	Total Tillo I ollou	Valendal Teal-to-Date
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating		
	Expenditures  Total Operating Expenditures	4378.66	4378.66
	(add 21(a)(i), (a)(ii), and (b))▶	4378.66	4378.66
	sfers to Affiliated/Other Party		
	mitteestributions to	0.00	0.00
	eral Candidates/Committees Other Political Committees	0.00	0.00
	pendent Expenditures	20621.34	20621.34
Coo	Schedule E) rdinated Party Expenditures	20021.34	20021.34
(2 U (use	S.C. §441a(d)) Schedule F)	0.00	0.00
Loar	n Repayments Made	0.00	0.00
Loar	ns Made	0.00	0.00
Refu	Inds of Contributions To: Individuals/Persons Other		
(4)	Than Political Committees	0.00	0.00
(b)	Political Party Committees	0.00	0.00
(-)	Other Political Committees (such as PACs)	0.00	0.00
	,		
` '	Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
Othe	er Disbursements	0.00	0.00
Fede	eral Election Activity (2 U.S.C. §431(20))		
	Allocated Federal Election Activity		
	(from Schedule H6)	2.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b)	Federal Election Activity Paid Entirely	0.00	0.00
(c)	With Federal Funds  Total Federal Election Activity (add	0.00	0.00
. /	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Tota	Disbursements (add Lines 21(c), 22,		
23, 2	24, 25, 26, 27, 28(d), 29 and 30(c))	25000.00	25000.00
	Federal Disbursements		
	tract Line 21(a)(ii) and Line 30(a)(ii)		0,000
trom	Line 31)	25000.00	25000.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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

FOR LINE NUMBER: **PAGE** Use separate schedule(s) (check only one) X 11a 11b 11c

6 OF 12

for each category of the 12 Detailed Summary Page 14 13 15 16 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) IBEW PAC Educational Fund Date of Receipt Mailing Address 900 Seventh Street, Northwest 05 2014 City Zip Code State Transaction ID: INCA3 DC Washington 20001 Amount of Each Receipt this Period FEC ID number of contributing C 25000.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 25000.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify)

25000.00

25000.00

SUBTOTAL of Receipts This Page (optional).....

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

#### S ľ

SCHEDULE B (FEC Form 3X)		FOR LINE	PAGE 7 OF 12	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(Orlook Orliy		
	Detailed Summary Page	X 21b	22 23	24 25 26
		27	28a 28b	28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
Antelope Valley Taxpayers Associa	ition			
Full Name (Last, First, Middle Initial)				
A. Deane & Company			Date of Disburser	
Mailing Address 1787 Tribute Road, Suite K			06 06	2014
City	state Zip Code		Transaction ID	EVDD4
Sacramento	CA 95814		Transaction iD	. LAFD4
Purpose of Disbursement Reporting Services		001	Amount of Each I	Disbursement this Period
Candidate Name		Category/		2042.98
Office Sought: House Disbursen	oont For:	Type		
	Primary General			
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
B. Method Campaign Services			Date of Disburser	ment
Mailing Address 4657 West 1st Street			06 06	
Walling Address 4007 West 1st Street			00 00	2014
	State Zip Code		Transaction ID	: EXPB8
Los Angeles Purpose of Disbursement	CA 90004			
Bank Fees		001	Amount of Each I	Disbursement this Period
Candidate Name		Category/		20.00
		Type		30.00
Office Sought: House Disbursen				
	Primary General Other (specify) ▼			
State: District:	Carlot (opcomy)			
Full Name (Last, First, Middle Initial)				
C. Method Campaign Services			Date of Disburser	ment
Mailing Address 40571M 444.0			M M / D	
Mailing Address 4657 West 1st Street			06 06	2014
City	State Zip Code		Transaction ID	. EVDDO
	CA 90004		Transaction ID	: EXPB9
Purpose of Disbursement P.O. Box Rental		004		
Candidate Name		001	Amount of Each I	Disbursement this Period
Canadate Name		Category/ Type		139.00
Office Sought: House Disbursen	nent For:	71	,	
	Primary General			
	Other (specify) ▼			
State: District:				
				2211 98
State: District:  SUBTOTAL of Disbursements This Page (optional)		·····		2211.98

#### S ľ

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	MBER: PAGE 8 OF 12	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
	Detailed Summary Page	X 21b	22	23 24 25 26	
Г		27	28a	28b 28c 29 30b	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)					
Antelope Valley Taxpayers Associa	ation				
Full Name (Last, First, Middle Initial)					
A. Method Campaign Services			Date of Dis	sbursement	
Mailing Address 4657 West 1st Street			06	17 2014	
City	State Zip Code		Transacti	on ID : EXPB10	
Los Angeles	CA 90004		Hansacu	OII ID . EXPBIU	
Purpose of Disbursement Consulting Services		001	Amount of	Each Disbursement this Period	
Candidate Name		Category/		1418.68	
Office Sought: House Disburser	nent For:	Туре			
Senate	Primary General				
President	Other (specify)				
State: District:					
Full Name (Last, First, Middle Initial)					
B. Nossaman LLP			Date of Dis	sbursement	
Mailing Address 777 South Figueroa Street 34th Floor	06 17 2014				
City S Los Angeles	State Zip Code CA 90017		Transacti	ion ID : EXPB11	
Purpose of Disbursement Legal Services		004		5 1 5 1 1 1 1 1 1 5 1 1 1 1 1 1 1 1 1 1	
Candidate Name		001	Amount of	Each Disbursement this Period	
Candidate Name		Category/ Type		748.00	
Office Sought: House Disburser	nent For:				
Senate	Primary General				
President State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C.			Date of Dis		
Mailing Address			M = M /	D D / Y Y Y Y Y	
City	State Zip Code				
Purpose of Disbursement					
		1	Amount of	Each Disbursement this Period	
Candidate Name		Category/ Type			
Office Sought: House Disburser	nent For:				
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)				2166.68	
TOTAL This Period (last page this line number only)		·····		4378.66	

Signature

	CHEDULE E (FEC FORM 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 9 OF 12
N	AME OF COMMITTEE (In Full)		FOR LINE 24 OF FORM 3X
	Antelope Valley Taxpayers Association	FEC IDENTIFICATION NUMBER ▼	
			C C00563445
С	heck if 24-hour report 48-hour report New report	t Amends report	filed on M M / D D / Y Y Y Y
	Full Name of Payee Method Campaign Services		Date of Public Distribution/Dissemination
	iviethod Campaigh Services		05 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 4657 West 1st Street		Amount
	City State Z	ip Code	8767.16
	Los Angeles CA 9	90004	Transaction ID : EDTEALC2  Date of Disbursement or Obligation
	Purpose of Expenditure Mailer	Category/ Type 24A	05 / 24 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 25
	Steve Knight	X Oppose	President Senate State: CA
	Calendar Year-To-Date		Disbursement For: X Primary General
	Per Election for Office Sought	20621.34	2014
	Full Name of Payee		Date of Public Distribution/Dissemination
	Baughman Company		05 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 42 Ratto Road		Amount
			Amount
		ip Code	8767.16
		94502	Transaction ID : EDTEGALC21  Date of Disbursement or Obligation
	Purpose of Expenditure Mailer	Category/ Type 24A	06 / D06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District:
	Steve Knight	Oppose	President Senate State:
	Calendar Year-To-Date		Disbursement For:  Primary General
	Per Election for Office Sought	0.00	2014
	(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 rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
	Shawnda Deane [Electronica	ally Filed] Date	06 20 2014

Date

Shawnda Deane

Signature

	CHEDULE E (FEC Form 3)					
T	EMIZED INDEPENDENT EXPEND	ITURES			PAGE 10	OF 12 OF FORM 3X
N	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION	
F	Antelope Valley Taxpayers Ass	sociation			C C00563445	
CI	heck if 24-hour report 48-hour r	eport New repo	ort Amends repo	ort filed on	M / D D /	Y = Y = Y = Y
	Full Name of Payee Method Campaign Services				f Public Distribution/D	
	Mailing Address				05 24	2014
	4657 West 1st Street			Amoun	t	
	City	State	Zip Code			293.51
	Los Angeles	CA	90004		tion ID : EDTEALC6 f Disbursement or Ob	oligation
	Purpose of Expenditure Data for Mailer		Category/ Type 24A		05 / 24	2014
	Name of Federal Candidate		Support	Office Sought	: X House D	istrict: 25
	Steve Knight		Oppose	Preside	nt Senate	State: CA
	Calendar Year-To-Date Per Election for Office Sought		20621.34	Disbursement 2014 Ott	For:  Primary  her (specify) ▶	General
	Full Name of Payee Method Campaign Services  Mailing Address 4657 West 1st Street			M	of Public Distribution/D	Dissemination 2014
	City	State	Zip Code			1250.00
	Los Angeles	CA	90004		ction ID : EDTEALC8 of Disbursement or Ob	oligation
	Purpose of Expenditure Consulting for Mailer		Category/ Type 24A	M	05 / 24	2014
	Name of Federal Candidate		Support	Office Sought	:: X House D	istrict:25
	Steve Knight		X Oppose	Preside	nt Senate	State: CA
	Calendar Year-To-Date Per Election for Office Sought		20621.34	Disbursement 2014 Ot	For: Primary her (specify)	General
	<ul><li>(a) SUBTOTAL of Itemized Independent E</li><li>(b) SUBTOTAL of Unitemized Independent</li><li>(c) TOTAL Independent Expenditures</li></ul>	nt Expenditures				1543.51
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commit	ny candidate or authorized				

[Electronically Filed]

06

Date

20

2014

# S

Shawnda Deane

Signature

	CHEDULE E (FEC Form 3X)		
TΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 11 OF 12 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Α	ntelope Valley Taxpayers Association		C C00563445
Ch	eck if 24-hour report 48-hour report New report	ort Amends repo	rt filed on
	Full Name of Payee Method Campaign Services		Date of Public Distribution/Dissemination
	Mailing Address 4657 West 1st Street		05 28 / 2014
	icol Mod Id. Giloci		Amount
	City State	Zip Code	8767.16
	Los Angeles CA	90004	Transaction ID : EDTEALC5  Date of Disbursement or Obligation
	Purpose of Expenditure Mailer	Category/ Type 24A	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: X House District: 25
	Steve Knight	X Oppose	President Senate State: CA
	Calendar Year-To-Date Per Election for Office Sought	20621.34	Disbursement For:
	Full Name of Payee		Date of Public Distribution/Dissemination
	Baughman Company  [MEMO ITEM]  Mailing Address  42 Parts Read		05 / 28 / 2014
	42 Ratto Road		Amount
	City State	Zip Code	8767.16
	Alameda CA	94502	Transaction ID : EDTEGALC54  Date of Disbursement or Obligation
	Purpose of Expenditure Mailer	Category/ Type 24A	06 / 06 / 2014
	Name of Federal Candidate	Support	Office Sought: House District:
	Steve Knight	Oppose	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures		8767.16
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
	(a) TOTAL Independent Expenditures		
	(c) TOTAL Independent Expenditures		<b>)</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

06

Date

20

2014

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 12 OF 12 FOR LINE 24 OF FORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Antelope Valley Taxpayers Association	C C00563445
Check if 24-hour report 48-hour report New report Amends report file	d on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Method Campaign Services  Mailing Address 4057 West 4st Street	05 28 2014
4657 West 1st Street	Amount
City State Zip Code	293.51
Los Angeles CA 90004	Transaction ID : EDTEALC7 Date of Disbursement or Obligation
Purpose of Expenditure Data for Mailer  Category/ Type 24A	05 28 7 2014
Name of Federal Candidate Support Office	ce Sought: X House District: 25
Steve Knight Oppose	President Senate State: CA
Per Election for Office Sought 20621.34 201	
5 11 11 11 12 12 12 12 12 12 12 12 12 12	Other (specify) -
Full Name of Payee Method Campaign Services	Date of Public Distribution/Dissemination
Mailing Address 4657 West 1st Street	05
City State Zip Code	1250.00
Los Angeles CA 90004	Transaction ID : EDTEALC9  Date of Disbursement or Obligation
Purpose of Expenditure Consulting for Mailer  Category/ Type  24A	05 28 2014
Name of Federal Candidate Support Office	ce Sought: X House District: 25
Steve Knight	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought  Disl 20621.34	bursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	1543.51
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	20621.34
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Shawnda Deane [Electronically Filed] Date	06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	