Basiniant Committee				COVERPAGE
Recipient Committee			Date Stamp	CALIFORNIA 460
Campaign Statement		4		FORM 400
Cover Page			RECEIVE	
(Government Code Sections 84200-84216.5)	Statement covers period	Date of election if applicable:		
	1/2	(Month, Day, Year)	AUG 01 2023	Fage1 of/
	from '///\(\mu\)	·	MUG 0 ± 2073	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through _ 4/20/23	-	Kings County Election	ns
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee	Primarily Formed Ballot Measure	☐ Preelection Statement	ه ۱	uarterly Statement
State Candidate Election Committee	Committee	X Semi-annual Statement		pecial Odd-Year Report
O Recall	O Controlled	Termination Statement	 □ s	upplemental Preelection
(Also Complete Part 5)	Sponsored (Also Complete Part 6)	(Also file a Form 410 Te	ermination) SI	atement - Attach Form 495
General Purpose Committee		Amendment (Explain b	elow)	
○ Sponsored □	Primarily Formed Candidate/ Officeholder Committee	***		
Small Contributor Committee     Political Party/Central Committee	(Also Complete Part 7)			
O F Unideal Facty/Gential Committee				C. III. C.
3. Committee Information	I.D. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE	1303250 E)	NAME OF TREASURER	1 11-1	way-
Valle for Supervisor 2024	-,	Danny Trujillo		
		MAILING ADDRESS		
•		2113 Gable Avenue		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIF	CODE AREA CODE/PHONE
		Corcoran		3212 (559) 380-5704
CITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		(003/000 0.01
••••	212 (559) 992–8799	Denise Lewis		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O		MAILING ADDRESS		
Post Office Box 751		5445 Madison Avenue		
	CODE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
Corcoran CA 93	212	Sacramento	CA 9	5841 (916)348-9100
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
(916)348-9111 / campaigns@rcbs.us				
4. Verification				
I have used all reasonable diligence in preparing and review	ing this statement and to the best of my kn	owledge the information contained hel	tein and in the attached sche	dules is true and complete. I certify
under penalty of perjury under the laws of the State of California	mia that the foregoing is true and correct.			
7/2/23	_	Henry V		
Executed on	Ву	Signature of Treasurer or Assistant	Treasurer	
Executed on 7/20/23	6.	112001612		
Executed onDate	BySignature of Co	introlling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of Spons	or
Executed on	Ву			<u> </u>
Date	-,	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent	
Executed on	Ву			
Date	•	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent	FPPC Form 460 (Jan/2016)

NAME OF OFFICEHOLDER OR CANDIDATE			-	NAME OF BALLOT MEASURE	-			
Richard Valle								
DEFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICA	ABLE)		BALLOT NO. OR LETTER	JURISDICT	ON	_	SUPPORT
County Supervisor Kings County District 2								OPPOSE
ESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	E ZIP		Identify the controlling of	ficeholder. ca	ndidate. or si	tate measure i	proponent, if a
	Corcoran CA	93212		NAME OF OFFICEHOLDER, CA				•
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your	ou or are primarily forme			OFFICE SOUGHT OR HELD	west the strong and a		DISTRICT NO.	F ANY
OMMITTEE NAME	I.D. NUMBER							
AME OF TREASURER	CONTROLLED COMM		7.	Primarily Formed Car officeholder(s) or candidate				
	☐ YES ☐		7.		s) for which thi	s committee is		
COMMITTEE ADDRESS NO P.O	YES D. BOX)		7.	officeholder(s) or candidate	(s) for which the	OFFICE SOU	s primarily form	SUPPOR
COMMITTEE ADDRESS NO P.O.	YES D. BOX)	NO	7.	officeholder(s) or candidate	(s) for which the CANDIDATE CANDIDATE	OFFICE SOU	s <i>primarily form</i>	SUPPOR SUPPOR SUPPOR SUPPOR SUPPOR
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. STATE ZII	P CODE AREA C	NO CODE/PHONE	7.	NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOU	S primarily form	SUPPORT SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
`	LD. NUMBER  CONTROLLED COMM	NO CODE/PHONE	7.	NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOU	GHT OR HELD  JGHT OR HELD  JGHT OR HELD	SUPPOR SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR

## **Campaign Disclosure Statement Summary Page**

Amounts may be rounded

SUMMARY PAGE

Statement covers period **CALIFORNIA** to whole dollars. **FORM** 01/01/2023 from \_ Page \_\_\_3 \_\_ of \_\_\_12 06/30/2023 through \_ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Valle for Supervisor 2024

Valle for Supervisor 2024				1303250
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTALTO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	\$ 1,500.00	\$	1,500.00	
2. Loans Received	0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 1,500.00	\$	1,500.00	20. Contributions  Received \$ \$
4. Nonmonetary Contributions	92.65		92.65	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 1,592.65	\$	1,592.65	Made \$ \$
Expenditures Made				Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 4,308.99	\$	4,308.99	Candidates
7. Loans Made Schedule H, Line 3	0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 4,308.99	\$	4,308.99	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	109.01		1,303.13	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	92.65		92.65	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$ 4,510.65	\$	5,704.77	\$
Current Cash Statement				\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 4,927.46	То	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	1,500.00		nounts in Column A to the rresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	fro	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	4,308.99		oort. Some amounts in lumn A may be negative	'
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,118.47	fig	ures that should be	
If this is a termination statement, Line 16 must be zero.		pe	otracted from previous riod amounts. If this is first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	fог	this calendar year, only ry over the amounts	
Cash Equivalents and Outstanding Debts			m Lines 2, 7, and 9 (if	
18. Cash Equivalents	\$ 0.00		,,,,	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 1,303.13			
				FPPC Form 460 (Jar
				FPPC Advice: advice@fppc.ca.gov (866/27

Schedule	۸		•					SCHEDULE A
Monetary Contributions Received			s may be rounded whole dollars.	Statement coverage from01/01/2	CALIFORNIA 460			
				through 06/30/2	023	Page	4(	of12
	INS ON REVERSE					I.D. NU	IMBER	
IAME OF FILER								
Valle for Su	pervisor 2024	,				13032	250	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR N (JAN. 1 - DEC	(EAR ), 31)	(IF RE	LECTION DATE QUIRED)
06/30/2023	LCCC PAC, A Bi-Partisan Coalition of Municipal, County, Latino Appointed and Elected Leaders (ID# 1432932) Sacramento, CA 95815	□IND  □COM □OTH □PTY □SCC		1,500.00	1,	500.00	P2024	\$1,500.00
nder Africa Africa		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
1.000		□IND □COM □OTH □PTY □SCC						
		IND   COM   OTH   PTY   SCC						
			SUBTOTAL	\$ 1,500.00				
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	1,500.00	IND			
2. Amount re	eceived this period – unitemized monetary contribution etary contributions received this period.				PTY	H – Other Y–Politica	(e.g., busi Il Party	ness entity) Committee
(Add Line	s 1 and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1.)	) TOTAL \$	1,500.00				

Schedule	С							SCHEDULE	
Nonmone	tary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period  from01/01/2023		california 460		
SEE INSTRUCTION	NS ON REVERSE				through06/30/2	023	Page	5 of 12	
NAME OF FILER	NO ON NEVEL OF						I.D. NUME	BER	
Valle for Su	pervisor 2024						130325	0	
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)	DESCRIPTION OF GOODS OR SERVICE		CALENI	ATIVE TO ATE DAR YEAR - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach additi	ional information on appropriately labe	eled continuati	on sheets.	SUBTOTA	<b>AL\$</b> 0.00	)			
0-1-1-1-1			7,7,7						
1. Amount red	Summary  ceived this period – itemized nonmonetar  Schedule C subtotals.)				\$	IND	ntributor Cod - Individual M - Recipien		
2. Amount rec	eived this period – unitemized nonmonet	ary contribution	ns of less than \$100		\$92.			.g., business entity)	
	onetary contributions received this period 1 and 2. Enter here and on the Summary		n A, Lines 4 and 10.)	TOTAL	<b>\$</b> 92.	sco		ntributor Committee	

							SCHEDULE E	
Schedule E	Amounts may be rounded				tatement cover	OALII	FORNIA 460	
Payments Made	to whole d	ioliars.		fro	m01/01/	12023 FO	KIM TOO	
					ough 06/30/	72023	12	
SEE INSTRUCTIONS ON REVERSE				thr	ough06/30/	I.D. NUM	of 12	
NAME OF FILER								
Valle for Supervisor 2024						130325	0	
CODES: If one of the following codes accurately describe	s the payment, yo	ou may e	nter the code. (	Otherwise,	describe the p	ayment.		
CMP campaign paraphernalia/misc.	MBR member con	nmunication	S	RAD RFD	radio airtime ar	id production costs		
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings an OFC office exper		ices	SAL	campaign work	ers' salaries		
CVC civic donations	PET petition circu			TEL TRC		time and production costs I, lodging, and meals	3	
FIL candidate filing/ballot fees FND fundraising events	PHO phone banks POL polling and		earch	TRS	staff/spouse tra	vel, lodging, and meals		
IND independent expenditure supporting/opposing others (explain)*	POS postage, de	livery and r	messenger services			en committees of the sar	ne candidate/sponsor	
LEG legal defense LIT campaign literature and mailings	PRO professional PRT print ads	l services (	legal, accounting)	VOT WEE	•	on hnology costs (internet, e	-mail)	
El Campaign merature and mainings	1111							
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	ON OF PAYMENT		AMOUNT PAID	
AT&T Mobility		OFC		· · ·			236.68	
Atlanta, GA 30353								
AT&T Mobility		CFC					237.20	
Atlanta, GA 30353								
			1					
AT&T Mobility		OFC		AMH III			236.58	
Atlanta, GA 30353								
* Payments that are contributions or independent expenditures	must also be summ	narized on	Schedule D.			SUBTOTAL\$	710.4	
Cabadula E Cummani					v			
Schedule E Summary	. Provinteda N					¢	4,210.99	
1. Itemized payments made this period. (Include all Schedule								
2. Unitemized payments made this period of under \$100								
3. Total interest paid this period on loans. (Enter amount from								
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Sumn	nary Page, Colu	mn A, Line	ö.)	10TAL \$	4,308.99	

Payments Made  SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Valle for Supervisor 2024  CODES: If one of the following codes accurately describes the payme campaign paraphemalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  MER membership meeting contribution (explain nonmonetary)*	er communication igs and appearant expenses	enter the code. Oth	from 01/01/2023  through 05/30/2023  erwise, describe the paymer RAD radio airlime and productions SAL campaign workers' salarie	on costs
FIL candidate filing/ballot fees PHO phone FND fundraising events POL polling IND independent expenditure supporting/opposing others (explain)* POS postage	and survey rese ge, delivery and s sional services (	earch messenger services legal, accounting)	TEL t.v. or cable airtime and pi TRC candidate travel, lodging, a TRS staff/spouse travel, lodgin TSF transfer between committe VOT voter registration WEB information technology co	and meals g, and meals ees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
AT&T Mobility Atlanta, GA 30353	OFC			243.58
Alex Barrerra Corcoran, CA 93212	MTG	04/24/2023, Mett	ing with constituents, 3, C	andidate 294.60
Nicole Collins Corcoran, CA 93212	OFC			130.86
Nicole Collins Corcoran, CA 93212	NTG	12/09/2022, Staf	f Meeting, 4, Candidate	224.42
Nicole Collins Corcoran, CA 93212	OFC			147.13

SUBTOTAL \$

1,040.61

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

### Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

			SCHEDE	ALE III (CONT.
Γ	Statement covers period		CALIFORNIA	460
	from	01/01/2023	FORM	700
	through _	06/30/2023	Page 8	of <u>12</u>
			I.D. NUMBER	
			1303250	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Valle for Supervisor 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)\* TEL t.v. or cable airtime and production costs petition circulating CVC civic donations TRC candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees FIL TRS staff/spouse travel, lodging, and meals polling and survey research POL. FND fundraising events TSF transfer between committees of the same candidate/sponsor postage, delivery and messenger services IND independent expenditure supporting/opposing others (explain)\* VOT voter registration professional services (legal, accounting) PRO LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings LΠ

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Nicole Collins Corcoran, CA 93212	MTG	02/08/2023, Food and Beverages at Kings County/Cities Conference, 3, Candidate	253.77
Nicole Collins Corcoran, CA 93212	MIG	03/08/2023, 03/12/2023, 03/25/2023, District Meeting,3, candidate	399.20
Nicole Collins Corcoran, CA 93212	TRC	03/25/2023, Hotel stay for District Meeting, 1, candidate	100.80
Nicole Collins Corcoran, CA 93212	MTG	04/11/2023, Meeting regarding Flood Concerns, 4, Candidate	122.14
Alicia Ramirez Lemoore, CA 93245	CNS		200.00
* Payments that are contributions or independent expenditures must also be summa	rized on Schedule D.	. SUBTOTAL S	1,075.91

# Schedule E (Continuation Sheet)

## Amounts may be rounded

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 160
from 01/01/2023	FORM TOO
through 06/30/2023	Page 9 of 12
	I.D. NUMBER
	1303250

to whole dollars. **Payments Made** SEE INSTRUCTIONS ON REVERSE NAME OF FILER Valle for Supervisor 2024 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 campaign consultants CNS meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees phone banks candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals ND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR AMOUNT PAID DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER (.D. NUMBER) Alicia Ramirez CINS 300.00 Lemoore, CA 93245 River City Business Services PRO 455.01 Sacramento, CA 95841

River City Business Services PRO 311.40 Sacramento, CA 95841 River City Business Services 212.90 River City Business Services PRO 104.70 Sacramento, CA 95841

Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 1,384.01

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ed	Statement cove  from01/01/2  through06/30/2	2023 FG	ORNIA 460  10 of 12
SEE INSTRUCTIONS ON REVERSE				I.D. NUM	
NAME OF FILER					
Valle for Supervisor 2024				13032	50
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LTC campaign literature and mailings	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and PRO professional services ( PRT print ads	ns nces earch messenger services	RAD radio airtime ar RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registration	nd production costs butions cers' salaries time and production costs l, lodging, and meals avel, lodging, and meals en committees of the sar	me candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
AT&T Mobility Atlanta, GA 30353	OFC	236.68	0.00	236.68	0.00
Nicole Collins Corcoran, CA 93212	OFC	130.88	0.00	130.88	0.00
Nicole Collins Corcoran, Ca 93212	MTG 12/09/2022, Staff Meeting, 4, Candidate	224.42	0.00	224.42	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 591.98\$	0.00	591.98	0.00
Schedule F Summary					
<ol> <li>Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized</li> </ol>	accrued expenses under	\$100.)		IRRED TOTALS \$ _	1,303.13
<ol><li>Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized</li></ol>	payments on accrued exp	enses under \$100.).	******************************	PAID TOTALS \$ _	1,194.12
<ol> <li>Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)</li> </ol>	ter the difference here an			NET \$ _	109.01 lay be a negative number

## Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Staten	nent covers period		LIFORNIA 460			
through_	06/30/2023	Pana	11	of	12	

NAME OF FILER

Valle for Supervisor 2024

1303250

I.D. NUMBER

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
ЦT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER L.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Nicole Collins Corcoran, CA 93212	OFC	147.13	0.00	147.13	0.00
Nicole Collins Corcoran, CA 93212	CVC 04/29/2023, Veterans Memorial Unveiling Reception	c.00	1,192.63	0.00	1,192.63
River City Business Services Sacramento, CA 95841	PRO	455.01	C.00	455.01	0.00
River City Business Services Sacramento, CA 95841	PRO	0.00	110.50	0.00	110.50
	SUBTOTALS (	602.14	1,303.13	602.14	1,303.13

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	
,	to whole dollars.	

Statement covers period	CALIFORNIA 160		
from 01/01/2023	FORM 400		
through 06/30/2023	- Page 12 of 12		
The state of the s	I.D. NUMBER		
•	1303250		

SCHEDULE G

Valle for Supervisor 2024

SEE INSTRUCTIONS ON REVERSE

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Nicole Collins

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

PRT print ads

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)\* PET petition circulating CVC civic donations PHO phone banks FIL candidate filing/ballot fees POL polling and survey research FND fundraising events POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* PRO professional services (legal, accounting)

legal defense LEG

LIT campaign literature and mailings

RAD radio airtime and production costs MBR member communications RFD returned contributions MTG meetings and appearances SAL campaign workers' salaries OFC office expenses

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)

<sup>\*</sup> 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
Double Tree Hotel Fresno, CA 93721	TRC	03/25/2023, candidate	Hotel stay for District Meeting, 1,	100.80
Lake Bottom Corcoran, CA 93212	MTG	03/12/2023,	District Meeting,2, candidate	103.33
Lake Bottom Corcoran, CA 93212	cvc	04/29/2023,	Veterans Memorial Unveiling Reception	1,192.63
Westwood BBQ Fresno, CA 93720	MTG	03/25/2023,	District Meeting,3, candidate	282.95
Attach additional information on appropriately labeled continuation sheets.			TOTAL*	<b>\$</b> 1,679.71

<sup>\*</sup> 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.