Recipient Committee
Campaign Statement
Cover Page

1/27/2024	
RECEIVED BY	california 460 form
- 2022 JAN 31 PM 4:	1 or Ollidai ose Olliy
PROPOSITION BUR	IT.

activities of the second			X	22000			
	Statement covers period from 07/01/2021	(Month, Day, Today	2022 JAN 31 F PROPOSITION		ge of For Official Use Only		
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2021</u>	06/07/2022		To with I			
1. Type of Recipient Committee: All Committees - Com	2. Type of Statement:		7				
✓ Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)	Preelection Statement						
O Small Contributor Committee	rimarily Formed Candidate/ officeholder Committee						
	NUMBER	Treasurer(s)	1010				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER					
Mike Campbell L.A. County Assessor 2022		Mike Campbell					
- HO		MAILING ADDRESS					
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE		
		Los Angeles	CA	90293	310-420-0990		
CITY STATE ZIP CO		NAME OF ASSISTANT TREASUR	ER, IF ANY				
Los Angeles CA 90293 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAIL INC ADDRESS					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR RO. BOX		MAILING ADDRESS					
CITY STATE ZIP CO.	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE		
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS				
info@mikecampbell2022.com	info@mikecampbell2022.com						
I. Verification							
I have used all reasonable diligence in preparing and reviewin			herein and in the attac	ched schedule	es is true and complete. I		
certify under penalty of perjury under the laws of the State of	California that the foregoing is true and co	orrect.					
Executed on 01/27/2022	Ву	Signature/of/Heasurer or Assistant	Treasurer	. 3	7		
Executed on 01/27/2022	BySignature of Control	ling Officeholder, Øandidate, State Measure Pro		er of Sponsor			
Executed onDate	BySig	nature of Controlling Officeholder, Candidate, S	State Measure Proponent		. ~		
Executed onDate	BySig	nature of Controlling Officeholder, Candidate,	State Measure Proponent				

Amounts may be rounded to whole dollars.			Statement covers period from 07/01/2021	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE				through 12/31/2021		Page of	
NAME OF FILER		I.D. NUMBER					
Mike Campbell for L.A. County Assessorv2022					14349	97	
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 LIT campaign literature and mailings	MBR member con MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	nmunication d appearan ses lating s survey reses ivery and m	arch	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries t.v. or cable airtime and pro TRC candidate travet, lodging, at Staff/spouse travel, lodging, TSF transfer between committee voter registration WEB information technology cost	n costs duction cost nd meals , and meals es of the sar	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT		AMOUNT PAID	
Super Oxygen		WEB	Website and email	, info tech costs		3,750.00	
L.A., CA 90049							
Super Oxygen		WEB	Website and email	, info tech costs		5,000.00	
L.A., CA 90049							
	, , , , , , , , , , , , , , , , , , , ,						
* Payments that are contributions or independent expenditures must also	be summarized on Scho	edule D.		SI	UBTOTAL	\$ 8,750.00	
Schedule E Summary						,	
1. Itemized payments made this period. (Include all Schedu	ule E subtotals.)				\$_	8,750.00	
2. Unitemized payments made this period of under \$100							
3. Total interest paid this period on loans. (Enter amount from							

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov