

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

8/26/2024 UPS

COVER PAGE

CALIFORNIA  
FORM **460**

Page \_\_\_\_\_ of \_\_\_\_\_

For Official Use Only

Statement covers period  
from 02/18/24  
through 06/30/24

Date of election if applicable:  
(Month, Day, Year)

03/05/24

RECEIVED BY  
LOS ANGELES COUNTY

2024 AUG 27 AM 11:32

PROPOSITION B UNIT

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

☒ Officeholder, Candidate Controlled Committee

☐ State Candidate Election Committee

☐ Recall

(Also Complete Part 5)

☐ General Purpose Committee

☐ Sponsored

☐ Small Contributor Committee

☐ Political Party/Central Committee

☐ Primarily Formed Ballot Measure  
Committee

☐ Controlled

☐ Sponsored

(Also Complete Part 6)

☐ Primarily Formed Candidate/  
Officeholder Committee

(Also Complete Part 7)

**2. Type of Statement:**

☒ Preelection Statement

☐ Semi-annual Statement

☐ Termination Statement

(Also file a Form 410 Termination)

☐ Amendment (Explain below)

☐ Quarterly Statement

☐ Special Odd-Year Report

☐ Supplemental Preelection  
Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER

1463469

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

CLINT CARLTON for County Supervisor 2024

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MARINA DEL REY CA 90292

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

CLINT CARLTON

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

PLAYA VISTA CA 90094

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

and in the attached schedules is true and complete. I certify

Executed on 08/21/23  
Date

Executed on 08/21/24  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature

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

Clear Cover Pg1

Print Form

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM 460

Page \_\_\_\_\_ of \_\_\_\_\_

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

CLINT CARLTON

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

LOS ANGELES COUNTY BOARD OF SUPERVISORS 2ND DISTRICT

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheet if necessary

Clear Cover Pg2

Print Form

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|  |  |
|--|--|
| Statement covers period<br>from 02/18/24<br>through 06/30/24 | SUMMARY PAGE<br>CALIFORNIA FORM 460<br>Page ____ of ____ |
|--|--|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CLINT CARLTON FOR COUNTY SUPERVISOR 2024

I.D. NUMBER

1463461

## Contributions Received

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ 0   | \$ 3399.75                                 |
| 2. Loans Received ..... Schedule B, Line 3            | 0  | 0  |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | 0  | 3399.75                                    |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | 0  | 0  |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | 0  | 3399.75                                    |

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

|                            |                  |             |
|----------------------------|------------------|-------------|
|                            | 1/1 through 6/30 | 7/1 to Date |
| 20. Contributions Received | \$ 3399.75       | \$          |
| 21. Expenditures Made      | \$ 1859.23       | \$          |

## Expenditures Made

|   |      |            |
|---|------|------------|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ 0 | \$ 1859.23 |
| 7. Loans Made ..... Schedule H, Line 3                      | 0    | 0          |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | 0    | 0          |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | 0    | 0          |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | 0    | 0          |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | 0    | 1859.23    |

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

|                                |               |
|--------------------------------|---------------|
| Date of Election<br>(mm/dd/yy) | Total to Date |
| ____/____/____                 | \$            |
| ____/____/____                 | \$            |

## Current Cash Statement

|   |      |
|---|------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ 0 |
| 13. Cash Receipts ..... Column A, Line 3 above                              | 0    |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | 0    |
| 15. Cash Payments ..... Column A, Line 8 above                              | 0    |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | 0    |

If this is a termination statement, Line 16 must be zero.

|   |      |
|---|------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ 0 |
|---|------|

## Cash Equivalents and Outstanding Debts

|   |    |
|---|----|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

Clear Summ Pg

Print Form

# Schedule A Monetary Contributions Received

Type in ink.  
Amount may be rounded to whole dollars.

SCHEDULE A

|   |                        |
|---|------------------------|
| Statement covers period<br>from 02/18/24<br>to 06/30/24 | CALIFORNIA<br>FORM 460 |
| Page _____ of _____                                     | I.D. NUMBER<br>1463469 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CLINT CARLTON FOR COUNTY SUPERVISOR 2024

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL, ENTER OCCUPATION AND (IF SELF-EMPLOYED, OF BUSINESS) | ENTER EMPLOYER NAME | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|--|--|---------------------|-----------------------------|---|------------------------------------|
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                     |                             |   |                                    |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                     |                             |   |                                    |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                     |                             |   |                                    |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                     |                             |   |                                    |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                     |                             |   |                                    |
| NET TOTAL \$  |   |  |  |                     |                             |   |                                    |

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ .....
- Amount received this period – unitemized monetary contributions of less than \$10 ..... \$ .....
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ .....

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

Clear Sch. A

Print Form

**Schedule A (Continuation Sheet)**  
**Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

Statement cover period  
 02/18 24  
 06/ 0/2

CHECK ONE (C.T.)

CALIFORNIA FORM 46

Page of

1, NUMBER

1 63 39

NAME

ILER

FOR COUNTY SUPERVISOR 2024

| DATE RECEIVED | FULL NAME OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL<br>OCCUPATION<br>(IF SELF-EMPLOYED, OF BUSINESS) | ENTER EMPLOYER NAME | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE CALENDAR YEAR TO DATE | PERIOD | FEEL ELECTION ODA (IF REQUIRED) |
|---------------|--|--|---|---------------------|-----------------------------|----------------------------------|--------|---------------------------------|
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SOC |   |                     |                             |                                  |        |                                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SOC |   |                     |                             |                                  |        |                                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SOC |   |                     |                             |                                  |        |                                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SOC |   |                     |                             |                                  |        |                                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SOC |   |                     |                             |                                  |        |                                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SOC |   |                     |                             |                                  |        |                                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SOC |   |                     |                             |                                  |        |                                 |
|               |  | GRAND TOTAL \$   |   |                     |                             |                                  |        |                                 |

SEE INSTRUCTIONS ON REVERSE

through **06/30/24**

| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | AMOUNT<br>RECEIVED THIS<br>PERIOD | AMOUNT PAID<br>OR FORGIVEN<br>THIS PERIOD*          | OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | INT<br>PA<br>PI |
|--|---|--|-----------------------------------|---|--|-----------------|
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> CTH <input type="checkbox"/> BTV <input type="checkbox"/> SOC |   | \$ _____   | \$ _____                          | <input type="checkbox"/> FORGIVEN<br>DATE DUE _____ | \$ _____   |                 |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> CTH <input type="checkbox"/> BTV <input type="checkbox"/> SOC |   | \$ _____   | \$ _____                          | <input type="checkbox"/> FORGIVEN<br>DATE DUE _____ | \$ _____   |                 |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> CTH <input type="checkbox"/> BTV <input type="checkbox"/> SOC |   | \$ _____   | \$ _____                          | <input type="checkbox"/> FORGIVEN<br>DATE DUE _____ | \$ _____   |                 |

## Schedule B Summary

1. Loans received this period ..... \$ \_\_\_\_\_

(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

Enter the net here and on the Summary Page, Column A, Line 2.

\*Amounts forgiven or paid by another party also must be reported on Schedule A

if required.

Clear Sch. B-1

Print Form

FPPC Toll-Fr