

**Recipient Committee
Campaign Statement
Cover Page**

400

Date Stamp
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 2021 JUL 27 PM 4: 53
CAMPAIGN FINANCE

CALIFORNIA FORM **460**
 Page 1 of 4
 For Official Use Only

Statement covers period
 from 11/1/2021
 through 6/30/2021

Date of election if applicable:
 (Month, Day, Year)
11/3/2020

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
(Also Complete Part 6)
 - 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

3. Committee Information

I.D. NUMBER 143790

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

Tim Schneider-WUHS-D-Trustee-2020
 STREET ADDRESS (NO P.O. BOX)

CITY Whittier STATE CA ZIP CODE 90605 AREA CODE/PHONE (562)822-1271
 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS
timothy.schneider4@gmail.com

Treasurer(s)

NAME OF TREASURER
Donell Schneider
 MAILING ADDRESS _____

CITY Whittier STATE CA ZIP CODE 90605 AREA CODE/PHONE (562)822-1271
 NAME OF ASSISTANT TREASURER, IF ANY _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS
donell.schneider4@gmail.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the fore:

Executed on 7/25/2021
 Executed on 7/25/2021
 Executed on _____
 Executed on _____

By _____
 By _____
 By _____
 By _____

Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

CALIFORNIA FORM **460**
Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Timothy J. Schneider

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Trustee, Whittier Union High School Dist., Whittier

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Whittier CA 90605

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER _____	JURISDICTION _____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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 _____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE _____	OFFICE SOUGHT OR HELD _____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE _____	OFFICE SOUGHT OR HELD _____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE _____	OFFICE SOUGHT OR HELD _____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS _____	STREET ADDRESS (NO P.O. BOX) _____
CITY _____	STATE ZIP CODE AREA CODE/PHONE _____

Attach continuation sheets if necessary

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**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>1/1/2021</u> through <u>6/30/2021</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>4</u>
	I.D. NUMBER 1430790

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Timothy J. Schneider

Contributions Received

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

**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	\$ <u>0</u>	\$ _____
21. Expenditures Made	\$ <u>1,121.</u>	\$ <u>1,121.</u>

Expenditures Made

	Column A	Column B
6. Payments Made..... Schedule E, Line 4	\$ <u>1,121.</u>	\$ <u>1,121.</u>
7. Loans Made..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>1,121.</u>	\$ <u>1,121.</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>1,121.</u>	\$ <u>1,121.</u>

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
<u>11/3/2020</u>	\$ <u>26,492</u>
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>(1,166)</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments..... Column A, Line 8 above	\$ <u>1,121.</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>-(45)</u>

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

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).

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

**Schedule E
Payments Made**

Amounts may be rounded to whole dollars.

Statement covers period from <u>1/1/2021</u> through <u>6/30/2021</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>4</u>
	I.D. NUMBER <u>143790</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Timothy J. Schneider

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Tim Schneider</u> <u>Whittier, CA 90605</u>		<u>Partial Loan Re-payment</u>	<u>1,121.⁰⁰/_{XX}</u>

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

SUBTOTAL \$ 1,121

Schedule E Summary

- | | | |
|---|----------|--------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ | <u>1,121</u> |
| 2. Unitemized payments made this period of under \$100..... | \$ | <u>0</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$ | <u>0</u> |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$ | <u>1,121</u> |

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CAMPAIGN FINANCE

500 2

Statement of Organization
Recipient Committee

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Part 5
<input type="checkbox"/> Not yet qualified OR <input type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination 7,25,21

Date Stamp

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information		I.D. Number 143790		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Tim Schneider WUHSR Trustee-2020		NAME OF TREASURER Donell Schneider		STREET ADDRESS (NO P.O. BOX)			
CITY STATE ZIP CODE AREA CODE/PHONE Whittier CA 90605 (562) 822-1271		CITY STATE ZIP CODE AREA CODE/PHONE Whittier CA 90605 (562) 822-1271		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONE			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) timothy.schneider4@gmail.com		NAME OF PRINCIPAL OFFICER(S)		CITY STATE ZIP CODE AREA CODE/PHONE			
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE Los Angeles County		STREET ADDRESS (NO P.O. BOX)			
CITY STATE ZIP CODE AREA CODE/PHONE		CITY STATE ZIP CODE AREA CODE/PHONE		CITY STATE ZIP CODE AREA CODE/PHONE			

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California

Executed on 7/25/21 By _____

Executed on 7/25/21 By _____

Executed on _____ By _____

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 2

COMMITTEE NAME Tim Schneider-WUHSD-Trustee-2020	I.D. NUMBER 143790
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All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Friendly Hills Bank	AREA CODE/PHONE (562) 941-1920	BANK ACCOUNT NUMBER 13064502
ADDRESS Whittier	CITY Whittier	STATE CA
	ZIP CODE 90603	

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Timothy J. Schneider	Trustee	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE:	
		SUPPORT	OPPOSE

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**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
 CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF COMMITTEE

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
STREET ADDRESS	NO. AND STREET
CITY	STATE
ZIP CODE	AREA CODE/PHONE

Small Contributor Committee
(state qualified)

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent certifies that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89511.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511, 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.