Recipient Committee Campaign Statement Cover Page			7/29 Date Stamp RECEIVE LOS ANGELES		LIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period 1/1/21 from 6/30/21	Date of election if applicable: (Month, Day, Year)	2021 JUL 30 I	PM 3: 31	For Official Use Only
1. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To	ermination)	Quarterly St Special Odd	atement -Year Report
3. Committee Information	.D. NUMBER 1407175	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends of Maritza Travanti for MUSD Board - 2		NAME OF TREASURER Neil Travanti MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)	30.00 t A.	CITY Monrovia	STATE	ZIP CODE 91016	AREA CODE/PHONE 626-698-2535
Monrovia STATE ZIP C Mailing Address (if different) No. and Street or P.O. Box		NAME OF ASSISTANT TREASURE N/A MAILING ADDRESS	R, IF ANY		
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS maritza4monroviaschoolboard@gmail.com		OPTIONAL: FAX/E-MAILADDRE			
4. Verification I have used all reasonable diligence in preparing and review certify under perialty of perjury under the laws of the State of the Executed on 1/29/21 Executed on 1/29/21 Date				ached schedules	is true and complete. I
Executed on	Ву	Signature of Controlling Officeholder Cardidate			

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on __

FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Maritza Travanti							
	ION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	H	SUPPORT
Government School Board Memb							
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	Monrovia, CA 91016		Identify the controlling offic	ceholder, cand	lidate, or state	measure propo	onent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT		
Related Committees Not Include	ed in this Statement: List any committees						
	trolled by you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. II	FANY
COMMITTEE NAME	I.D. NUMBER					L	
		-	Primarily Formed Car	didata (Offi	aabaldar Ca		
NAME OF TREASURER			Primarily Formed Gar				4
	CONTROLLED COMMITTEE?	-	officeholder(s) or candidate(s) for which thi	s committee is	primarily formed	t names of d.
	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s) for which thi	s committee is	primarily formed	t names of d.
COMMITTEE ADDRESS STREET ADD			officeholder(s) or candidate(s) for which thi	s committee is	primarily formed	SUPPORT
	☐ YES ☐ NO		officeholder(s) or candidate(CANDIDATE	OFFICE SOU	primarily formed	SUPPORT
	YES NO NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
YTK	YES NO PRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
	YES NO NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
YTK	YES NO PRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE NAME NAME OF TREASURER	PRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE L.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE SUPPORT SUPPORT
COMMITTEE NAME NAME OF TREASURER	PRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE LD. NUMBER CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT SUPPORT
COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS STREET ADD	PRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE L.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT SUPPORT

Campaign Disclosure Statement **Summary Page**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

from	6/30/21	CALIFORNIA 460
through	6/30/21	Page3 of17
		I.D. NUMBER 1407175

Maritza Travanti **Calendar Year Summary for Candidates** Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 0 1. Monetary Contributions...... Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 108.00 108.00 2. Loans Received Schedule B. Line 3 20. Contributions 108.00 108.0 0 s Received 0 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 0 s_____ 108,00 Made 108.00 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 216.00 216.00 Candidates 6. Payments Made...... Schedule E. Line 4 \$ 0 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 216.00 216,00 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date 0 (mm/dd/yy) 216.00 216.00 **Current Cash Statement** 359.62 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. 108.00 add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. 216.00 of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 251.62 be negative figures that 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ___ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 251.62 18. Cash Equivalents..... See instructions on reverse \$ 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule	A		ts may be rounded				SCHEDULE /	
	Contributions Received	to	whole dollars.	Statement cov	ers period 1/21	CALIFORNIA / A		
SEE INSTRUCTION	ONS ON REVERSE			6/30/21 Page		e4of17		
Maritza Tr						1.D. NUN 14071		
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 CALENDAR (JAN. 1 - DE	YEAR	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						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL \$	0				
1. Amount re	A Summary eceived this period – itemized monetary contributions. Ill Schedule A subtotals.)		\$	0	INC			
3. Total mon	eceived this period – unitemized monetary contribution etary contributions received this period.				PT	H - Other (e Y - Political	e.g., business entity)	
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1.	.)TOTAL \$					

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A (Continuation Sheet) Amounts may be rounded SCHEDULE A (CONT.) **Monetary Contributions Received** to whole dollars. Statement covers period CALIFORNIA **FORM** 1/1/21 from 6/30/21 Page 5 of 17 through. NAME OF FILER I.D. NUMBER Maritza Travanti 1407175 IF AN INDIVIDUAL, ENTER AMOUNT **CUMULATIVE TO DATE** PER ELECTION CONTRIBUTOR DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE CODE * RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) СОМ □ OTH ☐ PTY SCC ☐ IND ПСОМ □отн □ PTY □ scc □ IND СОМ □ OTH □ PTY SCC ☐ IND □сом Потн

SUBTOTAL \$

0

PTY SCC

*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

Bill	to whole dollars	ullada			SCHEDULE B - F			
		Statement cov		CALIFORNIA 460				
				through6/	30/21	Page 6	of17_	
						I.D. NUMBER		
						1407175		
IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	OR FORGIVE	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
Accounting Consultant, 8020 Consulting, LLC	0	s108.00	FORGIVEN	8/01/2022	O No RATE	\$ 108.00 4/1/2021	\$ 108.00 PER ELECTION** \$ 108.00	
				DATE DUE		DATE INCURRED		
	*	\$	PAID FORGIVEN	BATE DUE	% RATE	\$	S PER ELECTION**	
		\$	PAID FORGIVEN	\$	RATE 8	\$DATE INCURRED	\$PER ELECTION**	
	SUBTOTALS \$	108.00	, (\$ 108.00	\$ 0			
			\$	108.00	(Enter (e) on Schedule E, Line 3)		***************************************	
00 paid or forgiven.) at are also itemized on Sche	edule A.)		.NET \$	108.00	C	ND – Individual OM – Recipient C (other than OTH – Other (e.g., TY – Political Part	committee PTY or SCC) business entity)	
	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Accounting Consultant, 8020 Consulting, LLC Ins of less than \$100.) Oo paid or forgiven.) at are also itemized on Scheme 2 from Line 1.)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Accounting Consultant, 8020 Consulting, LLC \$	SUBTOTALS \$ 108.00 \$ Subtotals \$ 108.00 \$	USUBTOTALS \$ 108.00 \$ COUNTY PAID OR FORGIVEN THIS PERIOD SHARE OF BUSINESS) Accounting Consultant, 8020 Consulting, LLC \$ 0 \$ 108.00 \$ 0 PAID \$ FORGIVEN THIS PERIOD \$ FORGIVEN THIS PERIOD \$ \$ 0 PAID \$ 0 PAID \$ 0 PAID \$ 0 PAID \$ \$ 0 PAID \$ \$ 0 PAID	Substitution Subs	Substitute Sub	Through 6/30/21 Page 6	

** If required.

*Amounts forgiven or paid by another party also must be reported on Schedule A. FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule B – Part 2 Loan Guarantors

Amounts may be rounded to whole dollars.

Stateme	6/20/24	CALIFORNIA AGO
from	1/1/21	FORM 400
through	6/30/21	Page 7 of 17
		I.D. NUMBER
		4407475

FFILER					I.D. NUMBER	
za Travanti					1407175	
za rravanu					140/1/5	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDI TO DATE
	□IND		LENDER		CALENDAR YEAR	
	СОМ				s	
	□отн	-	DATE	-	PER ELECTION	
	PTY				(IF REQUIRED)	
	□scc	1-		_		
					\$	
	□IND		LENDER		CALENDAR YEAR	
	COM				s	
	□отн	1-		-	PER ELECTION	
	□PTY		DATE		(IF REQUIRED)	
	□scc	_		_		
					\$	
	□IND		LENDER		CALENDAR YEAR	
	СОМ	- 1			\$	
	□отн	1-	DATE	-	PER ELECTION (IF REQUIRED)	
	□PTY				(IF REGUIRED)	
	□scc	-		-	s	
					CALENDAR YEAR	
	□IND		LENDER		G ELMS W 1 DW	
	□сом	_		_	\$	
	□отн		DATE		PER ELECTION (#F REQUIRED)	
	□PTY	. 1				
	□scc	_		-	\$	
			SUBTOTA	L \$ 0	Enter on Summary Page,	

Schedule C	3	Amounts may be rounded						SCHEDULE (
	tary Contributions Received		to whole dollars.	state from			eriod	CALIFORNIA 460		
SEE INSTRUCTION	IS ON REVERSE		throug	ough6/30/21		Page 8 of 17				
NAME OF FILER								I.D. NUME	BER	
Maritza Trav	vanti							140717	5	
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)	DESCRIPTION O GOODS OR SERVIO		AMOUNT/ FAIR MARKET VALUE	CALEN	ATIVE TO ATE DAR YEAR - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC								
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
		OTH SCC								
		□IND □COM □OTH □PTY □SCC								
Attach additio	nal information on appropriately labeled	continuation s	sheets.	SUBTO	TAL \$	0				
Schedule C	Summany						_			
1. Amount rec	eived this period – itemized nonmonetar Schedule C subtotals.)				\$	0	INE		t Committee	
	eived this period – unitemized nonmone					0		H - Other (e.	an PTY or SCC) g., business entity)	
3. Total nonmo	onetary contributions received this period 1 and 2. Enter here and on the Summan	d.				0		Y – Political F C – Small Co	Party Intributor Committee	

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

ummary of Expenditures upporting/Opposing Other andidates, Measures and Committees		to whole dollars	s.	from 1/1/21		CALIFORNIA 460	
EE INSTRUCTION	NS ON REVERSE			through 0/30	I.D. NUN	9 of 17	
Maritza Trav	vanti				14071		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
	☐ Support ☐ Oppose						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	0			
	D Summary ontributions and independent expenditures mad	e this period. (Include a	il Schedule D subtotals.).		\$.	0_	
Unitemized	contributions and independent expenditures m	ade this period of unde	r \$100		\$.	0	

Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Sandidates, Measures and Committees		Amounts may be ro to whole dollar		Statement cove from 1/1/ through 6/3	CALIFORNIA 460 FORM Page 10 of 17 I.D. NUMBER		
Maritza Tra	vanti					140717	5
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 -	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					

_	hedule E yments Made	Amounts may be rounded to whole dollars.			from	from 6/30/21		PRNIA 460
	NSTRUCTIONS ON REVERSE E OF FILER				through	0/00/21	I.D. NUMB	
,	faritza Travanti						1407175	
CMP CNS CTB CVC FIL	campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	MBR member cor MTG meetings ar OFC office expen PET petition circa PHO phone bank POL polling and a POS postage, de	mmunications and appearance uses ulating s survey resear livery and me	es	RAD radio a RFD returne SAL campa TEL t.v. or o TRC candid TRS staff/sp TSF transfe VOT voter n	be the payment. irtime and productions id contributions ign workers' salaries cable airtime and pro ate travel, lodging, a couse travel, iodging or between committee egistration ation technology cos	n costs duction costs nd meals , and meals es of the same	•
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR D	ESCRIPTION OF PAY	MENT		AMOUNT PAID
Los	Angeles County Registrar/Recorder Norwalk, CA 9050		FIL	Payment of late Recorder with p		County Registr	ar	108.00
_								
* Pay	rments that are contributions or independent expenditures must also be	e summarized on Sch	edule D.			S	UBTOTAL \$	108.00
=	nedule E Summary							100.00
	emized payments made this period. (Include all Schedul	o E cubtotale \					e	108.00
	Initemized payments made this period of under \$100							108.00
	otal interest paid this period on loans. (Enter amount from							0
4 7	otal interest paid this period on loans. (Einer amount not						OTAL 6	216.00

A		SCHEDU	LE E (CONT
	Statement covers period	CALIFORNIA	400
	Amounts may be rounded to whole dollars.	Amounts may be rounded to whole dollars Statement covers period	Amounts may be rounded Statement covers period

Schedule		
(Continuat	tion She	eet)
Payments	Made	

			- 1
Stateme	ent covers period	CALIFORNIA	160
from	1/1/21	FORM	.00
through	6/30/21	Page 12 of	17
		I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Maritza Travanti 1407175 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 candidate filing/ballot fees TRC candidate travel, lodging, and meals FIL PHO phone banks FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND LEG legal defense PRO professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
			4 =

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

SUBTOTAL \$

Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE	Statement cover from 1/1 through 6/3	/21	IFORNIA 460		
NAME OF FILER Maritza Travanti				10000000	UMBER 7175
CODES: If one of the following codes accurately described CMP 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 communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and in PRO professional services (PRT print ads	ens nces earch messenger services	RAD radio airtime air returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registration	e payment. Ind production costs butions Iters' salaries Itime and production costs Itime and production costs	sts ; 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
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0 :	0 9	5 0	\$ 0
Schedule F Summary					
 Total accrued expenses incurred this period. (Include all saccrued expenses of \$100 or more, plus total unitemized 			INCL	JRRED TOTALS \$	0
Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized				PAID TOTALS \$	0
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and	*****	1 600 to 200 con con to 200 con con 200 con 200 con	NET \$	0 May be a negative number

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

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from1/1/21	FORM TOO
through6/30/21	Page 14 of 17
	I.D. NUMBER
	1407175

NAME OF FILER

Maritza Travanti

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

CMP	campaign paraphemalia/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)

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

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
	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		nts may be		Statement covers period 1/1/21			CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				thre	ough	Page1	5 of 17	
Maritza Travanti NAME OF AGENT OR INDEPENDENT CONTRACTOR							1407175	5
CODES: If one of the following codes accurately described CMP campaign paraphemalia/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 * Payments that are contributions or independent expenditures must also be	MBR member or meetings a office experience office experience of the petition can plud politing and postage, depropersions of professions of print ads	ommunication appears enses culating ks I survey res elivery and al services	ons ances	RAD RFD SAL TEL TRC TRS TSF VOT WEB	radio a returne campa t.v. or c candid: staff/sp transfe voter re	irtime and production and contributions ign workers' salaries able airtime and producte ate travel, lodging, an louse travel, lodging, ouse travel, lodging, r between committee egistration ation technology costs	costs luction costs d meals and meals s of the same of	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	N OF PAY	MENT		AMOUNT PAID
, ±:								

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAIL

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

0

^{*} 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.

								SCHEDULE H	
Schedule H Loans Made to Others*			ay be rounded le dollars.		Statement covers period CALIFORN FORM			NIA 460	
		through6/30/2			/30/21	Page 16	of 17		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				<u>-</u>	unough	JANUAR MANAGEMENT	I.D. NUMBER		
Maritza Travanti							1407175		
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(e) REPAYMENT O FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
				PAID \$	\$	RATE %	\$	\$PER ELECTION**	
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s	
				\$ FORGIVEN	s	RATE %	s	\$PER ELECTION	
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0			
						(Enter (e) on Schedule I, Line 3)	1		
Schedule H Summary									
Loans made this period (Total Column (b) plus unitemized loan	s of less than \$100.)	***************************************	••••••	•••••	\$	0	- [**If Required	
Payments received on loans (Total Column (c) plus unitemized payr				•••••	\$	0			
3. Net change this period. (Subtract Line (Enter the net here and on the Summa				***************************************		ay be a negative number	,		

Schedule I		Amounts may be rounded		SCHEDULE
Miscellaneous In	creases to Cash	to whole dollars.	Statement covers period from1/1/21	FORM 460
SEE INSTRUCTIONS ON REVE	RSE		through6/30/21	Page 17 of 17
NAME OF FILER	3.00			I.D. NUMBER
Maritza Travanti				1407175
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
=4				
Attach additional infon	mation on appropriately labeled continuation sheets.		SUBTO	TAL\$ 0
Schedule I Summa	ary			
	o cash this period		s	0
	s to cash of under \$100 this period			0
	eceived this period on loans made to others. (So			
4. Total miscellaneous	increases to cash this period. (Add Lines 1, 2, a	and 3. Enter here and on the		0