Recipient (Committee
Campaign	Statement
Cover Pag	е

CALIFO FOR RECEIVED BY OS ANGELES COUNTING 1 CALIFORNIA 460 Date of election if applicable: (Month, Day, Year) Statement covers period For Official Use Only 01/01/2021

Signature of Controlling Officeholder, Candidate, State Measure Proponent

		from 01/01/2021		2022 JAN 13 A	HII: Þ5	-
SEE	EINSTRUCTIONS ON REVERSE	through <u>06/30/2021</u>	11/03/2020	CAMPAIGN FI		
1.	Type of Recipient Committee: All Committees - Co	implete Parts 1, 2, 3, and 4.	2. Type of Statement:			
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Committee Controlled Sponsored (Also Complete Part 6)		Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	ermination)	Quarterly S Special Od	Statement Id-Year Report
3.		D. NUMBER 433948	Treasurer(s)			
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
	Mary Sneed For TCUSD Governing Board		Tricia O'Brien			
			MAILING ADDRESS	,		
	STREET ADDRESS (NO P.O. BOX)			07.75	310.0005	ARSI COREINIONE
	STREET ADDRESS (NO P.O. BOX)		CITY	STATE	2IP CODE 91731	AREA CODE/PHONE
	CITY STATE ZIP CO	DDE AREA CODE/PHONE	El Monte NAME OF ASSISTANT TREASUR	CA CA	91/31	626-379-4946
		,	TAME OF ADDIOTARY TREADOR	EIGH ANT		
	Arcadia CA 9100 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
		, ·				/
	CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRI	ESS		
_			trish1114@aol.com			
4.	Verification I have used all reasonable diligence in preparing and reviewing	ing this statement and to the		ach	ed schedule	s is true and complete. I
	certify under penalty of perjury under the laws of the State of			acii	eu scrieduie	s is true and complete. T
	Executed on	Ву		_		
	Executed on 8/1/20 25	By ————————————————————————————————————				-
	Date	S		cero	of Sponsor	
	Executed onDate	By — Sig	mature of Controlling Officeholder, Candidate,	State Measure Proponent		
	Executed on	Ву				

FPPC Form 460 (Jan/2016))

COVER PAGE

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Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM	460

Page 2 of 17

Officeholder or Candidate Controlled Committee				6.	6. P	rimarily Formed Ballo	Measure	fleasure Committee			
NAME OF OFFICEHOLDER C	R CANDIDATE					N	AME OF BALLOT MEASURE				
Mary A Sneed											
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBE	R IF APPLIC	ABLE)		В	ALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
TCUSD Governing Bo	ard Member										OPPOSE
RESIDENTIAL/BUSINESS AD	DRESS (NO. AND STREET)	ITY	STATE	ZIP		-					
		Arcadia	CA	91007		lo	dentify the controlling office	holder, candi	date, or state n	neasure pro	ponent, if any.
						N	AME OF OFFICEHOLDER, CAN	DIDATE, OR F	ROPONENT		
not included in this stateme	Not Included in this Sta nt that are controlled by you o nditures on behalf of your can	r are primaril			,	0	FFICE SOUGHT OR HELD			DISTRICT NO	, IF ANY
COMMITTEE NAME		I.D. NUMB	ER			-					
Committee to Elect Ma	ary Sneed	1									
					7.	7. P	rimarily Formed Cand	idate/Offic	eholder Cor	mmittee <i>L</i>	ist names of
NAME OF TREASURER		CONTROL	LED COMMI	TTEE?		0	fficeholder(s) or candidate(s)	for which this	committee is p	rimarily form	ed.
Tricia O'Brien		YES	NO			. N	AME OF OFFICEHOLDER OR O	ANDIDATE	OFFICE SOU	GHT OR HELD	<u> </u>
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.	BOX)									SUPPORT
				. ,	7 1 3	· _					OPPOSE
CITY Temple City		ODE 007	626-446	DE/PHONE		. N	AME OF OFFICEHOLDER OR (ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
Temple City			020-440	J-3790					1		OPPOSE
COMMITTEE NAME		I.D. NUMB	ER			N.	AME OF OFFICEHOLDER OR O	ANDIDATE	OFFICE SOU	GHT OR HELD	
		1									SUPPORT
NAME OF TREASURED		CONTROL	LED COMMI	TTEE2							OPPOSE
NAME OF TREASURER		1				N	AME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.	YES BOX)	NO						1		OPPOSE
OGHANI I LE ADDRESO	5					-		-			
CITY	STATE ZIP	CODE	AREA COL	DE/PHONE			Attac	h continuatio	on sheets if ne	cessarv	
					3.		·	commudan	on oncets ii Ne	oosai y	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	from 1/1/21	
EEE INSTRUCTIONS ON REVERSE	through <u>6/30/21</u>	Page 3 of 17
AME OF FILER		I.D. NUMBER

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	\$ \$ \$	20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$ 60.00 \$ 0.00 \$ 0.00 0.00 0.00 0.00 0.00 \$ 9.99 60.00	\$ 60.00 \$ 60.00 \$ 60.00	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$ 292.23 0.00 0.00 60.00 \$ 232.23	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement covers period CALIFOR			SCHEDULE FORNIA 460 DRM
SEE INSTRUCTION	IS ON REVERSE			through		Page .	of
NAME OF FILER						I.D. NUI	MBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	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	\$			
(Include all S	Summary eived this period – itemized monetary contribution Schedule A subtotals.)				IND- COM OTH PTY	(other t – Other (e – Political	al ent Committee han PTY or SCC) e.g., business entity)

FPPC Form 460 (Jan/2016))

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Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

dollars.	Statement covers period	CALIFORNIA 460			
-	through	Page of			
		I.D. NUMBER			

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - 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				
		IND COM OTH PTY SCC				
			SUBTOTALS	<u> </u>		

*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

S	ch	ed	ule	В	_	Par	t 1
L	oa	ns	Re	ce	iv	ed	

Statement covers period	california 460 form			
through	Page of			
	I.D. NUMBER			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

(c) AMOUNT PAID (e) INTEREST IF AN INDIVIDUAL, ENTER OUTSTANDING AMOUNT OUTSTANDING ORIĞİNAL CUMULATIVE FULL NAME, STREET ADDRESS AND ZIP CODE OCCUPATION AND EMPLOYER BALANCE BALANCE AT CLOSE OF THIS OR FORGIVEN PAID THIS AMOUNT OF CONTRIBUTIONS OF LENDER RECEIVED THIS (IF SELF-EMPLOYED, ENTER BEGINNING THIS PERIOD (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PERIOD THIS PERIOD LOAN TO DATE NAME OF BUSINESS) PERIOD PERIOD CALENDAR YEAR PAID RATE **FORGIVEN** PER ELECTION* IND DATE DUE DATE INCURRED COM ОТН PTY SCC CALENDAR YEAR PAID RATE **FORGIVEN** PER ELECTION** DATE DUE DATE INCURRED IND COM ОТН PTY SCC CALENDAR YEAR PAID RATE FORGIVEN PER ELECTION** DATE DUE DATE INCURRED IND ОТН COM PTY SCC SUBTOTALS \$ \$ \$

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

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

†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

(May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

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www.fppc.ca.gov

Schedule B – Part 2 Loan Guarantors

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDUL	EΒ	- PAI	RT	2
			_	

	Statement covers period	california 460				
	through	Page of	_			
_ •		I.D. NUMBER				

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)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	IND		LENDER		CALENDAR YEAR	
	COM				\$	
	отн					
	PTY		DATE		PER ELECTION (IF REQUIRED)	
	scc				\$	
			·			
	IND		LENDER		CALENDAR YEAR	
	СОМ				\$	
	отн		DATE		PER ELECTION (IF REQUIRED)	
	PTY		5/112		(IF REQUIRED)	
	scc				\$	
			LENDER		CALENDAR YEAR	
	IND		LENDER			
	СОМ				\$	
	OTH		DATE		PER ELECTION (IF REQUIRED)	
	PTY SCC				s	
	300	· · · · · · · · · · · · · · · · · · ·				
			LENDER		CALENDAR YEAR	
	IND COM				\$	
	ОТН				DED ELECTION	
	PTY		DATE		PER ELECTION (IF REQUIRED)	
	scc	•			\$	
					Enter on	
			SUBTOTAL	\$	Summary Page, Line 17 only.	<u> </u>

Schedule C Nonmonetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

·	SCHEDULE C
Statement covers period	CALIFORNIA 460
through	Page of
	I.D. NUMBER

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 SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - 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 add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL	3		
Schedule	e C Summary	-	-			*Contributor Co	des

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)\$	IND – Individual COM – Recipient Committee (other than PTY or SCC)
2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$	OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committe
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)TOTAL \$	

FPPC Form 460 (Jan/2016))
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Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

	SCHEDULE L
Statement covers period	CALIFORNIA 460
from	FORM 400
through	Page of
	I.D. NUMBER

E OF FILER					I.D. 1	NUMBER
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 D CALENDAR YEA (JAN. 1 - DEC. 31)	R TO DATE
		Monetary Contribution				
		Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure	·			
-		Monetary Contribution				
		Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure				
		Monetary Contribution				
		☐ Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure				
			SUBTOTAL	\$;	
hadula	D Summary					
	contributions and independent expenditures made	e this period. (Include	all Schedule D subtotals.))		\$
	ed contributions and independent expenditures m					
	ributions and independent expenditures made th					

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

NAME OF FILER					1.	D. NUMBER
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 CALENDAR YI (JAN. 1 - DEC.	EAR TO DATE
		Monetary Contribution				
		Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure				
		Monetary Contribution				
		Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure				
		Monetary Contribution				·
		Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure				
		Monetary Contribution				
		Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure				
			SUBTOTAL	5		<u> </u>

Schedule	E
Payments	Made

	SCHEDULE E
Statement covers period	CALIFORNIA 460
through	Page of
	I.D. NUMBER

r dyments made			from	FOI	KIVI
SEE INSTRUCTIONS ON REVERSE			through	Page	of
NAME OF FILER				I.D. NUM	BER
CODES: If one of the following codes accurately describes the payment, CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings MBR member co meetings an office exper petition circ phone bank polling and postage, de professiona print ads	mmunications nd appearance nses ulating (s survey researce elivery and mes	s h senger services	vise, describe the payment. RAD radio airtime and production of returned contributions campaign workers' salaries t.v. or cable airtime and producandidate travel, lodging, and staff/spouse travel, lodging, airtransfer between committees voter registration information technology costs (ection costs meals nd meals of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	DR DESC	RIPTION OF PAYMENT		AMOUNT PAID
Wells Fargo Bank Portland, OR 97228-6995		Monthly Bank Fees 1/1/21 thre \$10.00 PER MO	u 6/30/21 (6 months) DNT		\$60.00
* Payments that are contributions or independent expenditures must also be summarized on Sch	nedule D.		SUE	STOTAL \$	60.00
Schedule E Summary					
1. Itemized payments made this period. (Include all Schedule E subtotals.)					
Unitemized payments made this period of under \$100					
Total interest paid this period on loans. (Enter amount from Schedule B, Pa	art 1, Columi	ı (e).)		\$	

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SCHEDU	. – –	/AANT\
SUHEDIA	I F F	

Schedule	E
(Continua	tion Sheet)
Payments	Made

Statement covers period	CALIFORNIA 460					
from	FORM TOO					
through	Page of					
	I.D. NUMBER					

SEE INSTRUCTIONS ON REVERSE						throu	gh	Page	of
NAME OF FILER	Ĭ							I.D. NUMI	BER
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR MTG OFC PET PHO POL POS PRO	member com meetings and office expens petition circul phone banks polling and si	munications I appearances ating urvey resea	s ces rch	enger services	RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment. radio airtime and production of returned contributions campaign workers' salaries t.v. or cable airtime and producandidate travel, lodging, and staff/spouse travel, lodging, a transfer between committees voter registration information technology costs	uction costs meals nd meals of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OI	R D	ESCRIPTIO	N OF PAYMENT		AMOUNT PAID
				-	1		·		
					·				
		•			• .		•		
		·							

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

Schedule	∍ F		
Accrued	Expenses	(Unpaid	Bills)

Statement covers period	CALIFORNIA 460
through	Page of
	I.D. NUMBER

, , , ,			110111		
SEE INSTRUCTIONS ON REVERSE			through	Pag	e of
NAME OF FILER				I.D. N	UMBER
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	s the payment, you may MBR member communicatio MTG meetings and appearar OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and n PRO professional services (I PRT print ads	ns nces arch nessenger services	RAD radio airtime ai RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registratie	nd production costs butions kers' salaries time and production cos el, lodging, and meals avel, lodging, and meals en committees of the sal	; 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
				\$60.00	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS		\$		\$
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all So accrued expenses of \$100 or more, plus total unitemized a	chedule F, Column (b) sub	ototals for	INCU	RRED TOTALS \$	
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p	dule F. Column (c) subtot	als for payments on			
Net change this period. (Subtract Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.)	er the difference here and				60.00 May be a negative number PC Form 460 (Jan/2016))
			**		

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Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be rounded		SCHEDULE F (CONT					
	to whole dollars.	Statement covers period	CALIFORNIA 460 FORM					
		through	Page of					
NAME OF FILER			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 TRC candidate travel, lodging, and meals PHO phone banks 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 PRO professional services (legal, accounting) LEG legal defense 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	\$	\$	\$	\$

I.D. NUMBER

Schedule G

SCH	IEDL	JLE (•
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Payments Made by an Agent or Independen Contractor (on Behalf of This Committee)	t Amounts may be rounded to whole dollars.	from	FORM 460		
SEE INSTRUCTIONS ON REVERSE		through	Page of		
NAME OF FILER			I.D. NUMBER		
NAME OF AGENT OR INDEPENDENT CONTRACTOR					
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	st the payment, you may enter the code. (MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS potage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and staff/spouse travel, lodging, a	costs uction costs d meals and meals s of the same candidate/sponsor		

^{*} 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
•			
· · · · · · · · · · · · · · · · · · ·			
Attach additional information on appropriately labeled continuation sheets.		т	OTAL* \$

* 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*		Amounts may be rounded to whole dollars.			Statement cove	ers period	CALIFORNIA 460 FORM	
SEE INSTRUCTIONS ON REVERSE					through		Page	of
NAME OF FILER							I.D. NUMBER	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	(a) OUTSTANDING BALANCE	(b)	(c)	R OUTSTANDING BALANCE AT	(e)	(f) ORIGINAL	(g) CUMULATIVE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BEGINNING THIS PERIOD	LOANED THIS PERIOD	FORGIVENESS THIS PERIOD	CLOSE OF THIS	RECEIVED	AMOUNT OF LOAN	LOANS TO DATE
				PAID				CALENDAR YEAR
				\$	\$	RATE	\$	PER ELECTION**
		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$	\$	RATE	\$	\$PER ELECTION**
		\$	s	\$	DATE DUE	s	DATE INCURRED	s
*Loans that are contributions to another candidate of also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans Payments received on loans	s of less than \$100.)						_ [**If Required
(Total Column (c) plus unitemized payn 3. Net change this period. (Subtract Line 2 (Enter the net here and on the Summar	nents of less than \$100.) 2 from Line 1.)							

FPPC Form 460 (Jan/2016))

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(May be a negative number)

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.		SCHEDULE I	
				Statement covers period	CALIFORNIA 460
SEE INSTRUCTIO	NS ON REVERSE			through	Page of
IAME OF FILER					I.D. NUMBER
DATE	FULL NAME AND ADDRESS OF SOURCE				AMOUNT OF
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	SCRIPTION OF RECEIPT	INCREASE TO CASH
	,				
				•	•
			,		
				•	
					,
		=	· · · · · · · · · · · · · · · · · · ·		
Attach additional information on appropriately labeled continuation sheets.				SUBTOTA	\L \$
	Summary				
l. Itemized in	creases to cash this period	······································		\$	_
2. Unitemized increases to cash of under \$100 this period.				\$	
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)\$					
I. Total misce Summary F	llaneous increases to cash this period. (Add Lines 1, 2, ar Page, Line 14.)	nd 3. Enter here a	nd on the	TOTAL \$	