Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)				;	Date Stam  RECEIVE HOS ANGELE	D BY	cover page ALIFORNIA 460 FORM
1651910		from	Statement covers period m01/01/2024	Date of election if applicable (Month, Day, Year)			For Official Use Only
SEE INSTRUCTIONS ON REVERSE		thro	ough06/30/2024	11/05/2024	BAMPAIGN	FINANCE	_
Type of Recipient Committee: A     Officeholder, Candidate Controlled Com	mittee	Primari Commi Coro Spo (Also Cor	ily Formed Ballot Measure	2. Type of Statement:  Preelection Statement:  Semi-annual Statement Termination Statement (Also file a Form 410 Amendment (Explain	nt t Termination)	☐ Suppleme	Statement dd-Year Report ental Preelection t - Attach Form 495
3. Committee Information	-	I.D. NUM 14518		Treasurer(s)	,		
COMMITTEE NAME (OR CANDIDATE'S NAME II Fred Chang For Alhambra School		,		NAME OF TREASURER  Daniel Yang  MAILING ADDRESS			
STREET ADDRESS (NO F O. BOX)				CITY Rosemead	STATE	E ZIP CODE 91770	AREA CODE/PHONE
CITY	STATE	ZIP CODE 91770	AREA CODE/PHONE (626) 372-0958	NAME OF ASSISTANT TREAS	URER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND 2634 Walnut Grove Ave B	STREET (	OR P.O. BOX		MAILING ADDRESS			
CITY Rosemead	STATE	ZIP CODE 91770	AREA CODE/PHONE	CITY	STATE	E ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS fred4ausd@gmail.com		'		OPTIONAL: FAX / E-MAIL ADI	ORESS / 		
4. Verification I have used all reasonable diligence in prepare under penalty of perjury under the laws of the				nowledge the information contained h	erein and in the attact	ned schedules is	true and complete. I certify
Executed on		<u>·</u>				of Sponsor	• •
Executed onDate		_					
Executed onDate			Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent		FPPC Form 460 (Jan/201

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## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2								
CALIF FO	ORNIA RM	460						
Page	2	of						

Officeholder or Candidate	Controlled Comr	nittee			6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CAND	IDATE					NAME OF BALLOT MEASURE	r			
Fred Chang										
OFFICE SOUGHT OR HELD (INCLUDE	LOCATION AND DISTR	ICT NUMBER IF	F APPLICABLE	≣)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
Board of Education ALHAMBR	A USD BOARD MEMBE	ER								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS	,	CITY	STATE	ZIP		Identify the controlling offi	çeholder, car	ndidate, or st	ate measure	proponent, if any.
	R	osemead		91170		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT		
Dalatad Cammittaga Nat I				***			1			
Related Committees Not In not included in this statement that contributions or make expenditure	t are controlled by you	or are primai	-			OFFICE SOUGHT OR HELD	,		DISTRICT NO.	IF ANY
COMMITTEE NAME		I.D. NUMBE	R							
NAME OF TREASURER		CONTROLL	ED COMMITTE		7.	Primarily Formed Cand	lidate/Offic	eholder Co	mmittee L	ist names of
NAME OF TREASURER		YES	.EDCOMIVITIE	<b>E</b> r		officeholder(s) or candidate(s)	for which this	s committee is	primarily form	ned.
COMMITTEE ADDRESS STRE	ET ADDRESS (NO P.O.	<del>'</del>		<del></del>		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY	STATE ZIP	CODE	AREA CODE	PHONE		WALE OF OFFICE USES OF A				
	JAIL ZIF		ANEA GODE			NAME OF OFFICEHOLDER OR C	ANDIDATE {	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME		I.D. NUMBE	ER			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	
										SUPPORT OPPOSE
NAME OF TREASURER			ED COMMITTE	E?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
	ET 1 DDD 500 (10 D 0	☐ YES	□ NO				ja			OPPOSE
COMMITTEE ADDRESS STRE	ETADDRESS (NO P.O. I	BOX)						<del></del>		
CITY	STATE ZIP	CODE	AREA CODE	PHONE		***				
VIII	SIAIL ZIP	CODE	AREA CODE	JANONE .		Attac	h continuatio ∮	on sheets if n	ecessary	
							1-			

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## Campaign Disclosure Statement Summary Page

Amounts may be rounded

Statement covers period CALIFORNIA ACO

SUMMARY PAGE

ourimary rage		to whole dollars.	from	01/01/2024	FORM 400
SEE INSTRUCTIONS ON REVERSE			through _	06/30/2024	Page 3 of 5
NAME OF, FILER	1				I.D. NUMBER
Fred Chang For Alhambra School Board 2022	· 				1451843
Contributions Received		Column A Colum			mary for Candidates

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	\$	0.00	\$	0.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0.00		0.00	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	0.00	20. Contributions  Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0.00	\$	0.00	Made \$ \$
Expenditures Made		115		<del></del>	Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	141	\$	0.00	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	14/25 0,00	\$	0.00	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	. \$	14/33 0.00	\$	0.00	\$
Current Cash Statement		- 44 D 00		1	\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	2,447.87		calculate Column B, add '	
13. Cash Receipts Column A, Line 3 above		0.00		nounts in Column A to the forcesponding amounts	the second is this second as different the second form
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last 🐇	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		141.53		oort. Some amounts in lumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	27306.34		ures that should be btracted from previous	
If this is a termination statement, Line 16 must be zero.			pe	riod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts			fro an	m Lines 2, 7, and 9 (if / y).	
18. Cash Equivalents See instructions on reverse	\$	0.00			·
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00		,	
			ı	i.	FPPC Advice: advice@fppc ca gov (866/275.

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

## Schedule B - Part 1 **Loans Received**

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460 from 01-01-2024

SEE INSTRUCTIONS ON REVERSE					through <u>06/</u>	30/2024	Page 4	of5_
NAME OF FILER							I.D. NUMBER	
Fred Chang For	Alhambra Sch	ool Boo	ird 20	22			14518	43
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (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 RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Fred L- Chang 2634 Walnut Grove Ave Apt E Rosemeal CA 91770 WIND COM OTH PTY SCC	Assistant Vice Pres Clear lake Capital Group	lent :3,180eu	sO	FORGIVEN	\$ DATE DUE	% RATE	\$DATE INCURRED	\$ PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	PAID  SFORGIVEN  \$	\$DATE DUE	%	\$	CALENDAR YEAR  \$ PER ELECTION **  \$
†□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	PAID  \$FORGIVEN	\$ DATE DUE	% RATE	\$ DATE INCURRED	CALENDAR YEAR  \$ PER ELECTION**  \$
		SUBTOTALS	<b>.</b>	\$	\$	\$		
Schedule B Summary  1. Loans received this period			-	\$	0	(Enter (e) on Schedule E, Line 3)		
<ol> <li>(Total Column (b) plus unitemized loans</li> <li>Loans paid or forgiven this period</li></ol>	of less than \$100.)  paid or forgiven.) are also itemized on Sched	ule A.)		\$	(May be a negative number)	8000 IN C	Contributor Codes  ID – Individual  OM – Recipient Co (other than  TH – Other (e.g., IY – Political Party  CC – Small Contrib	ommittee PTY or SCC) business entity) y
*Amounts forgiven or paid by another party also r  ** If required.	must be reported on Schedule A.				FPPC	Toll-Free Helpli	FPPC Form ne: 866/ASK-FPF	460 (January/05 PC (866/275-3772

	1			SCHEDULE			
Schedule E Payments Made	Type or print Amounts may to whole d	be rounded	Statement covers period from 01-01-2024	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through <u>06-30-2024</u>	Page 5 of 5			
Fred Chang For Al	hambra School F	Board 2022		1451843			
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  CMP campaign paraphernalia/misc.  CMB campaign consultants  CNS campaign consultants  CNS contribution (explain nonmonetary)*  COFC civic donations  FIL candidate filing/ballot fees  FND fundraising events  independent expenditure supporting/opposing others (explain)*  IND campaign literature and mailings  MBR member communications  MER mediting and appearances  MFD returned contributions  campaign workers' salaries  TEL t.v. or cable airtime and production  candidate travel, lodging, and meal  staff/spouse travel, lodging, and meal  postage, delivery and messenger services  IND professional services (legal, accounting)  WEB information technology costs (inter-  information technology costs (inter-							
NAME AND ADDRESS O (IF COMMITTEE, ALSO ENTER I.E	F PAYEE ). NUMBER)	CODE OR DE	) SCRIPTION OF PAYMENT	AMOUNT PAID			
Chinese-American Electe Alh	d Officials ambra, CA 91801	eve	. · · · · · · · · · · · · · · · · · · ·	12953			
			1				
* Payments that are contributions or independen	nt expenditures must also be summ	arized on Schedule D.	SUI	BTOTAL\$			
Schedule E Summary			1	10053			
1. Itemized payments made this period. (Inclu	de all Schedule E subtotals.)		. 1	\$ 127=			
2. Uniterprized payments made this period of u	nder \$100		1	17 00			

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