Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)	Statement covers period from01/01/2024	Date of election if applicable: (Month, Day, Year)	E-Filed 07/17/2024 22:25:29 Filing ID: 211739238	CALIFORNIA 460 Page 1 of 6 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through06/30/2024	11/05/2024		
State Candidate Election Committee ○ Recall (Also Complete Part 5) ○ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	rimarily Formed Ballot Measure ommittee) Controlled) Sponsored lso Complete Part 6) rimarily Formed Candidate/ fficeholder Committee lso Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	Sometiment of the second of th	Quarterly Statement Epecial Odd-Year Report Eupplemental Preelection Etatement - Attach Form 495
S Committee Information	. NUMBER .426786	Treasurer(s) NAME OF TREASURER Cine D. Ivery MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY Inglewood		P CODE AREA CODE/PHONE 90301 (310)878-4131
CITY STATE ZIP CO Inglewood CA 9030 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	1 (310)817-6679	NAME OF ASSISTANT TREASUF Samahndi Cunningham MAILING ADDRESS		
OPTIONAL: FAX / E-MAIL ADDRESS (310)672-6679 / cine@politicalreportingplus.		CITY Inglewood OPTIONAL: FAX / E-MAIL ADDR	CA 9	P CODE AREA CODE/PHONE 90301 (310)817-6679
Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California.	that the foregoing is true and correct.	,	rein and in the attached sche	edules is true and complete. I certify
Executed on	By Cine D. Iv	Signature of Treasurer or Assistant		
Executed on	Signature of Co	ontrolling Officeholder, Candidate, State Measure Pro Signature of Controlling Officeholder, Candidate, St		sor
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, St	tate Measure Proponent	 FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
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Page _	2	of _	6			

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
Ken Tang								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICAE	BLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		
Alhambra Unified School District 2								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP		Identify the controlling of	ficabaldar ca	ndidata or s	tato moasuro	proponent if any
	Inglewood CA	90301				·	late illeasure	proponent, it any
				NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PR	OPONENT		
Related Committees Not Included in this S	Statement: List any co	ommittees						
not included in this statement that are controlled by yo contributions or make expenditures on behalf of your	ou or are primarily formed			OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER							
			7.	Primarily Formed Can	didate/Offic	eholder Co	ommittee /	ist names of
NAME OF TREASURER	CONTROLLED COMMIT	ITEE?	•	officeholder(s) or candidate(
	YES N	0		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	IGHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	o. BOX)			NAME OF OFFICEROEDER OR	OANDIDATE	011102 000	OM ONTIELD	SUPPORT OPPOSE
CITY STATE ZII	P CODE AREA CO	DDE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT
	T							OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMIT	ITEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	
	☐ YES ☐ N	0		2. 2				SUPPORT OPPOSE
COMMITTEE ADDRESS (NO P.O	. BOX)							
CITY STATE ZII	P CODE AREA CO	DDE/PHONE		A	ah aandineed	h4- 'f		
SIAIL ZII	ANLA CO	DE/I HONE		Atta	ch continuation	on sheets if	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY	PAGE

1426786

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

TANG FOR ALHAMBRA SCHOOL BOARD 2024

Column A **Calendar Year Summary for Candidates** Column B Contributions Received TOTALTHIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 328.03 328.03 1/1 through 6/30 7/1 to Date 0.00 2. Loans Received Schedule B. Line 3 0.00 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ 328.03 328.03 Received 4. Nonmonetary Contributions Schedule C, Line 3 0.00 21. Expenditures Made 328.03 328.03 **Expenditures Made Expenditure Limit Summary for State** Candidates 13.82 7. Loans Made Schedule H. Line 3 0.00 0.00 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 13.82 13.82 (If Subject to Voluntary Expenditure Limit) 125.00 625.00 Date of Election Total to Date (mm/dd/yy) 0.00 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 638.82 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ______ 50.52 To calculate Column B, add 328.03 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 0.00 from Column B of your last reported in Column B. report. Some amounts in 13.82 Column A may be negative 364.73 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any).

625.00

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

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

Schedule Monetary	A Contributions Received		s may be rounded whole dollars.	Statement coverage from01/01/2	-		ORNIA 460
SEE INSTRUCTION	DNS ON REVERSE			through06/30/2	024	Page _	4 of6
NAME OF FILER				-		I.D. NUM	1BER
TANG FOR AL	HAMBRA SCHOOL BOARD 2024					142678	86
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
06/05/2024	Alhambra Teachers' Association PAC (ID# 960657) Alhambra, CA 91801	□IND 区OM □OTH □PTY □SCC		250.00		250.00	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$ 250.00			
1. Amount re (Include a	A Summary ceived this period – itemized monetary contributions. Il Schedule A subtotals.)			250.00 78.03	IND- COM	other th	des at Committee an PTY or SCC) e.g., business entity)

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SCC - Small Contributor Committee

PTY - Political Party

328.03

3. Total monetary contributions received this period.

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

	SCHEDULE E				
Statement covers period	CALIFORNIA 160				
from01/01/2024	FORM TOU				
through06/30/2024	Page5 of6				
	I.D. NUMBER				
	1426786				

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

through 06/30/2024 Pa

TANG FOR ALHAMBRA SCHOOL BOARD 2024

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

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 0.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	0.00
2. Unitemized payments made this period of under \$100	\$	13.82
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A. Line 6.)	TOTAL \$	13.82

Schedule F **Accrued Expenses (Unpaid Bills)**

TANG FOR ALHAMBRA SCHOOL BOARD 2024

Amounts may be rounded to whole dollars.

Statement covers period 01/01/2024

CALIFORNIA FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

through $\frac{06/30/2024}{}$

of __6

(d)

I.D. NUMBER 1426786

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

campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants meetings and appearances returned contributions contribution (explain nonmonetary)* SAL campaign workers' salaries office expenses CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs

candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor IND

postage, delivery and messenger services LEG legal defense professional services (legal, accounting) VOT voter registration

PRT print ads

campaign literature and mailings WEB information technology costs (internet, e-mail) (b) (a) (c)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Political Reporting Plus Inglewood, CA 90301	PRO Political Accounting - Semi- Annual Report	250.00	0.00	0.00	250.00
Political Reporting Plus Inglewood, CA 90301	PRO Political Accounting - Year-End Report	250.00	0.00	0.00	250.00
Political Reporting Plus Inglewood, CA 90301	PRO Political Accounting - Semi- Annual Report	0.00	125.00	0.00	125.00

* Payments that are contributions or independent expenditures must also be **SUBTOTALS \$** 500.00\$ 125.00\$ 0.00\$ 625.00 summarized on Schedule D.

Schedule F Summary

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 125.00
- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)PAID TOTALS \$ _ 0.00
- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

 NET \$ 125.00 May be a negative number