Desimient Committee							COVER PAGE
Recipient Committee Campaign Statement Cover Page					Date Stamp	C	ALIFORNIA 460 FORM
Government Code Sections 84200-84216.5	)	State	ment covers period 01/01/2024	Date of election if applicable: (Month, Day, Year)	09/25/2024 21:38:22 Filing ID: 212165494	Pa	rige1 of12 For Official Use Only
SEE INSTRUCTIONS ON REVERSE		through	09/21/2024	11/05/2024	212100404		
I. Type of Recipient Committee:	All Committees –	Complete Parts	1, 2, 3, and 4.	2. Type of Statement:			
<ul> <li>☑ Officeholder, Candidate Controlled Co</li> <li>☐ State Candidate Election Committee</li> <li>☐ Recall</li> <li>(Also Complete Part 5)</li> <li>☐ General Purpose Committee</li> <li>☐ Sponsored</li> <li>☐ Small Contributor Committee</li> <li>☐ Political Party/Central Committee</li> </ul>		Committee Controlled Sponsore (Also Complete Pa	ed <sub>art 6)</sub> med Candidate/ Committee		ermination)	Suppleme	Statement dd-Year Report ntal Preelection - Attach Form 495
3. Committee Information		I.D. NUMBER 1471415		Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME	IF NO COMMITTE			NAME OF TREASURER			
Anu Gupta For ABC School Board	1 2024			Anu Gupta			
				MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)				CITY Cerritos	STATE Z	ZIP CODE 90703	AREA CODE/PHONE
CITY	STATE ZIP	CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY		
Cerritos		703	(310)748-5031	William Palmer			
MAILING ADDRESS (IF DIFFERENT) NO. AN	D STREET OR P.O.	. BOX		MAILING ADDRESS			
CITY	STATE ZIP	CODE	AREA CODE/PHONE	CITY Cerritos	STATE Z	ZIP CODE 90703	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADDR	ESS		
anu@anuguptaforabc.com				anu@anuguptaforabc.co	m		
<ul> <li>Verification         I have used all reasonable diligence in preunder penalty of perjury under the laws of the</li></ul>	paring and review he State of Califor	ing this statem rnia that the for	ent and to the best of my kn egoing is true and correct.	owledge the information contained her	rein and in the attached sc	hedules is	true and complete. I certify
Executed on			By Anu Gupta	Signature of Treasurer or Assistant 7	Freasurer		
Executed on			By Anu Gupta Signature of Co	ontrolling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of Sp	onsor	
Executed on			Ву	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent		
Executed on			Ву	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent		FPPC Form 460 (Jan/2016)

# Recipient Committee Campaign Statement Cover Page — Part 2

CALIF	COVER F		160
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Page _	2	of _	12

ABCUSD Governing Board Member TA 4: Los Angeles County District 4  RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  Cerritos  CA 90703  Related Committees Not Included in this Statement: List any 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  CONTROLLED COMMITTEE?  YES NO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  NAME OF TREASURER  COMMITTEE NAME  I.D. NUMBER  I.D. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  ONAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  ONAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  ONAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  ONAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  ONAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  ONAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  ONAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  ONAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  ONAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  ONAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  ONAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  ONAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  ONAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  ONAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  ONAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  ONAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  ONAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  ONAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  ONAME	. Officeholder or Candidate Controlled Committee				6.	Primarily Formed Ball	ot Measure	Committee	•	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) ABCUSD Governing Board Member TA 4: Los Angeles County District 4  RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) Cerritos CA 90703  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  COMMITTEE ADDRESS STREET ADDRESS (NO PO. BOX)  TOMMITTEE NAME  I.D. NUMBER  COMMITTEE NAME  I.D. NUMBER  I.D. NUMBER  COMMITTEE NAME  I.D. NUMBER  I.D. NUMBER  COMMITTEE NAME  I.D. NUMBER  I.D. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OFFICE SOU	NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
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RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  Cerritos CA 90703  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?  VES NO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  DISTRICT NO. IF ANY  T. Primarily Formed Candidate/Officeholder Committee List names officeholder(s) or candidate(s) for which this committee is primarily formed.  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  I.D. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR	· ·			,		BALLOT NO. OR LETTER	JURISDICTION	NC	[	SUPPORT
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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  CONTROLLED COMMITTEE?  YES NO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  COMMITTEE NAME  I.D. NUMBER  I.D.	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP						
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## **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

SUMMARY	PAGE

Stateme	nt covers period	CALIFORNIA 160
from	01/01/2024	FORM TOU
through	09/21/2024	Page3 of12
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anu Gupta For ABC School Board 2024

Contributions Received

Column A

TOTAL THIS PERIOD

CALENDAR YEAR

Column B

Column

о ф			TOTALTO DATE	Running in Both the State Primary and General Elections			
<i>3</i> \$	4,472.00	\$	4,472.00				
3	5,000.00		5,000.00	1/1 through 6/30 7/1 to Date			
2 \$	9,472.00	\$	9,472.00	20. Contributions  Received \$ \$			
3	0.00		0.00	21 Expenditures			
4 \$	9,472.00	\$	9,472.00	Made \$ \$			
				Expenditure Limit Summary for State			
4 \$	4,749.42	\$	4,749.42	Candidates			
3	0.00		0.00	22. Cumulative Expenditures Made*			
7 \$	4,749.42	\$	4,749.42	(If Subject to Voluntary Expenditure Limit)			
3	0.00		0.00	Date of Election Total to Date			
3	0.00		0.00	(mm/dd/yy)			
0 \$	4,749.42	\$	4,749.42				
				/ \$			
6 \$	0.00	То	calculate Column B, add				
е	9,472.00						
4	0.00	fro	m Column B of your last	*Amounts in this section may be different from amour reported in Column B.			
е	4,749.42						
5 \$	4,722.58	fig	ures that should be				
		ре	riod amounts. If this is				
2 \$	0.00	for	this calendar year, only				
		fro	m Lines 2, 7, and 9 (if				
e \$	0.00						
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	2 \$ 3 3 4 4 \$ 4 4 \$ 3 3 7 \$ 3 3 3 0 \$ \$ 6 6 \$ \$ 4 4 e e e e e \$ 5 5 \$	2 \$	2 \$ 9,472.00 \$ 3 0.00 4 \$ 9,472.00 \$ 4 \$ 9,472.00 \$ 4 \$ 4,749.42 \$ 3 0.00 7 \$ 4,749.42 \$ 3 0.00 8 4,749.42 \$ 6 \$ 0.00 9,472.00 e 9,472.00 fro rep Column	2 \$       9,472.00       \$       9,472.00         3 0.00       0.00         4 \$       9,472.00       \$       9,472.00         4 \$       4,749.42       \$       4,749.42         3 0.00       0.00       0.00         3 0.00       0.00       0.00         3 0.00       0.00       0.00         4,749.42       \$       4,749.42         4 7,749.42       \$       4,749.42         5 \$       4,749.42       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).         4 0.00       0.00			

SEE INSTRUCTIO	A Contributions Received  INS ON REVERSE  OF ABC School Board 2024		ts may be rounded whole dollars.	Statement cover from01/01/20 through09/21/20	024 Pa	ALIFORM FORM  ge 4  NUMBER 71415	SCHEDULE A  VIA 460  — of — 12
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)		ER ELECTION TO DATE F REQUIRED)
08/30/2024	Pam Eidem Cerritos, CA 90703	⊠IND □COM □OTH □PTY □SCC	Retired Retired	100.00	100.	00 G2024	\$100.00
09/11/2024	KCR Lemon Grove Inc Lemon Grove, CA 91945	□IND □COM ☑OTH □PTY □SCC		250.00	250.	00 G2024	\$250.00
09/01/2024	Krish Foods IncDBA Julio's Pizza Artesia, CA 90701	□IND □COM ☑OTH □PTY □SCC		251.00	251.	00 G2024	\$251.00
08/30/2024	Mansour Meisami Cerritos, CA 90703	IND  COM  OTH  PTY  SCC	Retired Retired	250.00	500.	00 G2024	\$500.00
08/30/2024	Mansour Meisami Cerritos, CA 90703	IND  COM  OTH  PTY  SCC	Retired Retired	250.00	500.	00 G2024	\$500.00
			SUBTOTAL	1,101.00			

#### **Schedule A Summary**

 \*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

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period

TABLE OF FILER  AND GUPTA FOR ABC School Board 2024  DATE RECEIVED  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED  DATE RECEIVED  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED  DATE RECEIVED  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED  CALENDAR YEAR (JAN. 1 - DEC. 31)  CALENDAR YEAR (J	
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DATE RECEIVED  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  CODE *  CONTRIBUTOR CODE *  CODE *  CONTRIBUTOR CODE *  CODE *  CODE *  CONTRIBUTOR CODE *  CODE *  CODE *  CODE *  CONTRIBUTOR CODE *  CODE *  CODE *  CODE *  CODE *  COMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)  CALENDAR YEAR (JAN. 1 - DEC. 31)  COM	
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Cerritos, CA 90703	
Cerritos, CA 90703  COM Retired  OTH	\$100.00
□ PTY □ SCC	\$100.00
08/30/2024 Ernest Ortega Cerritos, CA 90703    XIND   Retired   LASD     OTH   PTY   SCC     SCC	\$100.00
Amar Patel   Cerritos, CA 90703   XIND   Retired   200.00   200.00   G2024   Company	\$200.00
Amit Patel   Cerritos, CA 90703   XIND   Self Employed   250.00   250.00   G2024   COM   OTH   PTY   SCC   SCC   SCC   Score	\$250.00
<b>SUBTOTAL</b> \$ 750.00	

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period

Through 09/21/2024 Page 6 of MAME OF FILER  NAME OF FILER  ANU Gupta For ABC School Board 2024  DATE RECEIVED  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE *  (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  CODE *  (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  (IF RECEIVED THIS PERIOD (JAN. 1 - DEC. 31) (IF RECEIVED THIS OF BUSINESS)	
ANU Gupta For ABC School Board 2024  DATE RECEIVED  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  CONTRIBUTOR CODE *  CONTRIBUTOR CODE *  CONTRIBUTOR CODE *  CONTRIBUTOR OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  O8/30/2024  Ashish Patel  1471415  CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)  (IF RECEIVED THIS OF BUSINESS)  Owner  250.00  250.00  G2024	CTION
DATE RECEIVED    FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)   FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE *   IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)   SUBJECT OF BUSINESS	CTION
DATE RECEIVED  OSCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  OSCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  OSCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  OSCUPATION AND EMPLOYER (JAN. 1 - DEC. 31) (IF RECEIVED THIS PERIOD)  OSCUPATION AND EMPLOYER (JAN. 1 - DEC. 31) (IF RECEIVED THIS PERIOD)  OSCUPATION AND EMPLOYER (JAN. 1 - DEC. 31) (IF RECEIVED THIS PERIOD)  OSCUPATION AND EMPLOYER (JAN. 1 - DEC. 31) (IF RECEIVED THIS PERIOD)  OSCUPATION AND EMPLOYER (JAN. 1 - DEC. 31) (IF RECEIVED THIS PERIOD)  OSCUPATION AND EMPLOYER (JAN. 1 - DEC. 31) (IF RECEIVED THIS PERIOD)  OSCUPATION AND EMPLOYER (JAN. 1 - DEC. 31) (IF RECEIVED THIS PERIOD)	CTION
Cerritos, CA 90703  COM OTH PTY SCC	\$250.00
Marshad Patel   Cerritos, CA 90703   XIND   Owner   250.00   250.00   G2024   COM   OTH   PTY   SCC   SCC   SCC   Company	\$250.00
08/30/2024 Hitesh Patel Cerritos, CA 90703 Self Hospitality Consultant Self 100.00 G2024 Self	\$100.00
D8/30/2024   Jignesh Patel   Cerritos, CA 90703   SIND   Manager/Owner   100.00   100.00   G2024   Com   OTH   PTY   SCC   S	\$100.00
Norwalk, CA 90650   XIND   Manager/Owner   100.00   100.00   G2024   SCC   S	\$100.00
SUBTOTAL\$ 800.00	

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

Artesia, CA 90701    COM	Monetary	netary Contributions Received  Amounts may be rounded to whole dollars.  Statement covers period from01/01/2024						<sup>^</sup> 460
1471415     1471					through09/21/	2024 P	age <sup>7</sup>	of12
DATE   COMMITTER_ALSOENTERID_NUMBER    CONTRIBUTOR   CODE	IAME OF FILER					I.	D. NUMBER	
DATE   RECEIVED   FULL NAME AS DEVERID NUMBER)   CODE	Anu Gupta Fo	r ABC School Board 2024				1	471415	
Artesia, CA 90701    COM		(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  CONTRIBUTOR CODE *  CONTRIBUTOR COCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)  RECEIVED THIS PERIOD		CALENDAR YEAR	₹	TO DATE		
Cerritos, CA 90703	08/30/2024		□COM □OTH □PTY		100.00	100	.00 G2024	\$100.00
Cerritos, CA 90703	08/30/2024		□COM □OTH □PTY		100.00	100	.00 G2024	\$100.00
Cerritos, CA 90703  COM OTH PTY SCC  08/29/2024 Michael Simpfenderfer Bellflower, CA 90706  SIND Retired Retired  OTH PTY SCC  SCC  Retired Retired	08/30/2024		□COM □OTH □PTY		150.00	150	.00 G2024	\$150.00
Bellflower, CA 90706  COM OTH PTY SCC	08/30/2024		□COM □OTH □PTY		250.00	250	.00 G2024	\$250.00
CUPTOTAL ¢ 700 00	08/29/2024		□COM □OTH □PTY		100.00	100	.00 G2024	\$100.00
SUBTOTAL \$ 700.00				SUBTOTAL	\$ 700.00			

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

SCHEDULE A (CONT.)

Statement covers period

o.i.o.a.		to whole	dollars.	from01/01/	2024	F	ORM	460
				through 09/21/	_			of <u>12</u>
NAME OF FILER						I.D. NU	MBER	
Anu Gupta Fo	r ABC School Board 2024					14714	:15	
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 I CALENDAR YE (JAN. 1 - DEC.	AR	TC	ELECTION DATE EQUIRED)
08/15/2024	Louis Talamantez Cerritos, CA 90703		Retired Retired	100.00	10	0.00	G2024	\$100.00
08/30/2024	Richard Trinh Cerritos, CA 90703		Realtor Self	250.00	25	0.00	G2024	\$250.00
08/30/2024	Rohit Vaish Irvine, CA 92604		Programmer Self employed	200.00	20	0.00	G2024	\$200.00
08/27/2024	Soo Yoo Cerritos, CA 90703	⊠IND □ COM □ OTH □ PTY □ SCC	Consultant GGEC	200.00	20	0.00	G2024	\$200.00
		□IND □COM □OTH □PTY □SCC						
			SUBTOTALS	750.00				

Amounts may be rounded

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Schedule B – Part Loans Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA 460
from	01/01/2024	FORM 400
through	09/21/2024	Page9 of12
		I.D. NUMBER
		1471415

Anu Gupta For ABC School Board 2024

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Biotech Engineer Miltenyi Biotec, Inc			PAID  \$ 0.00  FORGIVEN	\$_2,000.00	0.00% RATE	\$_2,000.00	\$ 5,000.00 PER ELECTION**
	\$	\$_2,000.00	\$0.00		\$0.00	07/16/2024 DATE INCURRED	\$ G2024 5,000.00
Biotech Engineer Miltenyi Biotec, Inc			PAID  \$ 0.00  FORGIVEN	\$_3,000.00	<u>0.00%</u> % RATE	\$_3,000.00	\$ 5,000.00 PER ELECTION **
	\$	\$_3,000.00	\$0.00	12/31/2024 DATE DUE	\$0.00	08/15/2024 DATE INCURRED	\$G2024 5,000.00
			PAID \$ FORGIVEN	\$	%	\$	CALENDAR YEAR \$ PER ELECTION **
	\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  Biotech Engineer Miltenyi Biotec, Inc  Biotech Engineer Miltenyi Biotec, Inc	OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)  Biotech Engineer Miltenyi Biotec, Inc  Biotech Engineer Miltenyi Biotec, Inc  Since 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  Biotech Engineer Miltenyi Biotec, Inc  Biotech Engineer Miltenyi Biotec, Inc  Biotech Engineer Miltenyi Biotec, Inc  S	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  Biotech Engineer Miltenyi Biotec, Inc  Signal Received This Period  RECEIVED THIS PERIOD  RECEIVED THIS PERIOD  RECEIVED THIS PERIOD  PAID  \$ 0.00  PAID  \$ 0.00  FORGIVEN  \$ 0.00  FORGIVEN  \$ 0.00  PAID  FORGIVEN  \$ 0.00  PAID  \$ 0.00  FORGIVEN  \$ 0.00	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  Biotech Engineer Miltenyi Biotec, Inc  Signature  Signa	DCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)   BALANCE BEGINNING THIS PERIOD   RECEIVED THIS NAME OF BUSINESS)   PAID THIS PERIOD   PAID   PAID	BALANCE   BEGINNING THIS   RECEIVED THIS   RECEIVED THIS   RECEIVED THIS   PERIOD   RECEIVED THIS   PERIOD   RECEIVED THIS   PERIOD   RECEIVED THIS   PERIOD   PAID   PA

### **Schedule B Summary**

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

(May be a negative number)

1.	Loans received this period	\$ .	5,000.00
	(Total Column (b) plus unitemized loans of less than \$100.)		
2.	Loans paid or forgiven this period	. \$ .	0.00
3.	Net change this period. (Subtract Line 2 from Line 1.)	\$	5,000.00

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

†Contributor Codes IND - Individual

SCC - Small Contributor Committee

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

Enter the net here and on the Summary Page, Column A, Line 2.

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

Schedule E
Payments Made

### Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from01/01/2024	FORM TOO
through09/21/2024	Page10 of12
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	1471415

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anu Gupta For ABC 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
GoDaddy.com LLC Tempe, AZ 85284	WEB	145.31
JustYardSigns.com Orlando, FL 32807	LIT Campaign Yard Signs 18x24100ea	527.18
JustYardSigns.com Orlando, FL 32807	LIT	1,166.18

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 1,838.67

### **Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$_	4,570.99
2. Unitemized payments made this period of under \$100\$_	178.43
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.)	4,749.42

Schedule E	
(Continuation She	et)
Payments Made	

### Amounts may be rounded to whole dollars.

Stater	nent covers period	CALIFORNIA 160
from	01/01/2024	FORM 400
through _	09/21/2024	Page11 of12
		I.D. NUMBER
		1471415

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anu Gupta For ABC 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 MTG meetings and appearances campaign consultants RFD returned contributions CNS CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries petition circulating CVC civic donations PET TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals polling and survey research fundraising events staff/spouse travel, lodging, and meals POL independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor POS

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

LIT campaign literature and mailings PRT print ads WEB infor

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
Allen Liu Cerritos, CA 90703	FND	Fundraising Event Venue Rental	300.00
Los Angeles County Registrar / Recorder Norwalk, CA 90650	FIL		400.00
Los Angeles County Registrar / Recorder Norwalk, CA 90650	WEB	Electronic Voter Information File From County	54.00
S&S Printers Anaheim, CA 92801	СМР		356.87
S&S Printers Anaheim, CA 92801	СМР		580.35

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 

1,691.22

Schedule	Ε	
(Continua	tion	Sheet)
Payments	Mad	de

### Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA 460
from	01/01/2024	FORM 400
through	09/21/2024	Page 12 of 12
		I.D. NUMBER

1471415

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anu Gupta For ABC School Board 2024

**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 MTG meetings and appearances campaign consultants RFD returned contributions CNS CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries petition circulating CVC civic donations PET TEL t.v. or cable airtime and production costs FIL 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

IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services

LEG legal defense PRO professional services (legal, accounting)

TSF transfer between committees of the same candidate/sponsor VOT voter registration

IT 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
Sams Club #6613 Long Beach, CA 90808	FND		141.10
Darshan Singh Artesia, CA 90701	FND	Fundraising Event Catering	900.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 

1,041.10