			-1-1	
Recipient Committee Campaign Statement Cover Page		Los 750	EVED BY	ALIFORNIA 460
	Statement covers period from $\frac{10-23-2022}{10-23-2022}$	Date of election if applicable: 124 MAY 16 (Month, Day, Year)		For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12-31-2022	11-8-2022 Programme	FINANCE	621350 C1/705
1. Type of Recipient Committee: All Committees - Cor	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
O State Candidate Election Committee O Recall (Also Complete Part 5)  General Purpose Committee O Sponsored O Small Contributor Committee	rimanily Formed Ballot Measure committee Controlled Sponsored Use Complete Part 6) Immarily Formed Candidate/ Officeholder Committee Use Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below) Corrections made	Quarterly Special Or	Statement dd-Year Report
	NUMBER 449947	Treasurer(s)	4	:
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	149947	NAME OF TREASURER		
AMI GANDHI 4 PVPUSD SCHOOL BOARD		AMI GANDHI MAILING ADDRESS	<u> </u>	<del></del>
STREET ADDRESS (NO P.O. BOX)	<del>.</del>	RANCHO PALOS VERDES	STATE ZIP CODE  CA 90275	AREA CODE/PHONE 626-376-2982
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		
RANCHO PALOS VERDES CA 90275 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	626-376-2982	MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification				
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of		knowledge the information contained herein and in	n the attached schedule	es is true and complete. I
Executed on	Ву	surer		
Executed on	By ——Si	ent or Respo	onsible Officer of Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Pro	oponent	
Executed on	Bys	Signature of Controlling Officeholder, Candidate, State Measure Pro	oponent	

## Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
FORM

Page 2 of 6

Officeholder or Candidate Controlled Com	ceholder or Candidate Controlled Committee 6. Primarily Formed Ballot Measure Committee						
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE					
AMI GANDHI							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
GOVERNING BOARD MEMBER PVPUSD						1 -	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP RANCHO P. CA 90275	Identify the controlling officeholder, candidate,			ate, or state measure proponent, if any.		
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed to receive		OFFICE SOUGHT OR HELD		ľ	DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER				,	,	, ,
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candofficeholder(s) or candidate(s)	didate/Offic	eholder Con committee is pr	nmittee List rimarily formed.	names of
COMMITTEE ADDRESS (NO P.			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
	P CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	□ SUPPORT □ OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
	P CODE AREA CODE/PHONE		Atta	nch continuation	on sheets if ned	cessary	

## . Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

	through	12-31-2022	Page 3 of 6  I.D. NUMBER  1449947
**Column A	**Column B	Running in Both th General Elections	nmary for Candidates ne State Primary and through 6/30 7/1 to Date \$\$
\$\frac{3,766}{0}\$ \$\frac{3,766}{-3,644}\$ \$\frac{0}{122}\$	\$ 6,563 0 \$ 6,563 0 0 0 6,563		Summary for State  ive Expenditures Made* o Voluntary Expenditure Limit)  Total to Date
\$\frac{1,953}{1,813} \\ \[ \frac{0}{3,766} \\ \frac{0}{0} \\ \frac	<ul> <li>this is the first report being filed for this calendar year,</li> </ul>	reported in Column B.	may be different from amounts  FPPC Form 460 (Jan/2016)
	\$\frac{1,813}{0}\$ \$\frac{1,813}{0}\$ \$\frac{1,813}{0}\$ \$\frac{1,813}{0}\$ \$\frac{3,766}{0}\$ \$\frac{3,766}{-3,644}\$ \$\frac{0}{122}\$ \$\frac{1,953}{1,813}\$ \$\frac{0}{3,766}\$ \$\frac{3,766}{0}\$ \$\frac{3,766}{0}\$ \$\frac{3,766}{0}\$ \$\frac{3,766}{0}\$ \$\frac{3,766}{0}\$ \$\frac{3,766}{0}\$ \$\frac{3,766}{0}\$	Column A	TOTAL THIS PERIOD (PROMATTACHED SCHEDULES)  \$ 1,813

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

Schedule	Α	
Monetary	Contributions	Received

Amounts may be rounded to whole dollars.

SCHEDULE A

www.fppc.ca.gov

Monetary Contributions Received		to	whole donars.	Statement covers period from 10-23-2022		CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through <u>12-31-20</u>	22	Page	4 of _6	
NAME OF FILER AMI GANDI	HI 4 PVPUSD SCHOOL BOARD					I.D. NI 144994	UMBER 17	
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)	
10/24/2022	Elliot Levy  Rancho Palos Verdes, CA 90275	☑IND □COM □OTH □PTY □SCC	Communications, GBT	100	100			
12/5/2022	Roshni Fuller Yorba Linda, CA 92886	☑IND □ COM □ OTH □ PTY □ SCC	Attorney, Self	500	500			
12/5/2022	Purnima Gandhi Covina, CA 91724	IND COM OTH PTY SCC	None (Retired, Retired)	500	500			
12/5/2022	Navin Gandhi Covina, CA 91724	☑ IND □ COM □ OTH □ PTY □ SCC	None (Retired, Retired)	513	513			
12/5/2022	Palos Verdes Democrats-ID # 744025  Torrance, Ca 90501	□ IND ☑ COM □ OTH □ PTY □ SCC		101	101			
			SUBTOTAL \$	1,714				
Amount re (Include al     Amount re	A Summary  ceived this period – itemized monetary contribution  Il Schedule A subtotals.)  ceived this period – unitemized monetary contribution				IND- COM OTH PTY	(other – Other – Politica	ual ient Committee than PTY or SCC) (e.g., business entity)	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C	olumn A, Line 1	.)TOTAL \$	813	PPC Advice: advic		C Form 460 (Jan/2016))	

- · · · -	Amounts may be rounded			SCHEDULE			
Schedule E	to whole do			Statement covers period	CALIFORNIA 460		
Payments Made				from 10-22-2022	FC	RM 400	
SEE INSTRUCTIONS ON REVERSE				through <u>12-31-2022</u>	Page _		
AMI GANDHI 4 PVPUSD SCHOOL BOARD					I.D. NUI		
AMI GANDHI 4 PVPOSD SCHOOL BOARD					14499	47	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli PRO professional si	munications d appearance ses ating urvey researc very and mes	s h senger services	RAD radio airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and production TRC candidate travel, lodging, an staff/spouse travel, lodging, artransfer between committees voter registration information technology costs	luction cost d meals and meals s of the sam	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (	DR DESC	CRIPTION OF PAYMENT		AMOUNT PAID	
SoCal Newspaper Group Ad , Anaheim Ca 92806		PRT	Advertisement			1,829	
Peninsula Magazine Huntington Beach Ca 90254		PRT	Advertisement			1,815	
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.		su	BTOTAL	\$ 3,644	
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedul	le E subtotals.)			•••••	\$	3,644	
2. Unitemized payments made this period of under \$100					\$	122	

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Schedule F Accrued Expenses (Unpaid Bills)  Amounts may be rounded to whole dollars.		Statement cover from 10-23-2022	ers period	CALIFORNIA 46		
through 12-31-2022					Page 6	of 6
SEE INSTRUCTIONS ON REVERSE						
NAME OF FILER					I.D. NUMBI	=R
AMI GANDHI 4 PVPUSD SCHOOL BOARD					1449947	
CODES: If one of the following codes accurately described 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 communication  MTG meetings and appearan  OFC office expenses  PET petition circulating  PHO phone banks  POL polling and survey rese  POS postage, delivery and re  PRO professional services (I  PRT print ads	herwise, describe the payment.  RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals Staff/spouse travel, lodging, and meals TSF transfer between committees of the sam VOT voter registration WEB information technology costs (internet, e			•	
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 PA THIS PERIO (ALSO REPORT	OD E	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Barclays (SoCal Newspaper Group Ad) Place, Anaheim Ca 92806	PRT	1,829	0	1,829	C	)
Barclays (Peninsula Magazine) Huntington Beach Ca 90254	PRT	1,815	0	1,815	. 0	<u>)</u> _
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 3,644	\$ 0	3,644	\$ (	0
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a	chedule F, Column (b) su accrued expenses under S	btotals for \$100.)	INCU	RRED TOTA	LS \$	
<ol><li>Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p</li></ol>	edule F, Column (c) subtot payments on accrued exp	tals for payments on enses under \$100.).		PAID TOTA	LS \$	44
Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	er the difference here and	<u></u>		N	ET \$	644
			FPI	PC Advice: advic	FPPC Fo	be a negative number orm 460 (Jan/2016)) gov (866/275-3772) www.fppc.ca.gov