Recipient Committee Campaign Statement

Cover Page		LUS AN	GELES	-	FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 10/18/2020 through 12/31/2020	Date of election if applicable: 2021 JAN (Month, Day, Year)  11/3/2020  CAMPA		M 5: 04	For Official Use Only  020795  C11369
1. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:			
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Complete Part 6 Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Table 1	Quarterly Special O	Statement dd-Year Report
3. Committee information	NUMBER 31235	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Traci L. Gholar		Mabel Lung MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Monrovia	CA	91016	(626)415-7548
CITY STATE ZIP COL		NAME OF ASSISTANT TREASURER, IF ANY			
MONTOVIA CA 91016 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	6 (626)722-7093	MAILING ADDRESS			
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Monrovia CA 91017 OPTIONAL: FAX/E-MAIL ADDRESS	424-261-2986	OPTIONAL: FAX / E-MAIL ADDRESS			
tlgholarmusd@gmail.com		OPTIONAL: PAX/E-MAIL ADDRESS			
4. Verification				100	
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of C				ıle	es is true and complete. I
Executed on 1/1/2031	Sanorna triat tric i				
Executed on 1112021				-	ti
Executed on	By	ignature of Controlling Officeholder, Candidate, State Measure	roponent		9
Executed on	Bys	ignature of Controlling Officeholder, Candidate, State Measure F	Proponent		FDDC 5 450 (1 /2016))

FPPC Form 460 (Jan/2016))

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

		6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASU	RE			
Traci L. Gholar						
OFFICE SOUGHT OR HELD (INCLUDE LOCA	ATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTI		SUPPORT	
School Board					OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. A	Monrovia CA 91017	Identify the controlling of	fficeholder, candi	date, or state measure pro	ponent, if any.	
	Montovia CA 71017	NAME OF OFFICEHOLDER	R, CANDIDATE, OR I	PROPONENT		
Related Committees Not Include	ed in this Statement: List any committees					
	trolled by you or are primarily formed to receive	OFFICE SOUGHT OR HEL	D	DISTRICT NO	D. IF ANY	
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed C	andidate/Offic	eholder Committee	ist names of	
NAME OF TREASURER	I CONTROLLED COMMITTEE	officeholder(s) or candida				
	DVES DNO	55	te(s) for which this	committee is primarily form	ned.	
COMMITTEE ADDRESS STREET ADD	YES NO	NAME OF OFFICEHOLDER		OFFICE SOUGHT OR HEL	D	
COMMITTEE ADDRESS STREET ADD					D SUPPOR	
1000 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			OR CANDIDATE		D SUPPOR	
	DRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELI	D SUPPOR	
CITY	DRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELI	D SUPPOR OPPOSE  SUPPOR OPPOSE	
CITY	STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELI	D SUPPOR OPPOSE D SUPPOR OPPOSE	
COMMITTEE NAME	STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER	OR CANDIDATE OR CANDIDATE OR CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	D SUPPOR OPPOSE D SUPPOR OPPOSE D SUPPOR OPPOSE	
COMMITTEE NAME	STATE ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER	OR CANDIDATE OR CANDIDATE OR CANDIDATE	OFFICE SOUGHT OR HELI	D SUPPOR OPPOSE D SUPPOR OPPOSE D SUPPOR OPPOSE	
COMMITTEE NAME  NAME OF TREASURER	STATE ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	NAME OF OFFICEHOLDER	OR CANDIDATE OR CANDIDATE OR CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	D SUPPOR  D SUPPOR  D OPPOSE  D SUPPOR  D OPPOSE  D SUPPOR	
COMMITTEE NAME  NAME OF TREASURER	STATE ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER	OR CANDIDATE OR CANDIDATE OR CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	D SUPPOR  OPPOSE  D SUPPOR  OPPOSE  D OPPOSE	

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

from 10/18/2020 CALIFORNIA 460

through 12/31/2020 Page 3 of 17

1431235

SUMMARY PAGE

Mabel Lung Column A Calendar Year Summary for Candidates Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 7606 1/1 through 6/30 7/1 to Date -1000 1000 2. Loans Received... Schedule B. Line 3 20. Contributions -10008606 s n/a SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ Received 0 6250 21. Expenditures s n/a n/a -100014856 Made **Expenditures Made Expenditure Limit Summary for State** 2535.16 7606 Candidates Payments Made... Schedule E. Line 4 0 7 Loans Made Schedule H Line 3 22. Cumulative Expenditures Made\* 2535.16 7606 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date 0 (mm/dd/yy) Nonmonetary Adjustment.... Schedule C. Line 3 2535.16 7606 \$ n/a 11. TOTAL EXPENDITURES MADE. Add Lines 8 + 9 + 10 \$ s n/a Current Cash Statement 3535.16 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. -1000add amounts in Column A to the corresponding 'Amounts in this section may be different from amounts. amounts from Column B reported in Column B. of your last report. Some 2535.16 amounts in Column A may 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED..... Schedule B. Part 2 only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A			its may be rounded whole dollars.	Statement co	were period	SCHEDULE rs period		
Monetary C	Contributions Received			from 10/18/2020		CALIF FO	ORNIA 460	
SEE INSTRUCTIONS	S ON REVERSE			through	020	Page _	4 of 17	
NAME OF FILER Mabel Lung						I.D. NUM 1431235		
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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR ( JAN. 1 - DEC	YEAR	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 S	\$				
(Include all S	Summary eived this period – itemized monetary contribution Schedule A subtotals.)				IND COI	(other th	ent Committee than PTY or SCC) e.g., business entity)	

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$

FPPC Form 460 (Jan/2016)]
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www.fppc.ca.gov

SCC - Small Contributor Committee

#### Schedule A (Continuation Sheet) SCHEDULE A (CONT.) Amounts may be rounded **Monetary Contributions Received** to whole dollars. Statement covers period CALIFORNIA from 10/18/2020 FORM through \_12/31/2020 I.D. NUMBER NAME OF FILER 1431235 Mabel Lung AMOUNT CUMULATIVE TO DATE PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF IF AN INDIVIDUAL, ENTER DATE CONTRIBUTOR TO DATE RECEIVED THIS CALENDAR YEAR CONTRIBUTOR OCCUPATION AND EMPLOYER CODE \* RECEIVED PERIOD (IF REQUIRED) (JAN. 1 - DEC. 31) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF SELF-EMPLOYED, ENTER NAME) ☐ IND □сом OTH PTY SCC ☐ IND □сом □ OTH PTY □ scc ☐ IND □сом □отн □ PTY □ scc ☐ IND □сом □ OTH ☐ PTY □ scc DIND □сом □ OTH

SUBTOTAL \$

□ PTY □ SCC

\*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

100 149 N 1770 Cast 15_1 0/1781	An	nounts may be ro	unded				SCHE	DULE B - PART
Schedule B – Part 1 Loans Received		to whole dollar		from 10/18/2020 CAL			CALIFORI FORM	NIA 460
SEE INSTRUCTIONS ON REVERSE					through _12/31/2	020	Page 6	of 17
NAME OF FILER							I.D. NUMBER	
Mabel Lung							1431235	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	RECEIVED THIS	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Donna Baker Monrovia, CA 91016	Realtor D.B.A.K. Enterprises Inc	1000	0	\$ 1000	s <u>0</u>	O NATE	\$_1000	\$ 1000  PER ELECTION
†Ø IND □ COM □ OTH □ PTY □ SCC		\$	\$	s	01/12/20a	s <u>0</u>	7/31/2020 DATE INCURRED	
				\$ FORGIVEN	s	RATE	s	\$ PER ELECTION
TO IND COM OTH PTY SCC		\$		☐ PAID	DATE DUE		DATE INCURRED	CALENDAR YEAR
				\$FORGIVEN	s	RATE	5	\$PER ELECTION
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	5	DATE INCURRED	\$
		SUBTOTALS	\$ 0	\$ 1000	\$ 0	<b>\$</b> 0		
Schedule B Summary  1. Loans received this period(Total Column (b) plus unitemized loa  2. Loans paid or forgiven this period(Total Column (c) plus loans under \$\frac{1}{2}\$ (Include loans paid by a third party the strange this period. (Subtract Lie	ans of less than \$100.)  100 paid or forgiven.)  at are also itemized on Sche	edule A.)		\$ 100		1	Contributor Code ND – Individual COM – Recipient C	Committee PTY or SCC)

(May be a negative number)

non y

\*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

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 10/18/2020	FORM 460
through 12/31/2020	Page 7 of 17
	I.D. NUMBER
	1431235

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	OUTSTANDING TO DATE
□IND □COM		LENDER		CALENDAR YEAR	
□OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)	
□IND □COM		LENDER		CALENDAR YEAR	
□ OTH □ PTY □ SCC	_	DATE	_	PER ELECTION (IF REQUIRED)	
□IND □COM		LENDER	_	CALENDAR YEAR	
□OTH □PTY □SCC		DATE	_	PER ELECTION (IF REQUIRED)	
□ IND □ COM		LENDER		CALENDAR YEAR	
□OTH □PTY □SCC		DATE	_	PER ELECTION (IF REQUIRED)	
	PTY   SCC   IND   COM   OTH   PTY   SCC   IND   COM   OTH   PTY   SCC   IND   COM   OTH   PTY   TOWN   TO	OTH	OTH	OTH	OTH

Schedule C		Amounts may be rounded					SCHEDULE		
	tary Contributions Received		to whole dollars.	Statement covers period from _10/18/2020			CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE				thro	ugh 12/31/2020		Page 8	of
NAME OF FILER	ING ON REVERSE							I.D. NUME	REP
Mabel Lung								1431235	100000
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		OTH SCC							
		OTH SCC							
		OTH SCC							
		OTH SCC							
Attach additi	onal information on appropriately labeled	continuation	sheets.	SUBTO	OTAL \$	3			
Schedule (	C Summary						(*Cor	tributor Cod	ies
1. Amount re	ceived this period – itemized nonmonetal				\$_		IND	- Individual I - Recipien (other tha	it Committee an PTY or SCC)
		\$_		_ PTY	<ul> <li>Political F</li> </ul>	g., business entity) Party ntributor Committee			
	nonetary contributions received this period a 1 and 2. Enter here and on the Summar		nn A, Lines 4 and 10.)	ТОТА	L \$_				

### Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1431235 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE PER ELECTION DESCRIPTION AMOUNT THIS DATE MEASURE NUMBER OR LETTER AND JURISDICTION, TYPE OF PAYMENT CALENDAR YEAR TO DATE (IF REQUIRED) PERIOD OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) ■ Monetary Contribution Nonmonetary Contribution Independent Support Oppose Expenditure ☐ Monetary Contribution ■ Nonmonetary Contribution Independent Support Oppose Expenditure ☐ Monetary Contribution ■ Nonmonetary Contribution ☐ Independent Support □ Oppose Expenditure SUBTOTAL \$

#### Schedule D Summary

1.	. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$
2.	. Unitemized contributions and independent expenditures made this period of under \$100	\$
2	Total contributions and independent expenditures made this period (Add Lines 1 and 2. Do not enter on the Summary Page.)	•

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

Amounts may be rounded to whole dollars.

| Statement covers period | FORM | 10/18/2020 | CALIFORNIA | 460 | FORM | 12/31/2020 | Page | 10 | of | 17 | | 1.D. NUMBER | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1431235 | 1

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution Nonmonetary Contribution Independent				
	Support Dppose	Expenditure				
	Support Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure  Monetary Contribution  Nonmonetary Contribution				
	Support Oppose	Independent Expenditure				
_ 1	☐ Support ☐ Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure				

Schedule E Payments Made	Amounts may b to whole do			Statement covers period from		ORNIA 460
SEE INSTRUCTIONS ON REVERSE			71/30	through 12/31/2020	Page _	
Mabel Lung					1.D. NUN 14312	
CODES: If one of the following codes accurately describe	es the payment, ye	ou may er	nter the code. Oth	erwise, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and su POS postage, delin PRO professional su PRT print ads	I appearance es ating urvey researe very and mes	ch ssenger services	RAD radio airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and transfer between committees VOT voter registration WEB information technology costs	uction costs d meals and meals s of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER LD. NUMBER)		CODE	OR DE	SCRIPTION OF PAYMENT		AMOUNT PAID
Food Exploration and Discovery (Food Ed)	D	CVC	tax-exempt non	d Exploration and Discovery which		\$1000
Premiere Political Communications	11-0	POS	Voter List Roboo	alls & Text Messaging Service		\$603.15
A TV coner	D					
Monrovia Reads Inc.		CVC		nrovia Reads which a tax-exempt no licated to promoting literacy in the	onprofit	\$702.97
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.				2306.12
Schedule E Summary	3		1440			A 1100 A
Itemized payments made this period. (Include all Schedule)	e E subtotals.)				\$	306.12
Unitemized payments made this period of under \$100					2	29.04
Total interest paid this period on loans. (Enter amount from						

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER		Amounts may be to whole do			from	10/18/2020 ugh 12/31/2020	CALIFORNIA 460 FORM  Page 12 of 17		
Ma	bel Lung						1431235	5	
CMP CNS CTB CVC FIL FND IND	CES: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and so POS postage, deliv PRO professional: PRT print ads	munication I appearances ating urvey reseavery and m	s ces arch essenger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and producti returned contributions campaign workers' salarie t.v. or cable airtime and pi candidate travel, lodging, staff/spouse travel, lodgin	on costs es roduction costs and meals g, and meals ees of the sam	ne candidate/sponso	
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTI	ON OF PAYMENT		AMOUNT PAID	
						7			
						20			

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

SUBTOTAL \$

Schedule F Accrued Expenses (Unpaid Bills)	npaid Bills)  Amounts may be rounded to whole dollars.				CALIFORNIA 460	
CEE INCTIDUCTIONS ON REVERSE			through	)20	Page of	
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER					I.D. NUMBER	
Mabel Lung					1431235	
CODES: If one of the following codes accurately describe	the newsest way man	antes the sade Ott	and a describe the			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and reprofessional services ( PRT print ads	ons inces earch messenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable airl TRC candidate trave TRS staff/spouse tra	nd production cost butions ters' salaries time and production el, lodging, and me tivel, lodging, and it en committees of to	on costs eals meals he same 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 PAI THIS PERIO (ALSO REPORT O	D BALANCE AT CLOS	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$ \$	;	\$	
Schedule F Summary						
Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total unitemize.)	Schedule F, Column (b) sud accrued expenses under	btotals for \$100.)	INCU	RRED TOTAL	s \$	
<ol><li>Total accrued expenses paid this period. (Include all So accrued expenses of \$100 or more, plus total unitemize.</li></ol>	hedule F, Column (c) subtood payments on accrued exp	tals for payments on senses under \$100.).		. PAID TOTAL	.s \$	
Net change this period. (Subtract Line 2 from Line 1. E on the Summary Page, Column A, Line 9.)	nter the difference here and	d 		NE	T\$	

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from 10/18/2020	CALIFORNIA 460	
NAME OF FILER		through	Page 14 of 17	
Mabel Lung			1431235	
CODES: If one of the following codes accurately of CMP campaign paraphernalia/misc.	describes the payment, you may enter the co- MBR member communications	de. Otherwise, describe the payment RAD radio airtime and production		
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and appearances OFC office expenses	RFD returned contributions SAL campaign workers' salaries		

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PHO phone banks

PRT print ads

POL polling and survey research

FIL candidate filing/ballot fees

LIT campaign literature and mailings

IND independent expenditure supporting/opposing others (explain)\*

FND fundraising events

LEG legal defense

	SUBTOTALS				1
		OF THIS PERIOD	THIS PERIOD	(ALSO REPORT ON E)	OF THIS PERIO
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING	(b)  AMOUNT INCURRED	(c) AMOUNT PAID THIS PERIOD	OUTSTANDING BALANCE AT CLO

TRC candidate travel, lodging, and meals

VOT voter registration

TRS staff/spouse travel, lodging, and meals

WEB information technology costs (internet, e-mail)

TSF transfer between committees of the same candidate/sponsor

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

# Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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 PET petition circulating TEL t.v. or cable airtime and production costs CVC civic donations 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 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)

<sup>\*</sup> 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 PAIL
		- 1-00	

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

<sup>\*</sup> 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 Amounts may be rounded Statement covers period CALIFORNIA to whole dollars. from \_\_10/18/2020 Loans Made to Others\* **FORM** through \_\_12/31/2020 Page 16 of 17 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 1431235 IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OUTSTANDING OUTSTANDING OCCUPATION AND EMPLOYER **AMOUNT** REPAYMENT OR **ORIGINAL** CUMULATIVE OF RECIPIENT BALANCE BALANCE AT INTEREST (IF SELF-EMPLOYED, ENTER LOANED THIS **FORGIVENESS** AMOUNT OF LOANS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) BEGINNING THIS CLOSE OF THIS RECEIVED NAME OF BUSINESS) PERIOD THIS PERIOD\* LOAN TO DATE PERIOD PERIOD CALENDAR YEAR ☐ PAID RATE FORGIVEN PER ELECTION" DATE DUE DATE INCURRED CALENDAR YEAR ☐ PAID RATE FORGIVEN PER ELECTION DATE DUE CATE INCURRED \*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be SUBTOTALS \$ reported on Schedule E. (Enter (e) on Schedule I, Line 3) Schedule H Summary 1. Loans made this period .......\$ (Total Column (b) plus unitemized loans of less than \$100.) \*\*If Required 2. Payments received on loans......\$ (Total Column (c) plus unitemized payments of less than \$100.) 

(Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

Schedule I		Amounts may be rounded		SCHEDULEI		
Miscellaneous Increases to Cash	creases to Cash	to whole dollars.	Statement covers period from 10/18/2020	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVE	EDCE		through	Page 17 of 17		
NAME OF FILER	ERSE			1.D. NUMBER		
				1431235		
DATE	FULL NAME AND ADDRESS OF SOUR	RCE	DESCRIPTION OF RECEIPT	AMOUNT OF		
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER	(1)	DEGOTTO TO THE DEATH	INCREASE TO CASH		
i						
Attach additional inform	mation on appropriately labeled continuation sl	heets.	SUBTO	TAL \$		
Schedule I Summa						
	cash this period					
	s to cash of under \$100 this period					
<ol><li>Total of all interest re</li></ol>	ceived this period on loans made to other	rs. (Schedule H, Column (e).)	\$			
Total miscellaneous i     Summary Page, Line	increases to cash this period. (Add Lines e 14.)	1, 2, and 3. Enter here and on the	TOTAL \$			
,				FPPC Form 460 (Jan/2016)) advice@fppc.ca.gov (866/275-3772)		

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