	-				1/3/12	z PM	COVER PAGE
Recipient Committee Campaign Statement Cover Page					Date Stamp	CA	LIFORNIA 460 FORM
		from	Statement covers period 7/1/20	Date of election if applicables (Month, Day, Year)	ANGELES CO	UNTY Pag	e of17 For Official Use Only
SEE INSTRUCTIONS ON REVERSE		thro	ugh12/31/20		AMPAIGN FINA	ANCE	
1. Type of Recipient Committee:	All Committee	es - Complete I	Parts 1, 2, 3, and 4.	2. Type of Statement:	N. 11.		
✓ Officeholder, Candidate Controlled Co		Commit O Coni O Spoi (Also Comple	trolled insored insored insored for Part 6) y Formed Candidate/ older Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	t ermination)	☐ Quarterly Si☐ Special Odd	tatement 3-Year Report
3. Committee Information		I.D. NUMB 14071		Treasurer(s)			
Friends of Maritza Travanti for M				NAME OF TREASURER Neil Travanti MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)				Monrovia	CA	2IP CODE 91016	AREA CODE/PHONE 626-698-2535
CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURE		01010	020 000 2000
Monrovia	ca	91016	626-824-0826	N/A			
MAILING ADDRESS (IF DIFFERENT) NO. AND ST	REET OR P.O	. BOX		MAILING ADDRESS			
СПҮ	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADDRES	SS		- Direction
maritza4monroviaschoolboard@	gmail.con	1		neil.travanti@gmail.cor			
4. Verification				***************************************			
I have used all reasonable diligence in pre- certify under penalty of perjury under the le					herein and in the atta	sched schedules	s is true and complete. I
Executed on Nov 1/30/2	2	-	By.		Treasurer		
Executed on		-	By.		oponent or Responsible Office	per of Sponsor	
Executed onDate		_	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent		
Executed on		-	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent		

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
Maritza Travanti								
	ION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ION		SUPPORT	
Monrovia Unified School District E								
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	Monrovia, CA 91016		Identify the controlling office	ceholder, cand	didate, or state	measure propo	onent, if any.	
	monotal exterior		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT			
Related Committees Not Include	ed in this Statement: List any committees							
	trolled by you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. II	ANY	
COMMITTEE NAME	I.D. NUMBER							
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate(ndidate/Offic s) for which thi	ceholder Co	ommittee Lis primarily forme	t names of i.	
	YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	TOFFICE SOL	IGHT OR HELD		
COMMITTEE ADDRESS STREET ADD	PRESS (NO P.O. BOX)		NAME OF OFFICEROESER OR	CANDIDATE	OTTICE GOO	OIII OII III	SUPPORT OPPOSE	
CITY	STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOI	IGHT OR HELD	-	
			NAME OF OFFICEROLDER OR	CARDIDATE	O FIGE SOC	IGHT OKTILLD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	П	
	YES NO						SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)							
	STATE ZIP CODE AREA CODE/PHONE							
CITY	STATE ZIP CODE AREA CODE/PHONE			tach continuat				

Campaign Disclosure Statement **Summary Page**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Stateme	7/1/20	CALIFORNIA 460
through	12/31/20	Page3 of17
		1.D. NUMBER 1407175

Friends of Maritza Travanti for MUSD Board - 2018 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE General Elections 1. Monetary Contributions...... Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 0 0 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 0 4. Nonmonetary Contributions...... Schedule C. Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED.......Add Lines 3 + 4 \$ **Expenditures Made** Expenditure Limit Summary for State 216.00 Candidates Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 108.00 216.00 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date 0 (mm/dd/yy) 216.00 108.00 Current Cash Statement 467.62 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ____ To calculate Column B. add amounts in Column 13. Cash Receipts Column A, Line 3 above 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 108.00 15. Cash Payments Column A, Line 8 above amounts in Column A may 359.62 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). 18. Cash Equivalents See instructions on reverse \$ 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 Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received		to v	vhole dollars.	Statement covers period 7/1/20		CALIFORNIA 460,	
SEE INSTRUCTION	ONS ON REVERSE			through12	2/31/20	Page _	4 of 17
NAME OF FILER						I.D. NUN	
Friends of	f Maritza Travanti for MUSD Board - 2018					140717	75
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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		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	0			
1. Amount re	A Summary eceived this period – itemized monetary contributions. ill Schedule A subtotals.)		s	0	IN		
	eceived this period – unitemized monetary contribution			0		TH - Other (e.g., business entity)
3. Total mon	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col			0		TY - Political CC - Small C	Contributor Committee

FPPC Form 460 (Jan/2016)

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

Schedule A (Continuation Sheet) SCHEDULE A (CONT.) Amounts may be rounded **Monetary Contributions Received** to whole dollars. Statement covers period CALIFORNIA **FORM** 7/1/20 from 12/31/20 _ of _ 17 5 through I.D. NUMBER NAME OF FILER Friends of Maritza Travanti for MUSD Board - 2018 1407175 IF AN INDIVIDUAL, ENTER **CUMULATIVE TO DATE** AMOUNT PER ELECTION CONTRIBUTOR DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE CODE * RECEIVED (IF COMMITTEE, ALSO ENTER LD. NUMBER) (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) ☐ IND □ СОМ □ OTH PTY SCC ☐ IND ☐ COM □отн ☐ PTY □ scc ☐ IND СОМ □отн PTY SCC ☐ IND □ сом ОТН PTY

SUBTOTAL \$

0

SCC IND COM OTH 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

	A	aunte may be re-	unded				SCHE	DULE B - PART 1	
Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.				Statement coverage from 7/1	ers period /20	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through12	/31/20	Page 6	of 17	
AME OF FILER Friends of Maritza Travanti for MUSD Boo	ard - 2018						1.D. NUMBER 1407175		
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(e) AMOUNT PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
□ IND □ COM □ OTH □ PTY □ SCC		s	\$	PAID FORGIVEN \$	\$DATE DUE	RATE %	\$ DATE INCURRED	SPER ELECTION***	
□ IND □ COM □ OTH □ PTY □ SCC		s	\$	PAID FORGIVEN	\$DATE DUE	RATE \$	\$DATE INCURRED	S PER ELECTION **	
				PAID FORGIVEN	•	RATE %		CALENDAR YEAR S PER ELECTION ***	
□ IND □ COM □ OTH □ PTY □ SCC			5	\$	DATE DUE	\$	DATE INCURRED	1	

Schedule B Summary

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

0

0 \$

1. Loans received this period\$ (Total Column (b) plus unitemized loans of less than \$100.)

SUBTOTALS \$

0\$

- 2. Loans paid or forgiven this period\$ (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)
- Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

0 \$

†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

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

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

Schedule	B-Part 2
Loan Gua	rantors

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 2

Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		Statement covers period from 7/1/20	CALIFOR	NIA 460
SEE INSTRUCTIONS ON REVERSE				through12/31/20	Page7	of 17
NAME OF FILER					I.D. NUMBER	l
Friends of Maritza Travanti for MUSD Boa	ard - 2018				1407175	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□ IND □ COM		LENDER		CALENDAR YEAR	
	□ OTH □ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)	
	□IND		LENDER		SCALENDAR YEAR	
	□ COM □ OTH □ PTY	-	DATE		PER ELECTION (IF REQUIRED)	
	□scc				1	
	□ IND □ COM		LENDER		\$	
	□ OTH □ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)	
	□ IND		LENDER		CALENDAR YEAR	
	□OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)	
			SUB	TOTAL \$ 0	Enter on Summary Page, Line 17 only.	

Schedule C		Amounts may be rounded						SCHEDULE C			
Nonmone	tary Contributions Received to whole dollars. Statement covers period from 7/1/20		eriod	CALIF FO	ORNIA	460					
SEE INSTRUCTION	NG ON DEVEDGE				through	12/31/2	20	Page	8 of.	17	
NAME OF FILER	NO ON REVERSE					- WE-		I.D. NUME			
Friends of M	Maritza Travanti for MUSD Board - 2018							140717			
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 OF	FS FAIR	IOUNT/ MARKET ALUE	CALENDA	TIVE TO TE AR YEAR DEC 31)	TO	LECTION DATE QUIRED)	
		OTH SCC									
		□IND □COM □OTH □PTY □SCC									
		□IND □COM □OTH □PTY □SCC									
		☐IND ☐COM ☐OTH ☐PTY ☐SCC									
Attach additio	onal information on appropriately labeled	continuation :	sheets.	SUBTOT	AL\$	0				***	
Schedule C	Summany										
1. Amount rec	ceived this period – itemized nonmonetar Schedule C subtotals.)				•	0	IND	ntributor Co – Individua /I – Recipie	1	ee	
	ceived this period – unitemized nonmone					0			an PTY or	SCC)	
3. Total nonmo	onetary contributions received this period 1 and 2. Enter here and on the Summar	d.				0	P. C. UK 95 (25)	- Political - Small Co		Committee	

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

mmary of Expenditures pporting/Opposing Other ndidates, Measures and Committees		Amounts may be rou to whole dollars		Statement covers period from 7/1/20		CALIFORNIA 460		
INSTRUCTIO	NS ON REVERSE		243	through12/3	1/20	Page	9 of 17	
e of filer riends of N	Maritza Travanti for MUSD Board - 2018					1.D. NUMB 140717		
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 CALENDAI (JAN. 1 - DI	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	2 00,000		SUBTOTAL	\$ 0				

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. **Summary of Expenditures** Statement covers period CALIFORNIA Supporting/Opposing Other FORM 7/1/20 Candidates, Measures and Committees 12/31/20 10 of 17 through NAME OF FILER LD. NUMBER Friends of Maritza Travanti for MUSD Board - 2018 1407175 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR **CUMULATIVE TO DATE** PER ELECTION DESCRIPTION **AMOUNT THIS** DATE TYPE OF PAYMENT MEASURE NUMBER OR LETTER AND JURISDICTION. CALENDAR YEAR TO DATE (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support ☐ Oppose Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure ☐ Oppose ☐ Support Monetary Contribution ■ Nonmonetary Contribution ☐ Independent ☐ Oppose Expenditure ☐ Support Monetary Contribution ☐ Nonmonetary Contribution Independent Expenditure ☐ Support ☐ Oppose SUBTOTAL \$

0

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Maritza Travanti for MUSD Board - 2018	Amounts may to whole		from 7/1/20 through 12/31/20	CALIFORNIA 460 FORM 17 Page 11 of 17 I.D. NUMBER 1407175
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 IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member co MTG meetings a OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de	mmunications nd appearances nses culating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salarie tv. or cable airtime and production TRC candidate travel, lodging, staff/spouse travel, lodging,	on costs s roduction costs and meals g, and meals ees of the same candidate/sponsor
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 b	e summarized on Sci	nedule D.	S	SUBTOTAL \$
Schedule E Summary				. 0
1. Itemized payments made this period. (Include all Schedul				400.00
Unitemized payments made this period of under \$100				\$
3. Total interest paid this period on loans. (Enter amount from				\$
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and o	n the Summary Page, Co	iumn A, Line 6.) 1	UIAL \$

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

PRT print ads

		OUTEDOLL E (OUT)
Stateme	ent covers period	CALIFORNIA 460
from	7/1/20	FORM 400
through	12/31/20	Page 12 of 17
		I.D. NUMBER
		1407175

WEB information technology costs (internet, e-mail)

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

Friends of Maritza Travanti for MUSD Board - 2018

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/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 TRC candidate travel, lodging, and meals PHO phone banks FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration

NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT **AMOUNT PAID** (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

SUBTOTAL \$

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

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement cover	20	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE			through12/3	31/20 Pag	e 13 of 17		
NAME OF FILER Friends of Maritza Travanti for MUSD Board - 2018				2000.000	имвек 7175		
CODES: If one of the following codes accurately described CMP campaign paraphemalia/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 appearant 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	nces earch nessenger services	RAD radio airtime an RFD returned contrib SAL campaign work TEL t.v. or cable airti TRC candidate trave staff/spouse tra TSF transfer betwee VOT voter registratio	d production costs nutions ers' salaries ime and production cos I, lodging, and meals vel, lodging, and meals n committees of the sa	me 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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		

Schedule F Summary

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

1,	Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for	
	accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	0
2	Total approach avanages and this period. (Include all Schodule E. Column (a) subtotals for normante as	

SUBTOTALS \$

0 \$

0 \$

Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

0 \$

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers per	7 7 6 1 3
from7/1/20	FORM TOO
through12/31/20	Page 14 of 17
	I.D. NUMBER 1407175

NAME OF FILER

Friends of Maritza Travanti for MUSD Board - 2018

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

CMP	campaign paraphemalia/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		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)

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

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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	SUBTOTALS	\$ 0	\$ 0 :	0	\$

Schedule G Payments Made by an Agent or Independer Contractor (on Behalf of This Committee)	7/1/20 12/31/20	CALIFORNIA 460 FORM 15 of 17				
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	I.D. NUMBER					
Friends of Maritza Travanti for MUSD Board - 2018	1407175					
NAME OF AGENT OR INDEPENDENT CONTRACTOR						
CODES: If one of the following codes accurately describe						
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 * Payments that are contributions or independent expenditures must also be	OFC office experience of petition cir phone bar polling and postage, dependence of profession print ads	s and appearances spenses spenses circulating anks and survey research spenses delivery and messenger services onal services (legal, accounting) spenses SAL campaign workers' salaries t.v. or cable airtime and procandidate travel, lodging, a staff/spouse travel, lodging, a staff/spouse travel, lodging transfer between committee voter registration WEB information technology contractions.			s oduction costs and meals g, and meals ses of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION OF PA	YMENT	AMOUNT PAID	

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

0

								SCHEDULE H
Schedule H Loans Made to Others*	Amounts may be rounded to whole dollars.			Statement covers period 7/1/20 12/31/20		CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through		Page 16 of 17	
Friends of Maritza Travanti for MUSD B	pard - 2018						1.D. NUMBER 1407175	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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	(b) AMOUNT LOANED THIS PERIOD	(o) REPAYMENT (FORGIVENES THIS PERIO	SS CLOSE OF THIS	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID				CALENDAR YEAR
				s			1	\$
				FORGIVEN		RATE		PER ELECTION**
		\$	\$	s	DATE DUE	\$	DATE INCURRED	s
				PAID				CALENDAR YEAR
				5	s	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
		s	\$	1	DATE DUE	s	DATE INCURRED	s
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$ 0	\$	0 \$ 0	\$ 0		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans	s of less than \$100.)				\$	0	- [**If Required
Payments received on loans (Total Column (c) plus unitemized payments					\$	0	_	
Net change this period. (Subtract Line : (Enter the net here and on the Summa			••••••	***************************************		O ay be a negative number	,	

Schedule I		Amounts may be rounded		SCHEDULE
Miscellaneous Increases to Cash		to whole dollars.	Statement covers period	CALIFORNIA 460
			from7/1/20	- FORM
SEE INSTRUCTIONS ON REVE	Per	through12/31/20	Page 17 of 17	
NAME OF FILER	not		I.D. NUMBER	
Friends of Maritza Tra	vanti for MUSD Board - 2018			1407175
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURC (IF COMMITTEE, ALSO ENTER LD. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
				-
Attach additional infon	mation on appropriately labeled continuation sh	eets.	SUBTO	TAL\$ 0
Schedule I Summa	ary			
1. Itemized increases to	o cash this period.		\$	0
2. Uniternized increase	s to cash of under \$100 this period		ss	0
3. Total of all interest re	eceived this period on loans made to others	s. (Schedule H, Column (e).)	\$\$	0
	increases to cash this period. (Add Lines 1		TOTAL \$	0