Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON DEVERSE

Executed on \_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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**ALIFORNIA FORM** 

of the State of California
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For Official Use Only

RECEIVED BY ANGELES COUNTY

Date of election if applicable:

(Month, Day, Year)

SEP 22 2020

	SEE INSTRUCTIONS ON REVERSE	through <u>wazy say zozo</u>			1141	22740
	1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
1	O State Candidate Election Committee O Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	[	Quarterly Sta	tement Year Report
•	Small Contributor Committee	Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)				
	3. Committee Information	D. NUMBER	Treasurer(s) Tricia O'Br	ien		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	<u>ren</u>	<del></del>	
	Committee to Elect Mary Sneed		MAILING ADDRESS			+ Y1
	STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
			El Monte	CA	91731	626-379-4946
	CITY STATE ZIP CO		NAME OF ASSISTANT TREASURER, IF ANY			
	Arcadia CA 910  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
1	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			
	msneedtc@yahoo.com		trish1114@aol.com			
	l. Verification					
	I have used all reasonable diligence in preparing and reviewin		owledge the information contained herein and	in the attac	ched schedules is	s true and complete. I
	certify under penalty of perjury under the laws of the State of	California that the foregoin				
	Executed on 9/20/2020	Ву	er			
	Executed on 9/20/2020	By —	- Page	onsible Office	r of Spanner	
	Executed on	Ву	or Kesp	O ISILIE OIICE	or aponsur	
	Date	Sign	nature of Controlling Officeholder, Candidate, State Measure P	roponent		

FPPC Form 460 (Jan/2016))

### Recipient Committee Campaign Statement Cover Page — Part 2

	COVER F	PAGE - PART 2
CALI	FORNI	<sup>4</sup> 460
F	ORM	100
Page_	2	of 17

5.	Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballo	t Measure	Committee		
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
	Marv A. Sneed							
	Temple City Unified School	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ION	1-	SUPPORT OPPOSE
•	Governing Board Member	07177						3 0.1 002
•	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling office	holder, candi	idate, or state i	measure prop	onent, if any.
				NAME OF OFFICEHOLDER, CAN	NDIDATE, OR F	PROPONENT		
	Related Committees Not Included in this Stat	ement: List any committees						
	not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD	-		DISTRICT NO.	. IF ANY
	COMMITTEE NAME Committee to Elect	I.D. NUMBER						· · ·
	Mary Sneed		7	Primarily Formed Cand	idate/Offic	eholder Co	mmittee /:	st names of
	NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s)	for which this	committee is p	orimarily forme	ed.
	Tricia O'Brien	X YES NO				Tarrior con		
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		NAME OF OFFICEHOLDER OR (	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT
	CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	
	Arcadia CA 910							☐ SUPPORT ☐ OPPOSE
•		I.D. NUMBER		NAME OF OFFICEHOLDER OR (	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B							OPPOSE
	CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attac	ch continuatio	on sheets if ne	ecessary	

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 8/3/2020 CALIFORNIA 460 FORM Page 3 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

through 12/31/2020 Page 3 of 17

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 1,117.00 \$ 1,907.00 366.67 \$ 2,273.67	\$	1/1 through 6/30 7/1 to Date  20. Contributions
Expenditures Made  6. Payments Made	\$ \$790.00 \$ \$790.00 366.67 \$ 1,156.67	\$ \$790.00 \$ \$790.00 \$ 366.67 \$ 1,156.67	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)  \$/
Current Cash Statement  12. Beginning Cash Balance	1,907.00 \$790.00 \$1,117.00	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	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts  18. Cash Equivalents		any).	FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

### Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	Statement covers period from <u>8/3/2020</u>		CALIFORNIA 460	
SEE INSTRUCTION	DNS ON REVERSE			through <u>12/31</u>	/2020	Page	. 4 of <u>17</u>
NAME OF FILER						I.D. N	UMBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
8/13/2020	Staci Hazlett	IXIND □ COM □ OTH □ PTY	Human Resources Director-Total	<b>\$50.00</b>			<b>4</b>
0/13/2020	Arcadia, CA 91007	scc	Education Solutions	\$50.00	\$50.00		\$50.00
8/13/2020	Tricia O'Brien El Monte, CA 91731	X  IND   COM   OTH   PTY   □ SCC	Accounting Supervisor Total Education Solutions	\$52.00	\$52.00		\$52.00
8/14/2020	Vicki Riechers Arcadia, CA 91007	IND □ COM □ OTH □ PTY □ SCC	RETIRED	\$25.00	\$25.00		\$25.00
8/19/2020	Jerry Jambazian San Gabriel, CA 91775	IND COM OTH PTY	Owner Wonder Cleaners	\$100.00	\$100.00		\$100.00
8/26/2020	William Sneed Detroit, MI 48214	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Computer Animator Yankee Peddler	\$500.00	\$500.0	0	\$500.00
			SUBTOTAL \$	727.00	er and Contact		
Amount red     (Include all     Amount red	A Summary  ceived this period – itemized monetary contribution  Schedule A subtotals.)				IND - COM OTH PTY	other) Other – Politica	ual ient Committee than PTY or SCC) (e.g., business entity)
	etary contributions received this period.  1 and 2. Enter here and on the Summary Page. (	Column A. Line 1	) TOTAL \$			FPP	C Form 460 (Jan/2016))

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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

	Statement covers period from 8/3/2020	CALIFORNIA 460
	through <u>12/31/2020</u>	Page5 of17
•		I.D. NUMBER

NAME OF FILER

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/26/2020	Tom larossi San Marcos, CA 92078	XIND COM OTH PTY SCC	Retired Military	\$100.00	\$100.00	\$100.00
8/26/2020	Teresa Kilfoyle Rancho Mirage, CA 92270	XIND □ COM □ OTH □ PTY □ SCC	Office Manager Accurate Alloys	\$100.00	\$100.00	\$100.00
8/26/2020	Angelina Iarossi-Armenio Temple City, CA 91780	XIND □ COM □ OTH □ PTY □ SCC	Retired	\$100.00	\$100.00	\$100.00
9/12/2020	Jonathan Sneed Chino, CA 91710	IXIND COM OTH PTY SCC	LA County Sheriff Deputy	\$40.00	\$40.00	\$40.00
8/12/2020	Mary Sneed Arcadia, CA91007	XIND COM DOTH PTY SCC	Retired Teacher Temple City Unified School District	\$50.00	\$50.00	\$50.00

\*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

Schedule B – Part	•
Loans Received	

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA ACO

Loans Received					from <u>8/3/202</u>	20	FORM	*** 40U
SEE INSTRUCTIONS ON REVERSE					through 12/3	1/2020	Page 6	of_17_
NAME OF FILER							I.D. NUMBER	
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	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Mary Sneed Arcadia, CA91007	Retired Teacher Temple City Unified School District			FORGIVEN	\$	% RATE	\$ 790.00	\$ 790.00
TIND □ COM □ OTH □ PTY □ SCC	Offined School District	\$ 790.00	\$_790.00	\$	DATE DUE	\$	8/12/2020 DATE INCURRED	1
				\$ FORGIVEN	s	RATE	\$	\$PER ELECTION*
†   IND   COM   OTH   PTY   SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				\$ FORGIVEN	. \$	% RATE	\$	\$PER ELECTION
†   IND   COM   OTH   PTY   SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	S	UBTOTALS \$	;	\$	\$	\$		
Schedule B Summary						(Enter (e) on Schedu	ule E, Line 3)	
1 Leans received this period				•	790.00			

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

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.) 0.00 

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

†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.

(May be a negative number)

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.			•	CALIFOR	NIA 460
					I.D. NUMBER	1
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		LENDER			CALENDAR YEAR	
□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
	_	LENDER			CALENDAR YEAR	
□ COM □ OTH □ PTY □ SCC		DATE			PER ELECTION (IF REQUIRED)	
□IND		LENDER			CALENDAR YEAR	
□OTH □PTY		DATE			PER ELECTION (IF REQUIRED)	
□IND		LENDER			CALENDAR YEAR	
COM OTH PTY SCC		DATE			\$ PER ELECTION (IF REQUIRED)	
	CODE*	CONTRIBUTOR CODE*  IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  IND COM OTH PTY SCC  IND COM OTH PTY SCC  IND COM OTH PTY SCC  IND COM OTH PTY TY T	CONTRIBUTOR CODE*  OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  LENDER  OTH PTY SCC  LENDER  LENDER	to whole dollars.    CONTRIBUTOR   COUPATION DEMPLOYER   CODE*   CODE*   COUPATION DEMPLOYER   LOAN	CONTRIBUTOR CODE*  CONTRIBUTOR OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  IND  COM  OTH  PTY  SCC  IND  COM  OTH  PTY  DATE	Amounts may be rounded to whole dollars.    Statement covers period from 8/3/2020     CALIFOR FORM

Enter on Summary Page, Line 17 only.

SUBTOTAL \$

Schedu Nonmoi	ile C netary Contributions Received		Amounts may be rounded to whole dollars.			Statement covers	•	CALIF FO	SCHEDULE ORNIA 460
	CTIONS ON REVERSE				thre	ough <u>12/31/2</u>	020_	Page	8_ of _17_
NAME OF FILE	ER							I.D. NUM	BER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1.D. 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	CALENDA	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/3/2020	Temple City Education Assoc. Temple City, CA 91780	□IND IX COM □OTH □PTY □SCC		Mailer & Phone Bank Data File	(	\$366.67	\$366.	.67	\$366.67
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
)		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL :	\$ 366.67			Control of the Contro
1. Amount	le C Summary	ry contributior	15.		•	366.67	IND	ntributor Cod – Individual M – Recipier	

(Include all Schedule C subtotals.).....\$

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....TOTAL \$ \_

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 ......\$

3. Total nonmonetary contributions received this period.

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PTY - Political Party

366.67

(other than PTY or SCC) OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

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

Amounts may be rounded to whole dollars.

INSTRUCTI	ONS ON REVERSE			through <u>12/31/</u>	2020_	PageC	of_17
E OF FILER						I.D. NUME	BER
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 CALENDA (JAN. 1 - D	RYEAR	PER ELECTI TO DATE (IF REQUIRE
		Monetary Contribution					-
		Nonmonetary Contribution					
	Support Dppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
			SUBTOTAL	\$			

#### **Schedule D Summary**

<ol> <li>Item</li> </ol>	nized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$
2. Unit	temized contributions and independent expenditures made this period of under \$100	\$
3 Tota	al contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.).	¢

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. Statement covers period **Summary of Expenditures** CALIFORNIA **Supporting/Opposing Other FORM** from 8/3/2020 **Candidates, Measures and Committees** through 12/31/2020 Page 10 of 17 NAME OF FILER I.D. NUMBER CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR AMOUNT THIS DESCRIPTION TYPE OF PAYMENT CALENDAR YEAR TO DATE DATE MEASURE NUMBER OR LETTER AND JURISDICTION, PERIOD (IF REQUIRED) (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent ☐ Support ☐ Oppose Expenditure ☐ Monetary Contribution Nonmonetary Contribution ☐ Independent ☐ Support ☐ Oppose Expenditure ☐ Monetary Contribution ■ Nonmonetary Contribution Independent ☐ Support □ Oppose Expenditure Monetary Contribution □ Nonmonetary Contribution

Independent

Expenditure

SUBTOTAL \$

☐ Support

□ Oppose

Schedule	E
<b>Payments</b>	Made

Amounts may be rounded to whole dollars.

Statement covers period from 8/3/2020

SCHEDULE E CALIFORNIA FORM

through 12/31/2020

SEE INSTRUCTIONS ON REVERSE		unough	Page of
NAME OF FILER			I.D. NUMBER
IND independent expenditure supporting/opposing others (explain)* POS postage, del	munications d appearances les lating	wise, describe the payment.  RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the candidate travel, lodging, and staff/spouse travel, lodging, and staff/spouse travel, lodging, and transfer between committees woter registration information technology costs (	ction costs meals nd meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESC	CRIPTION OF PAYMENT	AMOUNT PAID
Campaign LA Gardena, CA 90248	CMP Campaig	n Yard Signs	\$790.00
* Payments that are contributions or independent expenditures must also be summarized on Sche	dule D.	SUB	TOTAL \$ \$790.00
1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100			\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on			A=00.00

SCH	EDII		(CON	т١
SUL	ヒレロ	ᇆᆮ	LCON	1.7

Schedule	E
(Continua	tion Sheet)
<b>Payments</b>	Made

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period from 8/3/2020 through 12/31/2020

CALIFORNIA 460

NAME OF FILER					I.D. NUMB	ER
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  ND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member con MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearances ses alating	RAD ra RFD re SAL co TEL to TRC co TRS si TSF tr VOT vo	escribe the payment.  adio airtime and production contributions ampaign workers' salaries v. or cable airtime and product andidate travel, lodging, and taff/spouse travel, lodging, ar ansfer between committees of oter registration formation technology costs (	ction costs meals nd meals of the same	•
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 Sch	edule D		SUE	STOTAL \$	

FPPC Form 460 (Jan/2016))

Schedule F		
<b>Accrued Expenses</b>	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period from 8/3/2020 through 12/31/2020 CALIFORNIA 460 **FORM** 

Page 13 of 17

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. returned contributions MTG meetings and appearances CNS campaign consultants OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* t.v. or cable airtime and production costs CVC civic donations PET petition circulating TEL candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks staff/spouse travel, lodging, and meals POL polling and survey research TRS FND fundraising events transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF PRO professional services (legal, accounting) voter registration legal defense VOT WEB information technology costs (internet, e-mail) campaign literature and mailings print ads (a) (d) CODE OR OUTSTANDING AMOUNT PAID OUTSTANDING NAME AND ADDRESS OF CREDITOR AMOUNT INCURRED BALANCE BEGINNING THIS PERIOD BALANCE AT CLOSE DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) THIS PERIOD OF THIS PERIOD OF THIS PERIOD (ALSO REPORT ON E) \* Payments that are contributions or independent expenditures must also be SUBTOTALS \$ \$ \$ summarized on Schedule D. Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 2. 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 May be a negative number

FPPC Form 460 (Jan/2016))

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

Schedule F	
(Continuation Sheet)	
Accrued Expenses (Unpaid Bills	3)

Amounts may be rounded to whole dollars.

Statement covers period from 8/3/2020 through 12/31/2020

CALIFORNIA 460

Page 14 of 17

I.D. NUMBER

NAME OF FILER

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

MTG med

CTB contribution (explain popmonetary)\*

OFC office

CTB contribution (explain nonmonetary)\*
CVC civic donations
FIL candidate filing/ballot fees

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

IND independent expenditure supporting/opposing others (explain) LEG legal defense

LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances

OFC office expenses
PET petition circulating

PHO phone banks
POL polling and survey research

POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

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

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

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 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	<u> </u> \$	\$	\$	\$

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)  SEE INSTRUCTIONS ON REVERSE	<b>t</b> Amou to	nts may be rou o whole dollars.		froi	Statement covers period 8/3/2020 pugh 12/31/2020	Page1	5_ of 17_
NAME OF FILER						1.D. NUMBI	ER
NAME OF AGENT OR INDEPENDENT CONTRACTOR							
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  civic donations  IL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings  * Payments that are contributions or independent expenditures must also be	MBR member commetings a OFC office experition circle. PHO polling and POS postage, deprofessions print ads	ommunications and appearances uses culating ks survey researchelivery and messal services (legal	s n senger services	RAD RFD SAL TEL TRC TRS TSF VOT	, describe the payment. radio airtime and production of returned contributions campaign workers' salaries t.v. or cable airtime and producandidate travel, lodging, and staff/spouse travel, lodging, a transfer between committees voter registration information technology costs	iction costs meals nd meals of the same o	·
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OF	₹	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
						·	

\* 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.

Attach additional information on appropriately labeled continuation sheets.

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TOTAL\* \$

								SCHEDULE F
Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement covers period from 8/6/2020		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through 12/3	<u> 1/2020</u>	Page <u>16</u>	of 17
NAME OF FILER							I.D. NUMBER	
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	(c) REPAYMENT C FORGIVENES THIS PERIOD	S   BALANCE AI	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$	s	PAID  \$  FORGIVEN  \$	\$	% RATE	\$	CALENDAR YEAR  \$  PER ELECTION**  \$
		\$	\$	PAID  \$  FORGIVEN	\$	% RATE	s	CALENDAR YEAR  \$  PER ELECTION**  \$
Loans that are contributions to another candidate or committee must liso be summarized on Schedule D. Loans forgiven must also be eported on Schedule E.  SUBTOTALS  \$ \$		\$	\$ (Enter (e) on	DATE INCURRED	2			
Schedule H Summary  1. Loans made this period	s of less than \$100.) nents of less than \$100.)				\$	Schedule I, Line 3)		**If Required

(May be a negative number)

Schedule I Miscellaneous Increases to Cash  SEE INSTRUCTIONS ON REVERSE		Amounts may be rounded		SCHEDULE I		
		to whole dollars.	Statement covers period	CALIFORNIA 460		
			from <u>8/3/2020</u>	FORM -100		
			through <u>12/31/2020</u>			
NAME OF FILER	ENGE			1.D. NUMBER		
				·		
DATE	FULL NAME AND ADDRESS OF SOURCE	DE		AMOUNT OF		
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	INCREASE TO CASH		
-						
,						
Attach additional infor	ΓAL \$					
Schedule I Summa	ary		<del></del>			
1. Itemized increases to	o cash this period		\$			
Unitemized increase	es to cash of under \$100 this period		\$ <u></u>			
3. Total of all interest re	eceived this period on loans made to others	s. (Schedule H, Column (e).)				
4. Total miscellaneous	increases to cash this period. (Add Lines 1	, 2, and 3. Enter here and on the	TOTAL ¢			
Summary Page, Line	e 14.)			FPPC Form 460 (Jan/2016)) advice@fppc.ca.gov (866/275-3772)		
			FPPC Advice:	advice@tppc.ca.gov (866/2/5-3/72) www.fppc.ca.gov		

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