COVER PAGE
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**Recipient Committee** Date Stamp AMENDMENT CALIFORNIA **Campaign Statement FORM** Cover Page RECEIVED BY LOS ANGELES COUNPAGE Date of election if applicable: Statement covers period (Month, Day, Year) For Official Use Only 2021 DEC 17 CAMPAIGN FINANCE SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement Quarterly Statement Semi-annual Statement State Candidate Election Committee Committee Special Odd-Year Report O Recall Termination Statement Controlled (Also file a Form 410 Termination) Sponsored (Also Complete Part 5) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee contraction recan Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER Committee Information Treasurer(s) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Oinglan Jiang CITY STATE ZIP CODE AREA CODE/PHONE Die mond CITY ZIP CODE AREA CODE/PHONE MAILING ADDRESS CITY ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE Province Bell OPTIONAL: FAX/E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS molodypiano sc @amail. Lom. 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on ....

Executed on \_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

## Recipient Committee Campaign Statement Cover Page — Part 2

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CALIFORNIA 460						
FORM +OO						
Page						

Officeholder or Candidate Controlled Com	mittee	6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
QINSIAM Jiang							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS			BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT OPPOSE
RESIDENTIALBUSINESS ADDRÉSS (NO. AND STREET)	CITY STATE 7IP		Identify the controlling office	eholder, candi	date, or state n	neasure propo	onent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
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			DISTRICT NO. I	FANY
COMMITTEE NAME	I.D. NUMBER	7.	Primarily Formed Cand	lidate/Offic	eholder Cor	nmittee Lis	t names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s)	for which this	committee is p	rimarily formed	l.
COMMITTEE ADDRESS STREET ADDRESS (NO P. C			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT ☐ OPPOSE
CITY STATE ZIF	CODE AREA CODE/PHONE	,	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.C.	CONTROLLED COMMITTEE?  YES NO D. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIF	CODE AREA CODE/PHONE		Atta	ch continuatio	on sheets if ne	cessary	

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

**SUMMARY PAGE** 

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Statement covers period

Summary Page	to whole donars.		oct 18,2020	FORM 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		throug	h Dec 31, 7020	Page of		
Singlan Jienes Walnut Valled Unitied School Board in				1430964		
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	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  \$ 1263.  0 \$ 1263.	Column B CALENDAR YEAR TOTAL TO DATE  \$ 13,030,65  0 \$ 13,030,65	Running in Both th General Elections	nmary for Candidates te State Primary and through 6/30 7/1 to Date  \$\$		
Expenditures Made  Schedule E, Line 4  Loans Made  Schedule H, Line 3  SUBTOTAL CASH PAYMENTS  Add Lines 6 + 7  Accrued Expenses (Unpaid Bills)  Schedule F, Line 3  Nonmonetary Adjustment  Schedule C, Line 3  Add Lines 8 + 9 + 10	s 1263 s 1263, 0 o 1263, 1	\$ 13.030.65 \$ 13.030.65 0 0 \$ 13.030.65	(If Subject to Date of Election (mm/dd/yy)	Summary for State  ve Expenditures Made* Voluntary Expenditure Limit)  Total to Date		
Current Cash Statement  12. Beginning Cash Balance	\$ 0 \$1263, \$ 1263, \$ 0 \$ 0 \$ 0	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. It this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	reported in Column B.	may be different from amounts  FPPC Form 460 (Jan/2016))		
, as and a same of the continuous and a same	,		FPPC Advice: adv	ice@fppc.ca.gov (866/275-3772)		

Schedule A Monetary Contributions Received			nts may be rounded whole dollars.	Statement cov	vers period	SCHEDULE CALIFORNIA 160		
•				from Oct 18, 2020		FORM 460		
SEE INSTRUCTION	ONS ON REVERSE			through Dec.3	1, 7020	Page		
NAME OF FILER						I.D. N	JMBER	
Vinolan Ji	ome For Walnut Laney Unitied School	Board men	her 2020			149	30964	
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)	
0ct.25,70n	Dinglam Jiang Plammel Ber, (ASI765	☑IND □COM □OTH □PTY □SCC	Promo Teacher melody Promoshool	\$1263,	Mo		Mo	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □ COM □ OTH □ PTY □ SCC						
			SUBTOTAL	1263,				
Amount red     (Include all	A Summary  ceived this period – itemized monetary contribution  I Schedule A subtotals.)  ceived this period – unitemized monetary contribution			1263.	IND - COM OTH	(other	ial ient Committee than PTY or SCC) (e.g., business entity)	

3. Total monetary contributions received this period.

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SCC - Small Contributor Committee

						SCHEDULE	
Schedule E		Amounts may be rounded to whole dollars.				CALIFORNIA 160	
Payments Made				from 66.18, 20	570 FO	RM TOU	
SEE INSTRUCTIONS ON REVERSE				through Dec.31, 2	Page_	of	
NAME OF FILER					I.D. NUI	MBER	
Ornalan Trang For Walnut Valled Unitied.	School Board man	her 2020		·	143	0964	
CODES: If one of the following codes accurately d	escribes the payment, y	ou may enter th	ne code. Othe	rwise, describe the pay	yment.		
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 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 PRO professional PRT print ads	d appearances ses llating s	r services ounting)	RAD radio airtime and pr RFD returned contribution SAL campaign workers' TEL t.v. or cable airtime TRC candidate travel, low TRS staff/spouse travel, TSF transfer between convolution VOT voter registration information technology	ons salaries and production costs dging, and meals lodging, and meals mmittees of the sam	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DES	CRIPTION OF PAYMENT		AMOUNT PAID	
Vit- make printing company	127.11						
Vitimabe printing company  Prayand Bar, CA 91 +63		(m)				\$1263,	
The state of the s							
						-	
* Payments that are contributions or independent expenditures mu	st also be summarized on Sche	edule D.			SUBTOTAL	1263,	
Schedule E Summary							
1. Itemized payments made this period. (Include all S	chedule E subtotals.)				\$	1264	
2. Uniterized payments made this period of under \$1	100				\$	0	

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