Campaign Statement Cover Page					ALIFORNIA 460 FORM
the start is	Statement covers period	Date of election if applicable:	RECEIVED BY S ANGELES COL	JN   Pa	ge of
	from July 1, 2020	(Month, Day, Year)	DM 3	: 37	For Official Use Only
		2	21 JAN 28 PM 3	. 3.	06460
SEE INSTRUCTIONS ON REVERSE	through December 31, 2020		AMPAIGN FINA	NCE	C09674
1. Type of Recipient Committee: All Committees - Cor	nplete 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	rimarily Formed Ballot Measure committee Controlled Sponsored Uso Complete Part 6) Trimarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	ermination)	Quarterly S Special Oc	Statement dd-Year Report
4 L'Ammittee Intormation	D. NUMBER 358695	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	330033	NAME OF TREASURER			
Szu Pei Lu Yang for Rowland Water District Board of	Directors District 5 2013	Szu Pei Lu Yang MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY  Rowland Heights	STATE CA	ZIP CODE 91748	AREA CODE/PHONE 310/6009488
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		01710	010/0000100
Rowland Heights CA 9174	8 310/6009488				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		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 ADDRI	ESS		
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on Date  Executed on Date  Date	California that the foregoing is trui  By  BySignature or contro	nowledge the information contained nowledge the inf	urer oponent or Responsible Officer o		es is true and complete. I
Executed on	By	gnature of Controlling Officeholder, Candidate,			da

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

## Recipient Committee Campaign Statement Cover Page — Part 2

COVE	R PAGE - PART 2
CALIFOR FORM	NIA 460
Page 2	of _4

			Primarily Formed Ballo	t mousure t		
			NAME OF BALLOT MEASURE			
DISTRICT NUMBER IF A	PPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT
strict 5						OPPOSE
			Identify the controlling office	holder, candid	date, or state measure p	roponent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT	
you or are primarily forn			OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
I.D. NUMBER						
		7.	Primarily Formed Candofficeholder(s) or candidate(s)	didate/Office for which this	eholder Committee committee is primarily for	List names of med.
			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT
	EA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT
P.O. BOX)						I I OPPOSE
	Rowland He: Controlled	Rowland He: CA 91748  S Statement: List any committees you or are primarily formed to receive r candidacy.  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO  P.O. BOX)  ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	Rowland He: CA 91748  Statement: List any committees you or are primarily formed to receive r candidacy.  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO  P.O. BOX)  ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	Independent Strict 5  To City State Zip Rowland He: CA 91748  Statement: List any committees you or are primarily formed to receive reandidacy.  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO  P.O. BOX)  TIP CODE AREA CODE/PHONE  I.D. NUMBER  I.D. NUMBER  NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	I.D. NUMBER  CONTROLLED COMMITTEE?  PED CONTROLLED COMMITTEE?  I.D. NUMBER  CONTROLLED COMMITTEE?  PED CONTROLLED COMMITTEE?  I.D. NUMBER  CONTROLLED COMMITTEE?  PED CODE  AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE	Identify the controlling officeholder, candidate, or state measure properties of the controlling officeholder, candidate, or state measure properties of the controlling officeholder, candidate, or state measure properties of the controlling officeholder, candidate, or state measure properties of the controlling officeholder, candidate, or state measure properties of the controlling officeholder, candidate, or state measure properties of the controlling officeholder, candidate, or state measure properties of the controlling officeholder, candidate, or state measure properties of the controlling officeholder, candidate, or state measure properties of the controlling officeholder, candidate, or state measure properties of the controlling officeholder, candidate, or state measure properties of the controlling officeholder, candidate, or state measure properties of the controlling officeholder, candidate, or state measure properties of the controlling officeholder, candidate, or state measure properties of the controlling officeholder, candidate, or state measure properties of the controlling officeholder, candidate, or state measure properties of the controlling officeholder, candidate, or state measure properties of the controlling officeholder, candidate, or state measure properties of the controlling officeholder, candidate, or state measure properties of the controlling officeholder, candidate, or state measure properties of the controlling officeholder, candidate, or state measure properties of the controlling of the controll

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period **CALIFORNIA** from July 1, 2020 FORM through December 31, 2020 Page 3 I.D. NUMBER

1358695

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NAME OF FILER

Szu Pei Lu Yang for Rowland Water District Board of DIrectors, District 5 2013

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				
1. Monetary Contributions	Φ.	0.00		0.00	General Elections  1/1 through 6/30 7/1 to Date				
	\$ -	0.00	\$	0.00 0.00 0.00	20. Contributions Received \$ \$  21. Expenditures Made \$ \$				
Expenditures Made  6. Payments Made	\$ -	0.00 0.00 0.00 0.00 0.00 0.00	\$	0.00 0.00 0.00 0.00 0.00 0.00	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election (mm/dd/yy)				
Beginning Cash Balance	-	836.18 0.00 0.06 0.00 836.24	an of an be sh	calculate Column B, id amounts in Column to the corresponding nounts from Column B your last report. Some nounts in Column A may negative figures that ould be subtracted from evious period amounts. If is is the first report being	*Amounts in this section may be different from amount reported in Column B.				
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  Cash Equivalents and Outstanding Debts	-	0.00	file or fro	ed for this calendar year, ly carry over the amounts m Lines 2, 7, and 9 (if ly).					
18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above	φ.	0.00			FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772				

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## Schedule I Miscellaneous Increases to Cash

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NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period from July 1, 2020

through December 31, 2020

california 460

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I.D. NUMBER

DATE **FULL NAME AND ADDRESS OF SOURCE** AMOUNT OF DESCRIPTION OF RECEIPT RECEIVED INCREASE TO CASH (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ Schedule I Summary 2. Unitemized increases to cash of under \$100 this period. ..... 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)