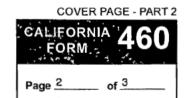
laciniant Committee	1.57700	2)	1/31/24 /	COVER PAGE
lecipient Committee Campaign Statement Cover Page	Statement covers period	Date of election if applicable:	RECEIVED BY ANGELES COUNTY	CALIFORNIA 460 FORM Page 1 of 3 For Official Use Only
	from 07/01/2023	7074	FEB -2 PH 12: 35	:
EE INSTRUCTIONS ON REVERSE	through 12/31/2023	CA	KPAIGH FINANCE	
Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	:	:
✓ Officeholder, Candidate Controlled Committee	rimarily Formed Ballot Measure	Preelection Statement	. Duar	terly Statement

		Statement covers period	Date of election if applicable:	GELES COUNTY	Page 1 of 3
		from 07/01/2023	Month, Day, Year) 2024 FET	3-2 PH12:35	For Official Use Only
		Irom	6ULT 1 L.	INE.OG	:
SEI	E INSTRUCTIONS ON REVERSE	through 12/31/2023	CA <i>Kei</i>	IGH FINANCE	
١.	Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
	State Candidate Election Committee Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored Uso Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termin Amendment (Explain below)	☐ Specia nation)	rly Statement I Odd-Year Report
	Small Contributor Committee	rimarily Formed Candidate/ officeholder Committee			· · · · · · · · · · · · · · · · · · ·
3.	Committee information	NUMBER	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	10100	NAME OF TREASURER	1	
	Sandra Chen Lau for Pasadena Community Colle	ege District Board 2022	James Lau		
			MAILING ADDRESS		
	STREET ADDRESS (NO P.O. BOX)			STATE ZIP COD	E AREA CODE/PHONE
	• • •		Pasadena	CA 91101	(626) 344-7189
	STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF	FANY	
	Pasadena CA 91101 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	(626) 344-7189	MAILING ADDRESS		
	MANUAL ADDITION (II DILLE ENERT) NO. MAD STREET OR P.O. BOX		MAILING ADDRESS		
	CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP COL	E AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
Į.	Verification	!			
	I have used all reasonable diligence in preparing and reviewing	ng this statement and to the best of my kr	nowledge the information contained here	ein and in the attached sche	dules is true and complete. I
	certify under penalty of perjury under the laws of the State of	California tr			
	Executed on January 30, 2024 Date				
	Executed on January 30, 2024			onsible Officer of Sponsor	
	Executed onDate	1		roponent	
	Executed on	BySio	nature of Controlling Officeholder, Candidate, State N	Measure Proponent	· ·
	Date	, 39			FPPC Form 460 (Jan/2016))

Recipient Committee Campaign Statement Cover Page — Part 2



Officeholder or Candidate Controlled Comm	nittee	6.	Primarily Formed Ballo	t Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Sandra Chen Lau							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	•		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
Pasadena Community College Board of Truste							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	Pasadena CA 91101		Identify the controlling office	holder, candid	date, or state mea	asure propor	nent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DIS	STRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand	lidate/Office	eholder Comn	nittee List	names of
	☐ YES ☐ NO				·		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	☐ SUPPORT ☐ OPPOSE
	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O	CONTROLLED COMMITTEE? YES NO BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
	CODE AREA CODE/PHONE		Atta	ch continuatio	on sheets if neces	ssary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2023	CALIFORNIA 460
through 12/31/2023	Page 3 of 3
	I.D. NUMBER
	1401652

NAME OF FILER Sandra Chen Lau for Pasadena Community College District Board 2022 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE (FROM ATTACHED SCHEDULES) **General Elections** 7/1 to Date 1/1 through 6/30 0 20. Contributions SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 Received Nonmonetary Contributions...... Schedule C. Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made...... Schedule E, Line 4 **Candidates** 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made* SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment...... Schedule C, Line 3 **Current Cash Statement** 55,782.68 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some amounts in Column A may 55.782.68 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, 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