Recipient Committee	è
Campaign Statement	
Cover Page	

Executed on ...

Executed on ...

Statem	ent covers period 7/1/20	Date of election (Month, D
rough	12/31/20	

3/16/21 5/21

COVER PAGE CALIFORNIA 460

SEE INSTRUCTIONS ON REVERSE	from	7/1/20 12/31/20 12/31/20	- (Month, Day, 18a) 2021 MAR	22 PM 2:		For Official Use Only 20337 1106
1. Type of Recipient Committee: All Cor	nmittees - Complete	Parts 1, 2, 3, and 4.	2. Type of Statement:		dia	
Officeholder, Candidate Controlled Committe State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primari Commi O Cor O Spo (Also Comp	ity Formed Ballot Measure ittee introlled prisored plant Part 6) ly Formed Candidate/ older Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termina Amendment (Explain below)	tion)	Quarterty St	atement I-Year Report
3. Committee Information	14071		Treasurer(s)		,	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO CO			NAME OF TREASURER			
Friends of Maritza Travanti for MUSD	Board - 2018		Neil Travanti MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)			CITY	STATE	ZIP CODE	AREA CODE/PHONE
			Monrovia	CA	91016	626-698-2535
CITY STA	TE ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF AN	IY .		
Monrovia	91016	626-824-0826	N/A			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET	OR P.O. BOX		MAILING ADDRESS			
CITY STA	TE ZIP CODE	AREA CODE/PHONE	СТУ	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS maritza4monroviaschoolboard@gmai	I.com		OPTIONAL: FAX / E-MAIL ADDRESS neil.travanti@gmail.com			
4. Verification I have used all reasonable diligence in preparing certify under penalty of perjury under the laws of Executed on 3/15/21 Executed on 3/15/2021 Executed on Date			ar a	er or Responsible Office		is true and complete. I

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

NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE				
Maritza Travanti						
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO		BALLOT NO. OR LETTER	JURISDICT	ON		SUPPORT
Government School Board Membe						
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	Monrovia, CA 91016	Identify the controlling office	ceholder, cand	ldate, or state me	asure propor	ent, if any.
		NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PE	ROPONENT		
Related Committees Not Include	d in this Statement: List any committees					
	rolled by you or are primarily formed to receive	OFFICE SOUGHT OR HELD		DI	ISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER					
		T. Dissells Fermal Con-		ah aldan Cam		
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Car	ndidate/Offic	ceholder Com	mittee List	names of
NAME OF TREASURER		7. Primarily Formed Car officeholder(s) or candidate	ndidate/Offic (s) for which this	s committee is prir	marily formed.	names of
		7. Primarily Formed Car officeholder(s) or candidate((s) for which this	OFFICE SOUGH	marily formed.	
	YES NO	officeholder(s) or candidate	(s) for which this	s committee is prir	IT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDR	YES NO P.O. BOX)	NAME OF OFFICEHOLDER OR	(s) for which this	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDR	YES NO RESS (NO P.O. BOX) TATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR	(s) for which this	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDR	YES NO P.O. BOX)	NAME OF OFFICEHOLDER OR	(s) for which this R CANDIDATE R CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY ST	YES NO RESS (NO P.O. BOX) TATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR	R CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGH OFFICE SOUGH	IT OR HELD IT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY S' COMMITTEE NAME NAME OF TREASURER	TATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR	R CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGH	IT OR HELD IT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS CITY S' COMMITTEE NAME NAME OF TREASURER	TATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	R CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGH OFFICE SOUGH	IT OR HELD IT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
	ent covers period 7/1/20	CALIFORNIA 460
from		1 OKW
through	12/31/20	Page of 17

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Maritza Travanti						1407175		
Contributions Received	Colum TOTAL THIS (FROM ATTACHED	PERIOD		Column B CALENDAR YEAR TOTAL TO DATE		mmary for Candidates the State Primary and		
Monetary Contributions	\$	0	\$	0				
2. Loans Received		0		0	1/1	through 6/30 7/1 to Date		
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0	\$	0	20. Contributions Received \$	0 s	0	
4. Nonmonetary Contributions		0	_	. 0				
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	0	\$	0	Made \$	0 \$	_0	
Expenditures Made	 				Expenditure Limit	Summary for State		
6. Payments Made Schedule E, Line 4	\$	108.00	\$	216.00	Candidates	•		
7. Loans Made Schedule H, Line 3		0	-	0		No. Consultance Made		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	108.00	\$	216.00	22. Cumulat (If Subject	tive Expenditures Made* to Voluntary Expenditure Limit)		
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0		0	Date of Election	Total to Date		
10. Nonmonetary Adjustment		0		0	(mm/dd/yy)			
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$	108.00	\$	216.00		\$		
Current Cash Statement						_ \$		
2. Beginning Cash Balance Previous Summary Page, Line 16	\$		To calc	culate Column B,				
13. Cash Receipts Column A, Line 3 above		0		mounts in Column e corresponding				
14. Miscellaneous Increases to Cash Schedule I, Line 4		0	amour	nts from Column B	*Amounts in this section reported in Column B.	n may be different from amounts	b	
15. Cash Payments		108.00		r last report. Some nts in Column A may				
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	359.62	be neg	gative figures that be subtracted from				
If this is a termination statement, Line 16 must be zero.			previo	us period amounts. If				
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	filed fo	the first report being or this calendar year, arry over the amounts				
Cash Equivalents and Outstanding Debts		467.62		ines 2, 7, and 9 (if				
18. Cash Equivalents See instructions on reverse					11			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0			EDDC Advice: a	FPPC Form 460 (Jan/2		

Schedule	A ·		ts may be rounded			SCHEDULE A		
	y Contributions Received	to	whole dollars.	Statement cov	rers period 1/20	CALI	FORNIA 460	
SEE INSTRUCTION	ONS ON REVERSE			through12	2/31/20	Page	4 of 17	
NAME OF FILER						I.D. NU	MBER	
Maritza T	ravanti					14071		
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 CALENDAI (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		3,1				
		OTH PTY						
		OTH PTY						
		OTH PTY						
		OTH PTY SCC						
			SUBTOTAL	0				
Schedule	A Summary			-	(.0	Contributor C	odes	
	eceived this period – itemized monetary contributions. all Schedule A subtotals.)		\$	0			ent Committee than PTY or SCC)	
2. Amount re	eceived this period – unitemized monetary contribution	ns of less than	\$100\$	0			(e.g., business entity)	
	netary contributions received this period. ss 1 and 2. Enter here and on the Summary Page, Col	lumn A, Line 1.)TOTAL \$	0			Contributor Committee	

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

S	chedule	A (Continuation Sheet) Contributions Received	Amounts may I					SCHEDULE A	(CONT.
N	Monetary	Contributions Received	to whole d	ollars.		7/1/20	CALIF	ORNIA 4	60
					through	12/31/20	Page _	5 of 1	17
N	AME OF FILER						I.D. NUI	MBER	
	Maritza Tra	avanti					14071	75	
	DATE	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 CALENDAI (JAN. 1 - D	RYEAR	PER ELECT TO DATE (IF REQUIR	E
0			□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					Y.	

SUBTOTAL \$

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

Calada S Badd	An	-	SCHEDULE B - PART						
Schedule B – Part 1 Loans Received		to whole dollar	s.		Statement cov	ers period	CALIFORNIA 460		
CEE INCTRI INTONIC ON DEVEDOR							Page 6 of 17		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through12		I.D. NUMBER		
Maritza Travanti							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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(e) AMOUNT PAI OR FORGIVE THIS PERIOD	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
				PAID \$FORGIVEN		RATE	\$	\$PER ELECTION**	
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
TO IND COM OTH PTY SCC		\$	\$	PAID FORGIVEN PAID PAID FORGIVEN	DATE DUE		\$ DATE INCURRED	CALENDAR YEAR PER ELECTION ** CALENDAR YEAR PER ELECTION **	
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
	120	SUBTOTALS \$	0	\$ (\$ 0	\$ 0			
Schedule B Summary 1. Loans received this period				\$	0	(Enter (e) on Schedule E, Line 3)			
(Total Column (b) plus unitemized loan	s of less than \$100.)					C	Contributor Codes	5	
Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that Net change this period. (Subtract Line Enter the net here and on the Summar	00 paid or forgiven.) t are also itemized on School e 2 from Line 1.)	edule A.)		NET \$	0. May be a negative number)	C	TH - Other (e.g., TY - Political Par	PTY or SCC) business entity)	
*Amounts forgiven or paid by another party also m		1					FPPC For	m 460 (Jan/2016	

** If required.

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www.fppc.ca.gov

Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		Statement covers period 7/1/20		
SEE INSTRUCTIONS ON REVERSE				through 12/31/20	Page 7	of17
NAME OF FILER					I.D. NUMBER	
Maritza Travanti					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		LENDER		CALENDAR YEAR	
	□отн □рту		DATE		PER ELECTION (IF REQUIRED)	
	□scc				\$	
	□ IND □ COM □ OTH		LENDER		\$ PER ELECTION (IF REQUIRED)	
	PTY	-			1	
	□ IND		LENDER		CALENDAR YEAR	
	□ OTH □ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)	
	□IND □COM		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 to whole dollars. **Nonmonetary Contributions Received** Statement covers period CALIFORNIA 7/1/20 **FORM** from 12/31/20 Page 8 of 17 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Maritza Travanti 1407175 **CUMULATIVE TO** IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE ZIP CODE OF CONTRIBUTOR CODE * GOODS OR SERVICES RECEIVED CALENDAR YEAR (IF SELF-EMPLOYED, ENTER VALUE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) □ IND ☐ COM OTH □ PTY SCC ☐ IND ☐ COM OTH □ PTY SCC ☐ IND □ COM ☐ OTH □ PTY SCC ☐ COM OTH ☐ PTY SCC Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 0

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions.

Total nonmonetary contributions received this period.

(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\$

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www.fppc.ca.gov

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

*Contributor Codes

PTY - Political Party

IND - Individual

0.

0

0

	ng/Opposing Other es, Measures and Committees				0	california 460		
	NS ON REVERSE			through 12/3	1/20		9 of 17	
ME OF FILER Maritza Tra	vanti					1.D. NUMBI		
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	CUMULATIVI CALENDA (JAN. 1 - E	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						
			SUBTOTAL	\$ 0				

ummary upporti	ation Sheet) y of Expenditures ng/Opposing Other es, Measures and Committees	Expenditures Opposing Other				CALIFORNIA 460 FORM Page 10 of 17		
Maritza Tra	avanti					1.D. NUMB		
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	CALEND	VE TO DATE DAR YEAR - DEC. 31)	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						
	□ Support □ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						

Schedule E Payments Made	Amounts may be rounded to whole dollars.			from 7/1/20	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through 12/31/20	Page 11 of 17	
Maritza Travanti					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 ND fundraising events 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	rvices	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries t.v. or cable airtime and protection TRC candidate travel, lodging, a staff/spouse travel, lodging	on costs s coduction costs and meals g, and meals es of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DES	CRIPTION OF PAYMENT	AMOUNT PAID
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D.		S	UBTOTAL \$
Schedule E Summary					

1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$

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www.fppc.ca.gov

108.00

108.00

CALIFORNIA 460		
Page 12 of 17		
1.D. NUMBER 1407175		

CMP CNS CTB CVC FIL FND	ES: If one of the following codes accurately describes campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* egal defense campaign literature and mailings	MBR member con MTG meetings an OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, del PRO professional PRT print ads	munications d appearance ses lating urvey researe very and me	ch ssenger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and pr returned contributio campaign workers' t.v. or cable airtime candidate travel, los staff/spouse travel, transfer between co voter registration	roduction costs ins salaries and production costs dging, and meals	e candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
D							4.1-	

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

SUBTOTAL \$

00		DI	 _
SC	-		 -

Schedule F Accrued Expenses (Unpaid Bills) Amounts may be rounded to whole dollars.			Statement cove	FORM 460	
			through 12/	31/20 Pa	ige 13 of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					NUMBER
Maritza Travanti					07175
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ID 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 no PRO professional services (in	ns nces arch nessenger services	RAD radio airtime ar RFD returned contrit SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registratio	nd production costs outions ers' salaries ime and production coll, lodging, and meals en committees of the serious contracts and contracts and contracts and contracts contracts and con	als same 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
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	0	\$ 0 \$	0	\$ 0
Schedule F Summary					
 Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized 			INCU	RRED TOTALS	\$0
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized				PAID TOTALS	s0
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and		***************************************	NET	\$0

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement covers period from 7/1/20 CALIFORNIA 7		
			through 12/3	1/20 Page	14 of 17
NAME OF FILER Maritza Travanti				1.D. N 1407	UMBER 175
CODES: If one of the following codes accurately descri CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations IL candidate filing/ballot fees ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures mu	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey results POS postage, delivery and PRO professional services (PRT print ads	earch messenger services (legal, accounting)	RAD radio airtime an RFD returned contribus SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra	nd production costs outions ers' salaries ime and production coll, lodging, and meals en committees of the salaries	s ame 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

SUBTOTALS \$

0 \$

0 \$

0 \$

Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Statement covers period 7/1/20	CALIFORNIA 460
through 12/31/20	Page 15 of 17
	I.D. NUMBER 1407175

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Maritza Travanti

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

CMP campaign paraphernalia/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

candidate filing/ballot fees PHO phone banks 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 LEG legal defense PRO professional services (legal, accounting)

campaign literature and mailings PRT print ads TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE OR DESCRIPTION OF PAYMENT		
138					
)					

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} 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.

				_				SCHEDULE I
Schedule H Loans Made to Others*			nay be rounded ble dollars.		Statement covers period CALIFORNIA FORM			460
CEE MATERIATIONS ON DEVEDOS					through12	2/31/20	Page 16	of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					unough		I.D. NUMBER	
Maritza Travanti							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	(e) REPAYMENT O FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID FORGIVEN	\$	RATE %	1	CALENDAR YEAR \$ PER ELECTION ^A
			\$	\$	DATE DUE	\$	DATE INCURRED	s
				PAID FORGIVEN	\$	RATE %	\$	CALENDAR YEAR \$ PER ELECTION ^M
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$ 0	\$ (\$ 0	\$ 0		
			1			(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loan	is of less than \$100.)				\$	0	- [**If Required
Payments received on loans (Total Column (c) plus unitemized payr					\$	0	_	
Net change this period. (Subtract Line (Enter the net here and on the Summa	2 from Line 1.))				ay be a negative number)	

Schedule I Miscellaneous Inc SEE INSTRUCTIONS ON REVER		Amounts may be rounded to whole dollars.	Statement covers period from	CALIFORNIA 460 FORM of 17 I.D. NUMBER
Maritza Travanti				1407175
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach additional inform	mation on appropriately labeled continuation sheets.		SUBTOTA	AL\$ 0
2. Uniternized increase	ary o cash this period. s to cash of under \$100 this period. eceived this period on loans made to others. (So		\$	0 0 6
4. Total miscellaneous i Summary Page, Line	increases to cash this period. (Add Lines 1, 2, as 14.)	and 3. Enter here and on th	e TOTAL \$	0