

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp	CALIFORNIA FORM 460 Page <u>1</u> of <u>3</u> For Official Use Only
RECEIVED 8 LOS ANGELES COUNTY 2022 JUL 22 PM 4:40 CAMPAIGN FINANCE	

Statement covers period from <u>1/1/2022</u> through <u>6/30/2022</u>	Date of election if applicable: (Month, Day, Year) <u>11/3/2020</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <small>(Also Complete Part 5)</small>	<input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <small>(Also Complete Part 6)</small>
<input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small>

2. Type of Statement:

<input type="checkbox"/> Preelection Statement <input checked="" type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> <input type="checkbox"/> Amendment (Explain below)	<input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report
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3. Committee Information

I.D. NUMBER: 1428637

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):
Sophia Tse for ABCUSD Board of Education 2020

STREET ADDRESS (NO P.O. BOX):

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Cerritos</u>	<u>CA</u>	<u>90703</u>	<u>562-809-1874</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS:

Treasurer(s)

NAME OF TREASURER:
Nielong Tse

MAILING ADDRESS:

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Cerritos</u>	<u>CA</u>	<u>90703</u>	<u>562-809-1874</u>

NAME OF ASSISTANT TREASURER, IF ANY:

MAILING ADDRESS:

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS:

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement certify under penalty of perjury under the laws of the State of California that _____ contained herein and in the attached schedules is true and complete. I

Executed on 7/22/2022

Date

Executed on 7/22/2022

Date

Executed on _____

Date

Executed on _____

Date

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Sophia Tse

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
ABCUSD Governing Board Trustee Area 5

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Cerritos, CA 90703

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	1/1/2022	
through		Page <u>3</u> of <u>3</u>
		I.D. NUMBER 1428637

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sophia Tse for ABCUSD Board of Education 2020

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 0	\$ 9668.44
2. Loans Received Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	0	9668.44
4. Nonmonetary Contributions Schedule C, Line 3	0	25120.29
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	0	34788.73

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ 0	\$ 7618.13
7. Loans Made Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	0	7618.13
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0	0
10. Nonmonetary Adjustment Schedule C, Line 3	0	25120.29
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	0	32738.42

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 2050.31
13. Cash Receipts Column A, Line 3 above	0
14. Miscellaneous increases to Cash Schedule I, Line 4	0
15. Cash Payments Column A, Line 8 above	0
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2050.31

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 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. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.