COVER PAGE

Date Stamp

Recipient Committee

| Campaign Statement Cover Page | | RE¢EÌVE LOS ANGEJÆ | D BY | FORM 460 |
|---|--|--|-------------------|---|
| SEE INSTRUCTIONS ON REVERSE | Statement covers period | Date of election if applicable: | AM 10: 32 | Page 1 of 17 For Official Use Only 026335 C 11061 |
| State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee O Political Party/Central Committee | rimarily Formed Ballot Measure ommittee Controlled Soponsored Complete Part 6) rimarily Formed Candidate/ fficeholder Committee Complete Part 7) | 2. Type of Statement: Preelection Statement Semi-annual Statement Fermination Statement (Also file a Form 410 Termination Amendment (Explain below) | ☐ Specia | erly Statement al Odd-Year Report |
| 3 Committee Information | NUMBER 407175 | Treasurer(s) NAME OF TREASURER Neil Travanti MAILING ADDRESS CITY | STATE ZIP COL | |
| MONTOVIA STATE ZIP CODE MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE | 626-824-0826 | Monrovia NAME OF ASSISTANT TREASURER, IF ANY N/A MAILING ADDRESS CITY | CA 91016 | |
| optional: fax/e-mail.address maritza4monroviaschoolboard@gmail.com 4. Verification I have used all reasonable diligence in preparing and reviewin | g this statement and | optional: fax/e-mail address neil.travanti@gmail.com | ttached sche | dules is true and complete. I |
| Executed on | California that the fore By By By | | flicer of Sponsor | _ |
| Executed on | Bv | gnature of Controlling Officeholder, Candidate, State Measu gnature of Controlling Officeholder, Candidate, State Measu | | – |

Recipient Committee Campaign Statement Cover Page — Part 2

| COVER PAGE - PART 2 | | | | | | |
|---------------------|--|--|--|--|--|--|
| CALIFORNIA 460 | | | | | | |
| Page 2 of 17 | | | | | | |

| 5. | Officeholder or Candidate Controlled Committee | 6. | Primarily Formed Ballot | Measure (| Committee | | |
|----|---|----|-----------------------------------|----------------|------------------|------------------|--------------------|
| | NAME OF OFFICEHOLDER OR CANDIDATE | | NAME OF BALLOT MEASURE | | | | |
| | Maritza Travanti | | | | | | |
| | OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | | BALLOT NO. OR LETTER | JURISDICTIO | N | | SUPPORT |
| | Monrovia Unified School District Board Member | | | l | | | U OPPOSE |
| | RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Monrovia, CA 91016 | | Identify the controlling office | nolder, candid | late, or state n | neasure pro | ponent, if any. |
| | Montona, over 1010 | | NAME OF OFFICEHOLDER, CAND | IDATE, OR PRO | PONENT | | |
| | 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. | | OFFICE SOUGHT OR HELD | | | DISTRICT NO |). IF ANY |
| | COMMITTEE NAME I.D. NUMBER | | | | l | | |
| | NAME OF TREASURER CONTROLLED COMMITTEE? | 7. | Primarily Formed Candi | date/Office | holder Cor | nmittee <i>L</i> | List names of |
| | | | officeholder(s) or candidate(s) t | for which this | committee is pi | rimarily form | ned. |
| | COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | | NAME OF OFFICEHOLDER OR CA | NDIDATE | OFFICE SOUG | HT OR HELD | ☐ SUPPORT |
| | CITY STATE ZIP CODE AREA CODE/PHONE | | NAME OF OFFICEHOLDER OR CA | NDIDATE | OFFICE SOUG | HT OR HELD | SUPPORT OPPOSE |
| | COMMITTEE NAME I.D. NUMBER | | | | | | |
| | | | NAME OF OFFICEHOLDER OR CA | NDIDATE | OFFICE SOUG | HT OR HELD | SUPPORT OPPOSE |
| | NAME OF TREASURER CONTROLLED COMMITTEE? | | NAME OF OFFICEHOLDER OR CA | NDIDATE | OFFICE SOUG | HT OR HELD | □ SUPPORT □ OPPOSE |
| | COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | | | | <u> </u> | | |
| | CITY STATE ZIP CODE AREA CODE/PHONE | | Attac | h continuatio | n sheets if ne | cessary | |

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

| | | SUMMART PAGE |
|---------|-----------------------------|----------------|
| Statem | ent covers period 1/1/22 | CALIFORNIA 460 |
| through | 6/30/22 | Page3 of17 |
| | | I.D. NUMBER |
| | | 1407175 |

| Friends of Maritza Travanti for MUSD Board - 2018 | | | 1407175 |
|--|--|---|--|
| 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 General Elections |
| 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 | \$ \frac{-108.00}{-108.00} | \$ 0 -108.00 \$ -108.00 \$ -108.00 | 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ |
| Expenditures Made 6. Payments Made | \$ 35.62 0 0 | \$ 35.62 0 \$ 35.62 0 0 0 \$ 35.62 | Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$ |
| Current Cash Statement 12. Beginning Cash Balance | \$ 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, | *Amounts in this section may be different from amounts reported in Column B. |
| Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$0 | only carry over the amounts from Lines 2, 7, and 9 (if any). | FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772 |

| Schedule Monetary | A Contributions Received | | ts may be rounded whole dollars. | 1rom | /22 | CALIFORNIA 460 | | |
|----------------------|--|---|---|-----------------------------------|--|--------------------|--|--|
| SEE INSTRUCTION | NS ON REVERSE | | | through6/ | 30/22 | Page_ | 4 of <u>17</u> | |
| NAME OF FILER | Maritza Travanti for MUSD Board - 2018 | | | | | 1.D. NUM 140717 | | |
| 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 I CALENDAR (JAN. 1 - DE | YEAR | PER ELECTION TO DATE (IF REQUIRED) | |
| | | □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 | | | | | | |
| | | | SUBTOTAL \$ | 0 | | | | |
| Schedule A | A Summary | | | | (*Co | ntributor Co | odes | |

1. Amount received this period – itemized monetary contributions.

3. Total monetary contributions received this period.

(Include all Schedule A subtotals.)\$

2. Amount received this period – unitemized monetary contributions of less than \$100\$

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$

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

PTY - Political Party

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

SCC - Small Contributor Committee

IND - Individual

| | A (Continuation Sheet) Contributions Received | Amounts may to whole o | | | ers period /22 30/22 | Page . | schedule a (conform) 5 of 17 |
|------------------|--|--------------------------------------|--|-----------------------------------|---|---------|--|
| NAME OF FILER | 4 11 7 414 1410 0 1 4040 | | | | | I.D. NU | |
| Friends of N | Maritza Travanti for MUSD Board - 2018 | | , | | | 1407 | 1/5 |
| 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 T CALENDAR \ (JAN. 1 - DEC | /EAR | PER ELECTION TO DATE (IF REQUIRED) |
| | | ☐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 | | | | | |

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

| 0-1-1-1-D D-44 | Amounts may be rounded | | | | | SCHE | SCHEDULE B - PART 1 | |
|---|--|---|-----------------------------------|--|----------------------------|--|--|--|
| Schedule B - Part 1 | ,- | to whole dollar | s. | | Statement cov | | CALIFORNIA 460 | |
| Loans Received | | | | | from1/ | 1/22 | FORM | 700 |
| SEE INSTRUCTIONS ON REVERSE | | | | | through6 | /30/22 | Page 6 | of 17 |
| NAME OF FILER | | | | | | | I.D. NUMBER | |
| Friends of Maritza Travanti for MUSD Bo | ard - 2018 | | | | | | 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 | AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PA OR FORGIVE THIS PERIO | N CLOSE OF THIS | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | CUMULATIVE CONTRIBUTIONS TO DATE |
| Neil C Travanti | Accounting Consultant, | | | Z PAID | | | 400.00 | CALENDAR YEAR |
| Monrovia, CA 91016 | 8020 Consulting, LLC | | | \$108.00 | | % RATE | \$ <u>108.00</u> | PER ELECTION** |
| [†] ☑IND □ COM □ OTH □ PTY □ SCC | | s <u>108.00</u> | \$ | s | 0 8/01/2022 DATE DUE | \$ | 4/1/2021 DATE INCURRED | \$0 |
| | | | | PAID | | | | CALENDAR YEAR |
| | | | | \$ | _ \$ | RATE | \$ | \$ |
| | | | | FORGIVEN | | | | PERELECTION |
| TIND COM OTH PTY SCC | | , | ,—— | \$ | DATE DUE | \$ | DATE INCURRED | \$ |
| | | | | ☐ PAID | | | | CALENDAR YEAR |
| | | | | \$ | - \$ | RATE | \$ | \$ PER ELECTION** |
| | | | | PONGIVEN | | | | |
| TO IND COM OTH PTY SCC | | | | | DATE DUE | | DATE INCURRED | |
| | | SUBTOTALS \$ | 0 | \$ 108.0 | 0 \$ 0 | | | . , , |
| Schedule B Summary | | | | | | (Enter (e) on Schadule E, Line 3) |) | , |
| Loans received this period (Total Column (b) plus unitemized loar | | | | \$ | 0 | | | |
| | • | | | | | 1 | Contributor Codes | |
| 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 | | | | \$ | 108.00 | | ND – Individual OM – Recipient C | |
| (Include loans paid by a third party tha | | dule A.) | | | | à | other than) TH - Other (e.g., | PTY or SCC) business entity) |
| 3. Net change this period. (Subtract Lin | e 2 from Line 1.) | | | .NET \$ | -108.00 | | TY – Political Part CC – Small Contri | |
| Enter the net here and on the Summa | | | | | (May be a negative number) | | | |
| *Amounts forgiven or paid by another party also m | nust be reported on Schedule A. |) | | | | | FPPC For | m 460 (Jan/2016) |

** If required.

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

SCHEDULE B - PART 1

| | | | | | | SCH | EDULE B - PART | | |
|--|------------------------------|---|--------|---------|-------------------------------------|-------------------------------------|-----------------------------------|--|--|
| Schedule B – Part 2 Loan Guarantors | | Amounts may be rounded to whole dollars. | | | nent covers period 1/1/22 | OALII OI | CALIFORNIA 460 | | |
| SEE INSTRUCTIONS ON REVERSE | | | | through | 6/30/22 | Page | of17 | | |
| NAME OF FILER | | | | | | I.D. NUMBER | ł | | |
| Friends of Maritza Travanti for MUSD Boar | d - 2018 | | | | | 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 | | | |
| | □OTH □PTY □SCC | | DATE | | | PER ELECTION (IF REQUIRED) | | | |
| | IND | | LENDER | | | SCALENDAR YEAR | | | |
| | □COM □OTH □PTY □SCC | | DATE | | | PER ELECTION (IF REQUIRED) | | | |
| | □IND | | LENDER | | | CALENDAR YEAR | | | |
| • | □ COM □ OTH □ PTY | | DATE | | | \$ PER ELECTION (IF REQUIRED) | | | |
| | □scc | | | | | \$ | | | |
| | □IND □COM | | LENDER | | | CALENDAR YEAR | | | |
| | □отн □рту | | DATE | | | PER ELECTION (IF REQUIRED) | | | |
| | l ⊟scc l | | | J | | | 1 | | |

Enter on Summary Page, Line 17 only.

SUBTOTAL \$

| Schedule C | | to whole dollars. | | | SCHEDULE C | | | | | | |
|------------------|--|--------------------------|--|------------------------------|------------|------------------------------------|--|--|--|----|--|
| Nonmone | tary Contributions Received | | S | | | Statement covers period from1/1/22 | | | CALIFORNIA 460 | | |
| | | | | | Tron | | | | | | |
| SEE INSTRUCTIO | NS ON REVERSE | thro | | | | ugh6/30/2 | 22 | Page 8 of 17 | | | |
| NAME OF FILER | | • | | | | | | I.D. NUME | BER | | |
| Friends of | Maritza Travanti for MUSD Board - 2018 | | | | | | | 140717 | 5 | | |
| 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) | DESCRIPTION GOODS OR SERV | | AMOUNT/ FAIR MARKET VALUE | CUMULA DA' CALENDA (JAN 1 - I | re Ryear | PER ELECTION TO DATE (IF REQUIRED) | | |
| | | □IND □COM □OTH □PTY □SCC | · | | | | | | | | |
| | | □IND □COM □OTH □PTY □SCC | · | | | | • | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | | | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | | | | | | |
| Attach additi | onal information on appropriately labeled | continuation | sheets. | SUBTO | STAL \$ | 0 | | 26 2 4 3 4 4 4 1 4 1 4 1 4 | | ·' | |
| 0 - 1 - 1 - 1 | 2 2 | | - | | | | | | | | |
| 1. Amount re | C Summary ceived this period – itemized nonmonetar | v contribution | ıs. | | | | | tributor Cod - Individual | | | |
| (Include al | Schedule C subtotals.) | • | | | \$_ | 0 | COM | | nt Committee an PTY or SCC) | | |
| 2. Amount re | ceived this period – unitemized nonmone | tary contribut | ions of less than \$100 | | \$ _ | 0 | отн | - Other (e. | .g., business entity) | | |
| 3. Total nonn | onetary contributions received this period | i. | | | | | | – Political I – Small Co | Party ontributor Committee | | |
| (Add Lines | and 2. Enter here and on the Summar | y Page, Colur | nn A, Lines 4 and 10.) | IOIA | /r a | | _ | | | | |

| Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees | | Amounts may b to whole do | | Statement covers | • | CALIFORNIA 460 | | |
|---|--|---|------------------------------|-----------------------|-------------------------------------|-----------------------------|--|--------|
| NAME OF FILER | ons on reverse Maritza Travanti for MUSD Board - 2018 | | | through 6/30 | | Page I.D. NUMI 140717 | | |
| 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 | CUMULATIVE CALENDAR (JAN. 1 - DE | YEAR | PER ELECTION TO DATE (IF REQUIRED) | |
| | Support Oppose Support Oppose | Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Independent Expenditure Independent Expenditure | C | | | | | |
| | | | SUBTOTAL | \$ 0 | | | | e er o |
| Itemized of Unitemize | D Summary contributions and independent expenditures maded contributions and independent expenditures made the ributions and independent expenditures made the | ade this period of u | nder \$100 | | | \$ _ | 0 | _ |

| Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees | | Amounts may b to whole do | | Statement covers | - | SCHEDULE D (CONT.) CALIFORNIA 460 FORM | | |
|---|---|--|---------------------------------------|-----------------------|--------------------------------------|--|--|--|
| Candidat | tes, Measures and Committees | | | through 6/30 | /22 | Page 10 of 17 | | |
| NAME OF FILER | | , | · · · · · · · · · · · · · · · · · · · | | | I.D. NUM | BER | |
| Friends of | Maritza Travanti for MUSD Board - 2018 | | | | | 140717 | ' 5 | |
| 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 | CUMULATIVE CALENDA (JAN, 1 - D | 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 | | | | | | |
| | ☐ Support ☐ Oppose | Monetary Contribution Nonmonetary Contribution Independent Expenditure | | | | | | |
| | | | SUBTOTAL | \$ 0 | | 7 - 4 - 1 1 | | |

| Schedule E Payments Made | Amounts may to whole | | | Statemen | t covers period | CALIFOR FORN | |
|--|---|---|---------------------------|--|---|---|-------------|
| SEE INSTRUCTIONS ON REVERSE | | | | through | 6/30/22 | Page 11 | |
| NAME OF FILER Friends of Maritza Travanti for MUSD Board - 2018 | | | | | | 1.D. NUMBER 1407175 | 3 |
| 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 FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | MBR member of meetings a office experience office experience petition cir. PHO phone ban POL polling and postage, d | ommunications and appearances enses culating ks | s h senger services | RAD radio air RFD returned SAL campaig TEL t.v. or ca TRC candida TRS staff/spc TSF transfer VOT voter reg | e the payment. time and production of contributions in workers' salaries able airtime and produ te travel, lodging, and buse travel, lodging, a between committees gistration ion technology costs | iction costs meals nd meals of the same ca | |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | CODE C | DR DES | CRIPTION OF PAY | MENT | | AMOUNT PAID |
| | | | | | | | |
| | | | | | *************************************** | | |
| | | | | | | | |
| * Payments that are contributions or independent expenditures must also | be summarized on Sc | hedule D. | | | SUE | STOTAL \$ | (|
| Schedule E Summary 1. Itemized payments made this period. (Include all Schedule Sch | ule E subtotals.) | | | | | \$ | 0 |

35.62

35.62

SCHEDULE E (CONT.) Schedule E Amounts may be rounded Statement covers period (Continuation Sheet) **CALIFORNIA** to whole dollars. **FORM** 1/1/22 **Payments Made** from 6/30/22 through. SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Friends of Maritza Travanti for MUSD Board - 2018 1407175 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 TEL. t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FIL FND fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals POL independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor professional services (legal, accounting) LEG legal defense VOT voter registration LIT campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print ads NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

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

SUBTOTAL \$

0

| Schedule F Accrued Expenses (Unpaid Bills) | Amounts may be round to whole dollars. | ded | Statement coverage from 1/1 | ers period C | ALIFORNIA 460 FORM |
|--|--|--|---|--|---|
| | | | through6/3 | 30/22 P | Page 13 of 17 |
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER | | | | 15 |), NUMBER |
| | | | | | |
| Friends of Maritza Travanti for MUSD Board - 2018 | | | | | 107175 |
| 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 FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense 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 r PRO professional services (1) PRT print ads | ns nces earch nessenger services | RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse trr TSF transfer betwee VOT voter registration WEB information tec | nd production costs ibutions kers' salaries time and production el, lodging, and meal avel, lodging, and meen committees of the on | s eals 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 | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
| | | | | | |
| • | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | SUBTOTALS | 0 5 | 0 5 | 5 | 0 \$ 0 |
| Schedule F Summary | | | | | |
| Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized) | | | INCL | JRRED TOTALS | \$0 |
| Total accrued expenses paid this period. (Include all Scheaccrued expenses of \$100 or more, plus total unitemized) | edule F, Column (c) subtot payments on accrued exp | als for payments on enses under \$100.). | | PAID TOTALS | \$0 |
| Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.) | ter the difference here and | | *************************************** | NET | \$ May be a negative number |

| Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills) | Amounts may be rounded to whole dollars. | Statement covers period from 1/1/22 | SCHEDULE F (CONCAPINA CALIFORNIA FORM |
|---|--|--|---------------------------------------|
| | | through6/30/22 | Page 14 of 17 |
| NAME OF FILER Friends of Maritza Travanti for MUSD Board - 2018 | | | I.D. NUMBER 1407175 |
| CODES: If one of the following codes accurately des CMP campaign paraphernalia/misc. CNS campaign consultants | MBR member communications MTG meetings and appearances | RAD radio airtime and production returned contributions | costs |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries TEL ty or cable airlime and produ | ection costs |

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PHO phone banks

PRT print ads

POL polling and survey research

FIL candidate filing/ballot fees

campaign literature and mailings

IND independent expenditure supporting/opposing others (explain)*

FND fundraising events

LEG legal defense

LIT

| 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 | \$ 0 |

TRC candidate travel, lodging, and meals

VOT voter registration

TRS staff/spouse travel, lodging, and meals

WEB information technology costs (internet, e-mail)

TSF transfer between committees of the same candidate/sponsor

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

| Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) SEE INSTRUCTIONS ON REVERSE NAME OF FILER | t Amou | ints may be rounded o whole dollars. | from through | 1/1/22 6/30/22 | CALIFORNIA 460 FORM Page 15 of 17 I.D. NUMBER |
|---|---|---|--|---|---|
| Friends of Maritza Travanti for MUSD Board - 2018 NAME OF AGENT OR INDEPENDENT CONTRACTOR | | , | | | 1407175 |
| CODES: If one of the following codes accurately describes 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)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be | MBR member of meetings at office experience of petition cir. PHO phone bar polling and postage, of profession print ads | ommunications and appearances enses culating lks d survey research lelivery and messenger al services (legal, accou | RAD radio RFD return SAL cam TEL t.v. c TRC canc TRS staff services TSF trans unting) VOT vote | o airtime and production ned contributions paign workers' salaries r cable airtime and prod lidate travel, lodging, ar spouse travel, lodging, | costs duction costs d meals and meals s of the same candidate/sponsor |
| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | · · | CODE OR | DESCRIPTION OF I | PAYMENT | AMOUNT PAID |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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.

2. Payments received on loans.....\$

(Total Column (c) plus unitemized payments of less than \$100.)

(Enter the net here and on the Summary Page, Column A, Line 7.)

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

| chedule I | | nts may be rounded | | SCHEDULE I | | |
|-----------------------------|---|---------------------|-------------------------|-------------------------------|--|--|
| Miscellaneous Inc | | whole dollars. | Statement covers period | CALIFORNIA 460 | | |
| | | | 110111 | 47 47 | | |
| SEE INSTRUCTIONS ON REVER | RSE | | through6/30/22 | Page of | | |
| NAME OF FILER | | | | I.D. NUMBER | | |
| Friends of Maritza Trav | vanti for MUSD Board - 2018 | | | 1407175 | | |
| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH | | |
| | | | | | | |
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| | | | | | | |
| Attach additional infon | mation on appropriately labeled continuation sheets. | | SUBTOTA | L\$ 0 | | |
| Schedule I Summa | ary | | | | | |
| | o cash this period | | \$ | <u>0</u> | | |
| 2. Unitemized increase | es to cash of under \$100 this period | | \$ | <u>0</u> | | |
| 3. Total of all interest re | eceived this period on loans made to others. (Schedule I | ł, Column (e).) | \$ | <u>0</u> | | |
| 4. Total miscellaneous | increases to cash this period. (Add Lines 1, 2, and 3. En | ter here and on the | TOTAL \$ | 0_ | | |

| Statement of C | - | | | Date Stamp | CALIF | FORNIA 410 | |
|--------------------------------|------------------------------------|----------------------------------|---|-------------------------|-----------|-----------------------|---|
| Recipient Con | nmittee | | | RECEIVED BY | FC | ORM 410 | |
| Statement Type | ☐ Initial | ☐ Amendment | Termination – See Part 5 | LOS AVIGELES COU | NTY | For Official Use Only | |
| | O Not yet qualified | | | 2022 1475 | | 71325 | |
| | O Date qualification threshold met | Date qualification threshold met | Date of termination | 2022 JUL 29 AM 10: | 3 | 20353 | |
| | Ī | | 06 , 01 , 2022 | CAMPAIGN FINAN | ct C | 126335 11061 | |
| 1 Committee | Information II D. Number | / | | Other Principal Officer | | | _ |
| | e Information I.D. Numbe | er 1407175 | | Other Principal Officer | . | | |
| NAME OF COMMITTEE | , | 010 | NAME OF TREASURER | | | | |
| Friends of Marit | tza Travanti for MUSD Board - 2 | 018 | Neil C. Travanti | | | | |
| | | | STREET ADDRESS (NO P.O. BOX) | | | | _ |
| | | | | | | | |
| STREET ADDRESS (NO P.O. | D. BOX) | | CITY | STATE | ZIP CODE | AREA CODE/PHONE | |
| | | | Monrovia | CA | 91016 | 626-698-2535 | |
| Monrovia | | O16 AREA CODE/PHONE 626-824-0826 | NAME OF ASSISTANT TREASURER | I, IF ANY | | | |
| Monrovia FULL MAILING ADDRESS | | 010 020-024-0020 | STREET ADDRESS (NO P.O. BOX) | | | | _ |
| POLE MAILING ADDRESS | (IF DIFFERENT) | | | | | | |
| E-MAIL ADDRESS (REQUI | RED) / FAX (OPTIONAL) | | CITY | STATE | ZIP CODE | AREA CODE/PHONE | |
| maritza.travanti | 67@gmail.com | | | | | | |
| . COUNTY OF DOMICILE | JURISDICTION WHERE CO | MMITTEE IS ACTIVE | NAME OF PRINCIPAL OFFICER(S) | | | | |
| Los Angeles | Los Angeles | | Maritza C. Travanti | | | | |
| | | | STREET ADDRESS (NO P.O. BOX) | | | | |
| | | | CITY | STATE | ZIP CODE | AREA CODE/PHONE | |
| Attach addition | al information on appropriately lo | abeled continuation sheets. | Monrovia | CA | 91016 | 626-824-0826 | |
| 2 1/2 1/2 2/2 | | | Wildingvia | CA | 91010 | 020-024-0020 | |
| 3. Verificatio | | | | | | | |
| | easonable diligence in preparing | | | ontained herein is true | and compl | ete. I certify under | |
| | ry under the laws of the State of | Cal . | | | | | |
| Executed on Jun | ne 21, 2022 | | | | | | |
| Everyted on Jur | ne 21, 2022 | 1 | | | | | |
| Executed on | DATE By | | | PROPONENT | | | |
| Executed on | By | | | | | | |
| | DATE | SIGNATURE OF CONTI | ROLLING OFFICEHOLDER, CANDIDATE, OR STATE | MEASURE PROPONENT | | | |
| Executed on | DATE By | SIGNATURE OF CONT | ROLLING OFFICEHOLDER, CANDIDATE, OR STATE | MEASURE PROPONENT | | | |
| | | | | | | | |

| Statement of Organization | | | | | | | CALIF | ORNIA | 10 |
|--|-------------------|-----------------------|-----------------|-------------|---------------------|---------------------------------------|-------------|--------------------|-------------|
| Recipient Committee | | | | | | | FO | RM ² | IU |
| INSTRUCTIONS ON REVERSE | | | | | | | Page 2 | | |
| COMMITTEE NAME | | | | | | · · · · · · · · · · · · · · · · · · · | I.D. NUMBER | | |
| | , | | | | | | | | |
| All committees must list the financial institution where the | campaign ba | nk account is locate | d. | C | | | | | |
| NAME OF FINANCIAL INSTITUTION | AREA CO | ODE/PHONE | | BANK ACCOUR | NT NUMBER | · · · | | | |
| PENDIN | | | | | | | | | |
| ADDRESS | CITY | | | STATE | Zi | CODE | | | |
| • | 1 | ` | | | | | | | |
| 4. Type of Committee Complete the applicable section | ns. | | | | | | | | |
| Controlled Committee | | | | | | ٠, | | | |
| List the name of each controlling officeholder, candidate, or salso list the elective office sought or held, and district number | | • • | | iceholder | controlled | • | • | | , |
| List the political party with which each officeholder or candid | date is affiliate | ed or check "nonpar | isan." Statiı | ng "No pa | rty prefere | nce" is acce _l | otable | | |
| If this committee acts jointly with another controlled commit | ttee, list the n | ame and identificati | on number | of the oth | er controll | ed committe | e. | • | |
| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | . (| ELECTIVE OFFICE SOUG | | Ε) | YEAR OF ELECTION | PAR CHECK | | | |
| | | | | | | Nonpartisan | Partisan | (list political pa | rty below) |
| | | | · | | | Nonpartisan | Partisan | (list political pa | rty below) |
| | | | | | , | · | | | |
| Primarily Formed Committee Primarily formed to support o | or oppose spec | cific candidates or m | easures in a | single ele | ection. List | below: | | | |
| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO., OR IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAM | LETTER) Me. | | TE(S) OFFICE SO | | | RE(S) JURISDICTI APPLICABLE) | ON | CHECK | K ONE |
| | | | | | , | | | SUPPORT | OPPOSE |
| | | | | | | | | ٠,. | |

SUPPORT

OPPOSE