Recipient Committee Campaign Statement Cover Page			Date Stamp REUEN US ANGELE	ES CO F	IFORNIA 460	
		tatement covers period	Date of election if applicable: (Month, Day, Year)	2024 SEP 25		1 of 17 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	throug	h 9/21/2024	11/5/2024	CAMPAIGN	FINANCE	
1. Type of Recipient Committee: All C	ommittees – Complete Pa	rts 1, 2, 3, and 4.	2. Type of Statement:			
✓ Officeholder, Candidate Controlled Comm State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Committe Contro Spons (Also Complete	illed ored Parts) Formed Candidate/ er Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	ermination)	Quarterly Stat Special Odd-Y	ement C7
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF N Committee to Re-elect Margaret T. Evan Board Trustee Area 4, 2024			Treasurer(s) NAME OF TREASURER Carliss R. McGhee MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)			CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY	TATE ZIP CODE	AREA CODE/PHONE	Los Angeles NAME OF ASSISTANT TREASUR	CA RER, IF ANY	90056	310 930-8986
Inglewood MAILING ADDRESS (IF DIFFERENT) NO. AND STR	CA 90302 EET OR P.O. BOX	310 467-4927	Margaret T. Evans			
CITY	TATE ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Inglewood OPTIONAL: FAX/E-MAIL ADDRESS	CA 90302		Inglewood OPTIONAL: FAX/E-MAIL ADDR	CA ESS	90302	310 467-4927
margaret.evans@inglewoodusd.com			margaret.evans@inglewo	odusd.com		
4. Verification I have used all reasonable diligence in prepart certify under pensity of perjury under the laws Executed on Executed on Executed on Executed on Executed on	of the State of California		Signature of Controlling Officeholder, Candidate,	State Measure Proponent	ched schedules is	true and complete.
Executed on		Бу	Signature of Controlling Officeholder, Candidate,	State Measure Proponent		

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	d Committee	٠.	Primarily Formed Ballo	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Margaret T. Evans						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT
Inglewood Unified School District Board	Trustee Area 4, 2024					☐ OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	Inglewood CA 90302		Identify the controlling offic	eholder, candi	date, or state measure	proponent, if any.
			NAME OF OFFICEHOLDER, CA	ANDIDATE, OR F	PROPONENT	
Related Committees Not Included In			OFFICE SOLIOUT OF UE		1	
not included in this statement that are controlle contributions or make expenditures on behalf o			OFFICE SOUGHT OR HELD		DISTRIC	T NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
		7.	Primarily Formed Can	didate/Offic	eholder Committe	A List names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	,,	officeholder(s) or candidate(s) for which this	committee is primarily	formed.
	☐ YES ☐ NO					
COMMITTEE ADDRESS STREET ADDRESS			NAME OF OFFICEROLDER OF	CANDIDATE	OFFICE SOUGHT OR	HELD T
			NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR	HELD SUPPO
CITY STATE			NAME OF OFFICEHOLDER OF		OFFICE SOUGHT OR	SUPPOS
STATE						SUPPOS UPPOS
COMMITTEE NAME			NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR	SUPPOS HELD SUPPOS OPPOS
COMMITTEE NAME	E ZIP CODE AREA CODE/PHONE			R CANDIDATE		HELD SUPPOS
	E ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR	HELD SUPPOS HELD SUPPOS HELD OPPOS
COMMITTEE NAME	I.D. NUMBER CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR	HELD SUPPOS HELD SUPPOS HELD SUPPOS OPPOS

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM from 7/1/2024 Page 3 through 9/21/2024 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1474173 Margaret T. Evans

Contributions Received 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	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ \frac{114}{\$2800} \$ \frac{2914}{0} \$ \frac{2914}{\$2914}	Column B CALENDAR YEAR TOTAL TO DATE \$ 114 \$2800 \$ 2914 0 \$ 2914	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 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE 12. Beginning Cash Balance 13. Cash Receipts 14. Miscellaneous Increases to Cash 15. Cash Payments 16. Cash Payments 17. Column A, Line 3 above 18. ENDING CASH BALANCE 19. Add Lines 8 + 9 + 10 Current Cash Statement 19. Column A, Line 3 above 19. Column A, Line 8 above 19. Cash Payments 19. Column A, Line 8 above 19. Column A, Line 8 above 19. Column A, Line 8 above 19. Column A, Line 8 above	\$ \frac{914}{0}\$ \$ \frac{914}{0}\$ 0 \frac{0}{914}\$ \$ \frac{0}{52914}\$ 0 \frac{5914}{2000}\$	S 914 0 914 0 0 914 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	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) \$
17. LOAN GUARANTEES RECEIVED	s	this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jen/201 FPPC Advice: advice@fppc.ca.gov (866/275-37

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cov	ers period	CALIFORNIA 460		
SEE INSTRUCTIONAME OF FILER Margaret T. 1				through 9/21/202	4	Page .		
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
7/26/2024	Margaret T. Evans	☑ IND	Retired LAUSD Admin.	\$800	\$800			

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/26/2024	Margaret T. Evans Inglewood, CA 90302	ZIND COM OTH STY	Retired LAUSD Admin.	\$800	\$800	
8/20/2024	Margaret T. Evans Inglewood, CA 90302	ZIND COM OTH PTY SCC	Retired LAUSD Admin	\$64	\$864	
8/21/2024	Margaret T. Evans Inglewood, CA 90302	OTH SCC	Retired LAUSD Admin	\$50	\$914	
8/27/2024	Margaret T. Evans Inglewood, CA 90302	ZIND COM OTH PTY SCC	Retired LAUSD Admin	\$2000	\$2914	
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL	\$ 2914		

	SUBTOTAL \$ 2914	
Schedule A Summary		
Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ 2914	_
2. Amount received this period – unitemized monetary contributions of less than \$100	s <u>0</u>	_

3. Total monetary contributions received this period.

*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

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Schedule A (Continuation Sheet) SCHEDULE A (CONT.) Amounts may be rounded Monetary Contributions Received to whole dollars. Statement covers period CALIFORNIA from 7/1/2024 FORM through 9/21/2024 NAME OF FILER I.D. NUMBER Margaret T. Evans 1474173 FULL NAME, STREET ADDRESS AND ZIP CODE OF CUMULATIVE TO DATE PER ELECTION AMOUNT IF AN INDIVIDUAL, ENTER DATE CONTRIBUTOR OCCUPATION AND EMPLOYER CALENDAR YEAR TO DATE CONTRIBUTOR RECEIVED THIS RECEIVED CODE (IF SELF-EMPLOYED, ENTER NAME) (IF REQUIRED) (JAN. 1 - DEC. 31) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) PERIOD - IND \$2914 \$0 □ COM PTY SCC OOM OTH PTY Scc - IND □сом OTH SCC DIND OTH PTY SCC ☐ IND □ COM □ OTH

SUBTOTAL \$ \$2914

PTY

*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

Schedule B – Part 1 Loans Received	An	nounts may be ro to whole dollar			Statement cover	ers period	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through 9/21/302	24	Page 6	of <u>17</u>	
NAME OF FILER							I.D. NUMBER		
Margaret T. Evans							1474173		
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(e) AMOUNT PAID OR FORGIVEN THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
California Credit Union HELOC Margaret T. Evans	Retired LAUSD Admin	0	2800	PAID O FORGIVEN O	11/6/2024	O NATE	s_2800 8/8/2024	\$ 2800 PER ELECTION**	
Z IND COM COTH CPTY CSC		1	1	1	DATE DUE	,	DATE INCURRED	-	
† IND COM OTH PTY SCC			1	PAID PORGIVEN	8DATE DUE	RATE S	S	S PER ELECTION**	
† IND COM OTH PTY SCC				PAID FORGIVEN	\$DATE DUE	RATE	S	S ELECTION**	
		SUBTOTALS 1			\$ 2800	\$ 0			
Schedule B Summary 1. Loans received this period	ns of less than \$100.) 00 paid or forgiven.) at are also itemized on Sche	edule A.)		\$ 0 .NET \$ 280	0		†Contributor Codes iND – Individual COM – Recipient C	ommittee PTY or SCC) business entity) ty	
				(M	ay be a negative number)				

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

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					SCHI	EDULE B - PART	
Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.			CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE			- 4	through 9/21/2024	Page 7	of 17	
NAME OF FILER Margaret T, Evans	***************************************				I.D. NUMBER 1474173	?	
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 8ELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE	
Margaret T. Evans	Ø IND □ COM	Retired LAUSD Admin	Calif. Credit Un	\$2800	CALENDAR YEAR 2800	\$2800	
Inglewood. CA 90302	□ OTH □ PTY □ SCC		DATE 8/8/2024		PER ELECTION (IF REQUIRED)		
	□IND □COM		LENDER		CALENDAR YEAR		
	□ OTH □ PTY □ SCC	OTH	□PTY	DATE		PER ELECTION (IF REQUIRED)	
	□ IND □ COM		LENDER		CALENDAR YEAR		
	□ OTH □ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)		
	□ IND		LENDER		CALENDAR YEAR		
	□отн				PER ELECTION		

□ PTY

DATE

SUBTOTAL \$ 2800

(IF REQUIRED)

Enter on Summary Page, Line 17 only.

Schedule C		Amounts may be rounded				SCHEDULE C		
Nonmonetary Contributions Received		to whole dollars.		1	The second secon	period	CALIFO	DRNIA 460
TIONS ON REVERSE				thro	9/21/2024		Page 8	of
R				_	-			
Evans							1474173	
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			AMOUNT/ FAIR MARKET VALUE	CALEND	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
None	OTH SCC							
	OTH SCC							
	OTH SCC							
	OTH SCC							
itional information on appropriately labeled	continuation	sheets.	SUBT	OTAL				
all Schedule C subtotals.)	tary contributi					OT:	M - Individual M - Recipier (other th H - Other (e Y - Political	int Committee san PTY or SCC) .g., business entity)
	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) None Itional Information on appropriately labeled of C Summary received this period – itemized nonmonetar all Schedule C subtotals.)	TIONS ON REVERSE R EVANS FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) None IND COM OTH PTY SCC IND COM COTH COM COTH COTH COM COTH COM COTH COTH	TIONS ON REVERSE R EVAINS FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) None IND	TIONS ON REVERSE R EVAINS FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEL ALSO ENTER ID. NUMBER) None IND COM OTH PTY SCC	TIONS ON REVERSE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF AN INDIVIDUAL, ENTER GOODS OR SERVICES) None CONTRIBUTOR COUPATION AND EMPLOYER GOODS OR SERVICES None IND OOM OTH PTY SCC IND COM OTH PTY SCC IND OTH IND OTH PTY SCC IND OTH IND	Statement covers from 7/1/2024 TIONS ON REVERSE TIONS ON REVERSE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (P COMMITTEE ALSO ENTER LD. NUMBER) None ONTRIBUTOR OF CODE OF CONTRIBUTOR OF CODE OF COMMITTEE ALSO ENTER LD. NUMBER) None IND OOM OTH PTY SCC IND OOM OOM OOM OOM OOM OOM OOM OOM OOM OO	Statement covers period from7/11/2024	Statement covers period from 7/1/2024 Page 3 Page 3 ID. NUM 1474173 FULL NAME, STREET ADDRESS AND ZIP CODE** (IF COMMITTEE ALSO ENTER ID. NUMBER) None IND

upporting/Opposing Other and Committees		to whole dollars		from 7/1/2024		FORM 460		
	TIONS ON REVERSE			through 9/21/2024		Page 9	of 17	
rgaret T.						1.D. NUMB 1474173	ER	
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	CUMULATIV CALENDA (JAN. 1-	AR YEAR	PER ELECTION TO DATE	
	None	Monetary Contribution			1			
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
		Monetary						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
			SUBTOTA	AL \$ None				
	Support Oppose	Contribution Nonmonetary Contribution Independent	SUBTOTA	AL \$ None				

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. Summary of Expenditures Statement covers period CALIFORNIA from 7/1/2024 Supporting/Opposing Other FORM Candidates, Measures and Committees through 9/21/2024 NAME OF FILER I.D. NUMBER Margaret T. Evans 1474173 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR AMOUNT THIS DESCRIPTION CALENDAR YEAR DATE MEASURE NUMBER OR LETTER AND JURISDICTION, TYPE OF PAYMENT TO DATE PERIOD (IF REQUIRED) OR COMMITTEE (JAN. 1 - DEC. 31) (FREQUIRED) ☐ Monetary None Contribution Nonmonetary Contribution Independent ☐ Support Oppose Expenditure ☐ Monetary Contribution ■ Nonmonetary Contribution Independent Oppose ☐ Support Expenditure Monetary Contribution ■ Nonmonetary Contribution Independent ☐ Support Oppose Expenditure ☐ Monetary Contribution ■ Nonmonetary Contribution ☐ Independent ☐ Oppose ☐ Support Expenditure

SUBTOTAL \$ None

Schedule E	
Payments Mad	de

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period from 7/1/2024

through 9/21/2024

Page 11 of 17

I.D. NUMBER

Margaret T. Evans		1474173	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CNS compaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundralsing events Independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member communications MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	Otherwise, describe the payment. RAD radio airtime and production costs returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meels TRS staff/spouse travel, lodging, and meels transfer between committees of the seme candidate/spon voter registration WEB information technology costs (internet, e-mail)	sor

NAME AND ADDRESS OF PAYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Clty of Inglewood	FIL	Candodate's Statement	\$800
Industrial CA 00201	9		
American Post Box Inc.	POS	Private Mail Box	\$64
Industrial CA 00202	1		
Shirley Weber, Ph.D. Seretary of State	FIL	Candidate Fee	\$50

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

SUBTOTAL \$ 914

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$
2. Unitemized payments made this period of under \$100	s ⁰
Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ ⁰
4 Total payments made this period (Add Lines 1.2 and 3. Enter here and on the Summary Page, Column A. Line 6.)	TOTAL \$ 914

Schedule E

Amounts may be rounded

SCHEDULE E (CONT.)

Continuation Sheet) Payments Made	to whole dollars.	Statement covers period 7/1/2024 from	FORM 460		
BEE INSTRUCTIONS ON REVERSE		through 9/21/2024	Page 12 of 17		
IAME OF FILER			I.D. NUMBER		
Margaret T. Evans			1474173		
CODES: If one of the following codes accur	ately describes the payment, you may enter the or	ode. Otherwise, describe the payment	1.		
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	on costs		

CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* SAL campaign workers' salaries office expenses CVC civic denations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events TRS staff/spouse travel, lodging, and meals polling and survey research IND Independent expenditure supporting/opposing others (explain)* TSF transfer between committees of the same candidate/sponsor postage, delivery and messenger services LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings WEB Information technology costs (internet, e-mell) PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
			DTOTAL & OLL

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

SUBTOTAL\$ 914

CH			

nay enter the code. O ations arances	RFD returned contribing SAL campaign works TEL t.v. or cable sirting candidate travel.	I.D. Nu 1474 payment. d production costs utions pra' salaries me and production cost l, lodging, and meals	
ations	RAD radio sirtime and returned contribution SAL campaign works t.v. or cable sirting trace.	payment. d production costs utions pra' salaries me and production cost l, lodging, and meals	173
ations	RAD radio sirtime and returned contribution SAL campaign works t.v. or cable sirting trace.	d production costs utions ers' salaries me and production cost I, lodging, and meals	ts .
research nd messenger services es (legal, accounting)	TSF transfer between VOT voter registration		
OUTSTANDING NT BALANCE BEGINNING OF THIS PERIOD	G (b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	OUTSTANDING ENT BALANCE BEGINNIN	(a) (b) OUTSTANDING AMOUNT INCURRED THIS PERIOD	(a) (b) (c) OUTSTANDING AMOUNT INCURRED AMOUNT PAID THIS PERIOD THIS PERIOD

Payments that are contributions or independent expenditures must also be mmarized on Schedule D.	SUBTOTALS \$		\$ 0
No Unpaid Bills			

Schedule F Summary

1.	Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	914
2.	Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	914

3. Net change this period.	(Subtract Line 2 from Line 1.	Enter the difference here and	
on the Cummon Dage	Column A Line ()		

May be a negative number

FPPC Form 460 (Jan/2016))

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from 7/1/2024	CALIFORNIA 460
		through 9/21/2024	Page 14 of 17
NAME OF FILER			I.D. NUMBER
Margaret T. Evans			1474173
CODES: If one of the following codes accurately describ	es the payment, you may enter the code. Ot	herwise, describe the payment	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC olvio donations FiL candidate filing/ballot fees FND fundralising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting)	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries t.v. or cable airtime and production TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, transfer between committee	duction costs id meals and meals s of the same candidate/sponsor

PRT print ads

LIT campaign literature and mailings

DESCRIPTION OF PAYMENT	BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	THIS PERIOD (ALSO REPORT ON E)	OUTSTANDING BALANCE AT CLOS OF THIS PERIOD
	CODE OR DESCRIPTION OF PAYMENT	DESCRIPTION OF PAYMENT BALANCE BEGINNING	CODE OR DESCRIPTION OF PAYMENT OF THIS PERIOD (b) AMOUNT INCURRED THIS PERIOD THIS PERIOD	CODE OR DESCRIPTION OF PAYMENT BALANCE BEGINNING OF THIS PERIOD (ALSO REPORT ON E)

WEB information technology costs (internet, e-mail)

^{*} 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)		s may be rounded whole dollars.	from	tatement covers period 7/1/2024	CALIFORNIA 46
			thro	9/21/2024	Page 15 of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Margaret T. Evans NAME OF AGENT OR INDEPENDENT CONTRACTOR					I.D. NUMBER 1474173
None					
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* cVC olvic donations Fit. candidate filing/ballot fees FND fundralising 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	PRO professional of PRT print ads	appearances es ating urvey research very and messenger service services (legal, accounting)	RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaries t.v., or cable airtime and producendidate travel, lodging, an staff/spouse travel, lodging, transfer between committee voter registration information technology costs	duction costs nd meals and meals as of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION	N OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

^a Do not transfer to any other achedule 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 H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement covers period from7/1/2024		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through 9/21/2024		Page 16 of 17	
NAME OF FILER							I.D. NUMBER	
Margaret T. Evans							1474173	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF BELF-EMPLOYED, ENTER NAME OF BUBINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	(e) REPAYMENT OF FORGIVENESS THIS PERIOD	BALANCE AT	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
None				PAID		x		CALENDAR YEAR
		1	1	FORGIVEN	DATE DUE	RATE S	DATE INCURRED	PER ELECTION**
				□ PAID				CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION*
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$	\$		s		
Schedule H Summary					,	(Enter (e) on Schedule I, Line 3)		
Loans made this period (Total Column (b) plus unitemized loans	s of less than \$100.)						. [**If Required
Payments received on loans (Total Column (c) plus uniternized paym Net change this period. (Subtract Line 2 (Enter the net here and on the Summa)	nents of less than \$100.) 2 from Line 1.)				0			

(May be a negative number)

	l eous Increases to Cash	Amounts may be rounded to whole dollars.	Statement covers period from 7/1/2024 through 9/21/2024	CALIFORNIA 460 FORM Page 17 of 17	
NAME OF FILER Margaret T. E	vans			I.D. NUMBER 1474173	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
	None				
Attech add	itional information on appropriately labeled continuation sheets.		SUBTOTA	L\$ 0	
	Summary ncreases to cash this period		s 0	_	
	d increases to cash of under \$100 this period		^	_	
3. Total of all	_				
4. Total misce	ellaneous increases to cash this period. (Add Lines 1, 2, an Page, Line 14.)	d 3. Enter here and on the	TOTAL \$ 0	FPPC Form 460 (Jan/2016))	

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