Statement Code Sections 84200-84216.5 Statement covers period from	COVER PAGE						Desirient Comm
Statement covers period from 07/01/2024 11-1000 11-1	CALIFORNIA A					ent	Campaign State Cover Page
State Candidate Election Committee Primarily Formed Ballot Measure Prevalection Statement Quarterly Statement Semi-annual Statement Special Odd-Year Rep Sponsored (Also Complete Part 6) Sponsored (Also Complete Part 6) Sponsored (Also Complete Part 6) Sponsored (Also Complete Part 7) Sponsored (Also Complete Pa	Page 1 of 8 For Official Use Only	14:16:02 Pa Filing ID:		07/01/2024	from	·	
State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Rej Semi-annual Statement Special Odd-Year Rej Supplemental Preside Sponsored Controlled Sponsored Call Compiler Part 5 Supplemental Preside Supplemental President			2. Type of Statement:	Parts 1, 2, 3, and 4.	ttees – Complete	ommittee: All Commi	I. Type of Recipien
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) GIND KWOK for HLPUSD Board 2022 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE COvina CA 91722 COVINA MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE COVINA COVINA COVINA CITY STATE ZIP CODE AREA CODE/PHONE COVINA CO	 ☐ Quarterly Statement ☐ Special Odd-Year Report ☐ Supplemental Preelection Statement - Attach Form 495 	Special O Supplement Statement	Semi-annual Statement Termination Statement (Also file a Form 410 Termi	ee olled sored <i>ete Part 6)</i> Formed Candidate/ der Committee	Committ Cont Spoi (Also Comp Primarily Officeho	ection Committee mittee ommittee	State Candidate Recall (Also Complete Part 5) General Purpose C Sponsored Small Contribut
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Gino Kwok for HLPUSD Board 2022 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE COvina CA 91722 (626)808-2586 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE COVINA CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS gino.m.kwok@gmail.com Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and counder penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 08/30/2024 Date Executed on 08/30/2024 Date By Gino Kwok Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor			Treasurer(s)			ion	3. Committee Infor
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE COvina CA 91722 (626)808-2586 MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE COVINA CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS Gino.m. kwok@gmail.com Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and correct. Executed on 08/30/2024 Date By Signature of Treasurer or Assistant Treasurer Executed on 08/30/2024 Date By Gino Kwok Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor			NAME OF TREASURER	<u> </u>		DIDATE'S NAME IF NO CO	COMMITTEE NAME (OR
CITY STATE ZIP CODE AREA CODE/PHONE Covina CA 91722 (626)808-2586 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE COVINA CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS gino .m. kwok@gmail . com CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS Gino .m. kwok@gmail . com CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS Gino m. kwok@gmail . com CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS Gino m. kwok@gmail . com CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS Gino m. kwok@gmail . com CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS Gino m. kwok@gmail . com CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS Gino m. kwok@gmail . com CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS Gino m. kwok@gmail . com CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS Gino m. kwok@gmail . com CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS Gino m. kwok@gmail . com CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS Gino m. kwok@gmail . com CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS Gino m. kwok@gmail . com CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS Gino m. kwok@gmail . com CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS Gino m. kwok@gmail . com CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS Gino m. kwok@gmail . com CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS Gino m. kwok@gmail . com CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS Gino m. kwok@gmail . com CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS Gino m. kwok@gmail . com CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS Gino m. kwok@gmail . com CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS Gino m. kwok@gmail . com CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS Gino m. kwok@gmail . com CITY STATE ZIP CODE AREA CODE/PHONE C						D Board 2022	Gino Kwok for HI
Covina CA 91722 (626)808-2586 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE COVINA CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS gino.m.kwok@gmail.com Newok@gmail.com Newok@gm						BOX)	STREET ADDRESS (NO
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE ARE COVINA C		RER, IF ANY	NAME OF ASSISTANT TREASURER,	AREA CODE/PHONE	ZIP CODE	STATE	CITY
CITY STATE ZIP CODE AREA CODE/PHONE COvina CA 91722 OPTIONAL: FAX / E-MAIL ADDRESS gino.m.kwok@gmail.com Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and correct. Executed on 08/30/2024 Ex		nda	Claudia Gonzalez-Miranda	(626)808-2586			
OPTIONAL: FAX / E-MAIL ADDRESS gino.m.kwok@gmail.com Verification			MAILING ADDRESS		OR P.O. BOX	ERENT) NO. AND STREET	MAILING ADDRESS (IF
## Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and contained penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 08/30/2024 By Yolanda Miranda Signature of Treasurer or Assistant Treasurer				AREA CODE/PHONE	ZIP CODE	STATE	CITY
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and control under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 08/30/2024 By Yolanda Miranda		ESS	OPTIONAL: FAX / E-MAIL ADDRESS				
Executed on	ned schedules is true and complete. I certify	ein and in the attached schedules is	wledge the information contained herein	tement and to the best of my kn e foregoing is true and correct.	reviewing this st f California that th	diligence in preparing and der the laws of the State o	I have used all reasona
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor		Freasurer	anda Signature of Treasurer or Assistant Treas	By <u>Yolanda Mi</u>		08/30/2024 Date	Executed on
	eer of Sponsor	ponent or Responsible Officer of Sponsor	trolling Officeholder, Candidate, State Measure Propone	By Gino Kwok Signature of Co	<u> </u>		Executed on
Executed on By Signature of Controlling Officeholder, Candidate, State Measure Proponent		ate Measure Proponent	Signature of Controlling Officeholder, Candidate, State M	Ву	<u>—</u>	Date	Executed on
Executed on By Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Fo	FPPC Form 460 (Jan/2016)	ate Measure Proponent	Signature of Controlling Officeholder, Candidate, State M	Ву		Date	Executed on

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2								
	ORNIA ORM	4	60					
Page _	2 (of _	8					

Officeholder or Candidate Controlled Co	mmittee		6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Gino Kwok								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER IF AP	PPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION] SUPPORT
Board of Education Hacienda-La Puente Di	strict 4] OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE ZIP						
	Hacienda	CA 91745		Identify the controlling of	ficeholder, ca	andidate, or st	ate measure	proponent, if an
	Heights			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in this	Statement: 15-							
not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are primarily	•		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER							
			7	Primarily Formed Car	ndidato/Offi	ceholder Co	mmittae /	ist names of
NAME OF TREASURER	CONTROLLED	COMMITTEE?		officeholder(s) or candidate(
	☐ YES	□ NO		NAME OF OFFICE IOLDED OD	CANDIDATE	Torrior cour	OUT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P	P.O. BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE :	ZIP CODE AF	REA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER							
				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED	COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	
	☐ YES	□ NO						SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P	P.O. BOX)							
CITY STATE	ZIP CODE AF	REA CODE/PHONE		•				
SIAIE A	ZII CODL AF	VEW CODE/LIGHE		Atta	ach continuat	ion sheets if r	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMART	PAGE
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Statement covers period CAL **FORM** 07/01/2024 from _ Page ___3 __ of ___8 08/30/2024 through _ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Gino Kwok for HLPUSD Board 2022

Current Cash Statement

1377233 Column A **Calendar Year Summary for Candidates** Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1/1 through 6/30 7/1 to Date 5,694.92 -6,504.65 20. Contributions 5,694.92 Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures \$ 5,694.92 Made **Expenditures Made Expenditure Limit Summary for State** \$ ____ 3,013.45 Candidates 7. Loans Made Schedule H, Line 3 0.00 0.00 22. Cumulative Expenditures Made* \$ 3,013.45 (If Subject to Voluntary Expenditure Limit) -1,509.50 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 \$ 3,013.45

5,694.92

Cash Equivalents and Outstanding Debts	_
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
If this is a termination statement, Line 16 must be zero.	
16. ENDING CASH BALANCE	\$ 0.00
15. Cash Payments	1,809.50
14. Miscellaneous Increases to Cash Schedule I, Line 4	3,343.38
13. Cash Receipts Column A, Line 3 above	-6,504.65
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 4,970.77
Carront Gaon Glatomont	

18. Cash Equivalents...... See instructions on reverse \$

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____

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).

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

Schedule B – Part 1 Loans Received

Amounts may be rounded to whole dollars.

Stater	nent covers period	CALIFOR	RNIA 460
from	07/01/2024	FOR	
through	08/30/2024	Page4	of8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gino Kwok for HLPUSD Board 2022

I.D. NUMBER 1377233

GING RWON TOT HELOOD BOATA 2022							1377233	
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	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Grace Chang Hacienda Heights, CA 91745	Retired N/A			PAID \$ 0.00 FORGIVEN	\$_5,000.00	0.00 ₈	\$ 5,000.00	\$\frac{0.00}{PER ELECTION**
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$_5,000.00	\$0.00	\$0.00	12/31/2015 DATE DUE	\$0.00	10/06/2015 DATE INCURRED	\$ <u>G2015 5,000.00</u>
Gino Kwok Hacienda Heights, CA 91745 TIND COM OTH PTY SCC	Attorney Younesi & Yoss, LLP	\$ 499.57	\$0.00		\$ 0.00 12/31/2015 DATE DUE	0.00 % RATE	\$ 2,000.00 10/06/2015 DATE INCURRED	\$ -5,499.57 PER ELECTION ** G2020 5,000.00 G2015 3,000.00 \$
Gino Kwok Hacienda Heights, CA 91745 To IND COM OTH PTY SCC	Attorney Younesi & Yoss, LLP	\$_5,000.00	\$0.00		\$	0.00 % RATE	\$ 5,000.00 04/02/2020 DATE INCURRED	\$ -5,499.57 PER ELECTION** G2020 5,000.00 G2015 3,000.00 \$
SUBTOTALS \$ 0.00\$ 5,499.57\$ 5,000.00\$ 0.00								

Schedule B Summary

1. Loans received this period\$ ___ 0.00 (Total Column (b) plus unitemized loans of less than \$100.)

(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)

Enter the net here and on the Summary Page, Column A, Line 2.

†Contributor Codes

IND - Individual

Schedule E, Line 3)

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

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SCHEDULE B - PART 1 (CONT.)

Schedule B – Part 1 (Continuation Sheet) **Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from07/01/2024	FORM 400
through08/30/2024	Page5 of8
	I.D. NUMBER

1377233

Gino Kwok for HLPUSD Board 2022

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

(b) (d) OUTSTANDING (e) (g) (c) IF AN INDIVIDUAL, ENTER OUTSTANDING FULL NAME. STREET ADDRESS AND ZIP CODE **AMOUNT** INTEREST **CUMULATIVE ORIGINAL** AMOUNT PAID OCCUPATION AND EMPLOYER BALANCE **BALANCE AT** PAID THIS OF LENDER RECEIVED THIS CONTRIBUTIONS AMOUNT OF OR FORGIVEN (IF SELF-EMPLOYED, ENTER **BEGINNING THIS** CLOSE OF THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **PERIOD** PERIOD TO DATE LOAN NAME OF BUSINESS) THIS PERIOD PERIOD PERIOD Banker CALENDAR YEAR X PAID Hacienda Heights, CA 91745 California Bank & Trust This is a loan 0.00 % $_{\$}$ -1,005.08 \$ 1,005.08 694.92 \$ 5,000.00 RATE FORGIVEN PER ELECTION** G2022 2,983.00 G2020 1,700.00 \$G2015 5,500.00 \$ 1,700.00 0.00 0.00 12/18/2019 DATE INCURRED [†]⊠ IND □ COM □ OTH □ PTY □ SCC DATE DUE CALENDAR YEAR PAID RATE FORGIVEN PER ELECTION ** DATE DUE DATE INCURRED ☐ COM ☐ OTH ☐ PTY ☐ SCC CALENDAR YEAR PAID RATE FORGIVEN PER ELECTION ** DATE INCURRED ☐ COM ☐ OTH ☐ PTY ☐ SCC DATE DUE CALENDAR YEAR ☐ PAID RATE FORGIVEN PER ELECTION ** DATE DUE DATE INCURRED □ COM □ OTH □ PTY □ SCC SUBTOTALS \$ 0.00\$ 1,005.08\$ 694.92\$ 0.00

†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

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

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from07/01/2024	FORM TOO
through08/30/2024	Page6 of8
	I.D. NUMBER
	1377233

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gino Kwok for HLPUSD Board 2022

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
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	C	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kaufman Legal Group Los Angeles, CA 90017	PRO				1,009.50
Yolanda Miranda & Associates Covina, CA 91722	PRO				500.00
Yolanda Miranda & Associates Covina, CA 91722	PRO				300.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL\$	1,809.50
--	------------	----------

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$_	1,809.50
2. Unitemized payments made this period of under \$100\$_	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$_	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	1,809.50

Schedule	₽ F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

 $\begin{array}{c|c} \textbf{Statement covers period} \\ \textbf{from} & 07/01/2024 \\ \textbf{through} & 08/30/2024 \\ \hline \end{array} \quad \begin{array}{c|c} \textbf{CALIFORNIA} & \textbf{460} \\ \hline \textbf{FORM} & \textbf{460} \\ \hline \\ \textbf{Page} & 7 & \textbf{of} & 8 \\ \hline \\ \textbf{I.D. NUMBER} \\ \end{array}$

1377233

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gino Kwok for HLPUSD Board 2022

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

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)* SAL campaign workers' salaries OFC office expenses CVC civic donations 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

FND independent expenditure supporting/opposing others (explain)*

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

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
Kaufman Legal Group Los Angeles, CA 90017	PRO	1,009.50	0.00	1,009.50	0.00
Yolanda Miranda & Associates Covina, CA 91722	PRO	500.00	0.00	500.00	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	\$ 1,509.50	0.00	1,509.50\$	0.00

Schedule F Summary

Schedule	1			SCHEDULE
	eous Increases to Cash	Amounts may be rounded to whole dollars.	Statement covers period from07/01/2024	CALIFORNIA 460
SEE INSTRUCTIO	NS ON REVERSE		through08/30/2024	Page8 of8
NAME OF FILER	NOONEYEROE			I.D. NUMBER
Gino Kwok fo	or HLPUSD Board 2022			1377233
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
08/23/2024	Hi-Speed Printing, Inc. Hacienda Heights, CA 91745	Check voided		3,093.3
08/23/2024	Jay Chen for Congress (ID# C00665695) Westminister, CA 92683	Check voided		250.0
Attach add	litional information on appropriately labeled continuation sheets.	1	SUBTOTAL	3,343.3
Schedule	I Summary			
	ncreases to cash this period		\$\$3,343.38	
	ed increases to cash of under \$100 this period			
	I interest received this period on loans made to others. (Scho			
	cellaneous increases to cash this period. (Add Lines 1, 2, ar			

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3,343.38