1/31/22 PM

**COVER PAGE** Recipient Committee CALIFORNIA **Campaign Statement** RECEIVED BY FORM **Cover Page** (Government Code Sections 84200-84216.5) Date of election if applicable Statement covers period PM L: 3BPage \_\_1 \_\_ of \_\_12 (Month, Day, Year) 07/04/2021 For Official Use Only CAMPAIGN FINANC 07/20/2021 SEE INSTRUCTIONS ON REVERSE through \_\_\_\_12/31/2021 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: X Officeholder, Candidate Controlled Committee ☐ Preelection Statement Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report O Recall Controlled X Termination Statement Supplemental Preelection (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) Statement - Attach Form 495 (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1437825 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Brasov for NLMUSD School Board 2021 Gary Crummitt MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 90802 Long Beach CA (562) 983-0815 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Long Beach 90802 (562) 983-0815 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY CITY STATE ZIP CODE AREA CODE/PHONE ZIP CODE AREA CODE/PHONE STATE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS gary@crummittandassociates.com 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the t tained herein and in the attached schedules is true and complete. I certify under penalty of periury under the laws of the State of California that the foregoing is true a 01/13/2022 Executed on .. or Assistant Treasurer 01/13/2022 Executed on . Measure Proponent or Responsible Officer of Sponsor Executed on \_ Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on \_ Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (Jan/2016)

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

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

COVER PAGE - PART 2					
CALIF FO	ORNIA RM	460			
Page	_2(	of <u>12</u>			

Officeholder or Candidate Controlled Co	mmittee	6	i. Primarily Formed Ball	ot Measure Comm	ittee	
NAME OF OFFICEHOLDER OR CANDIDATE	<u> </u>		NAME OF BALLOT MEASURE			
Narcis Brasov						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI	STRICT NUMBER IF APPLICABLE	Ē)	BALLOT NO. OR LETTER	JURISDICTION `	[ ]	SUPPORT OPPOSE
Board of Education Norwalk LaMirada USD						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  CITY  STATE  ZIP  Identify the controlling officeholder, candidate, or state measure proponent, if all the controlling officeholder.					proponent, if any	
	na mirada (A	90638	NAME OF OFFICEHOLDER, CA	NDIDATE, OR PROPONEN	IT	
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are primarily formed to		OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTE	7	. Primarily Formed Can			
NAME OF TREASURER	YES NO	.∟ f	officeholder(s) or candidate(	s) for which this commi	ttee is primarily for	ned.
COMMITTEE ADDRESS STREET ADDRESS (NO F	.о. вох)		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE	E SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE	E/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE	E SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE	E SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTE	E?	NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE	E SOUGHT OR HELD	- OURDORT
	YES NO					SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO F	O. BOX)			l		
CITY STATE	ZIP CODE AREA CODE	E/PHONE	Atta	ch continuation sheet	ts if necessary	

### **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period **CALIFORNIA FORM** 07/04/2021 12/31/2021 Page \_\_\_\_3 \_\_\_ of \_\_\_12 I.D. NUMBER

through \_\_ SEE INSTRUCTIONS ON REVERSE NAME OF FILER Brasov for NLMUSD School Board 2021 1437825

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTALTO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$3,820.52	\$13,829.52	
2. Loans Received Schedule B, Line 3	7,800.00	10,800.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$11,620.52	\$24,629.52	20. Contributions  Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$11,620.52	\$24,629.52	Made \$ \$
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$11,857.38	\$ 24,629.52	Candidates
7. Loans Made Schedule H, Line 3	0.00	0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$11,857.38	\$ 24,629.52	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	-11,147.57	0.00	Date of Election Total to Date
10. Nonmonetary Adjustment	0.00	0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$709.81	\$24,629.52	\$
Current Cash Statement			/\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$236.86	To calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	11,620.52	amounts in Column A to the corresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	from Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above	11,857.38	report. Some amounts in Column A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$0.00	figures that should be subtracted from previous	
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts	<del></del>	from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents See instructions on reverse	\$		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$10,800.00		
-		1	FPPC Form 460 (Jan/201
			FPPC Advice: advice@fppc.ca.gov (866/275-377

16) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cover	-	CALIFORNIA 460		
SEE INSTRUCTIO	ONS ON REVERSE			through12/31/20	021	Page	4 of12	
NAME OF FILER						I.D. NU	UMBER	
Brasov for N	NLMUSD School Board 2021		<del></del>			14378	825	
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 TO CALENDAR Y (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
08/27/2021	Narcis Brasov La Mirada, CA 90638	⊠IND □COM □OTH □PTY □SCC	Law Professor Trinity International University	2,643.52	13,	,443.52		
08/10/2021	Cassandra Felix La Mirada, CA 90638		Retired Retired	50.00		100.00		
08/27/2021	Cassandra Felix La Mirada, CA 90638	⊠IND □COM □OTH □PTY □SCC	Retired Retired	50.00		100.00		
08/21/2021	Julia Hogan-Montgomery La Mirada, CA 90638	⊠IND □COM □OTH □PTY □SCC	Actress Julia Hogan Montgomery	50.00		100.00		
08/27/2021	Julia Hogan-Montgomery  La Mirada, CA 90638		Actress Julia Hogan Montgomery	50.00		100.00		
			SUBTOTAL\$	\$ 2,843.52	提整等。1.2	4 - 5/	(2) 那样加速等于 (2) 第40 第4	
1. Amount re	A Summary eceived this period – itemized monetary contributions.  Il Schedule A subtotals.)		\$	3,343.52	IND-			

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

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

PTY - Political Party

477.00

3,820.52

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

SCC - Small Contributor Committee

3. Total monetary contributions received this period.

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)

CALIFORNIA

**FORM** 

Statement covers period

07/04/2021

				through12/31/	<sup>'</sup> 2021 Pa	ge5 of12
NAME OF FILER					I.D.	. NUMBER
Brasov for N	LMUSD School Board 2021		,		14	37825
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTERILD. NUMBER)	CONTRIBUTOR CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	TODATE
07/25/2021	Connie Kay Jones Ls Mirada, CA 90638	⊠IND □COM □OTH □PTY □SCC	Retired N/A	100.00	100.	20
10/05/2021	Claude Kroupa La Mirada, CA 90638	⊠IND □COM □OTH □PTY □SCC	Engineer JEOL USA	100.00	300.	50
08/27/2021	Rebecca Langenwalter  La Mirada, CA 90638	IND  COM  OTH  PTY  SCC	Retired N/A	100.00	100.6	
08/24/2021	Angelo Maldonado  LA MIRADA, CA 90638		Retired Retired	100.00	100.0	00
07/12/2021	Henry E. Nowakowski Anaheim, CA 92806		Retired N/A	100.00	100.4	00
			SUBTOTAL	\$ 500.00	144	2. 10mm 中国各省中央 全国的中央

\*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

							SCHE	DULE B - PART
Schedule B – Part 1	Amo	ounts may be re			Statement cov	vers period	CALIFORN	A 160
Loans Received	to whole dollars.			from07/0	4/2021	FORM 460		
SEE INSTRUCTIONS ON REVERSE					through12/3	1/2021	Page 6	of <u>12</u>
NAME OF FILER							I.D. NUMBER	
Brasov for NLMUSD School Board 2021		(3)	(b)	1 (-)	7.0	(6)	1437825 (f)	(0)
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, 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 FORGIV THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Narcis Brasov	Law Professor Trinity International			PAID				CALENDAR YEAR
La Mirada, CA 90638	University			\$0.	00 \$ 3,000.00	0.00%	s_3,000.00	\$_13.443.52
LOAN	ļ			FORGIVEN	_   '	RATE	\	PER ELECTION
					12/21/2002		06/21/2021	
TIND □ COM □ OTH □ PTY □ SCC		\$3,000.00	\$0.00	\$	00 12/31/2022 DATE DUE	\$0.00	DATE INCURRED	\$
Narcis Brasov	Law Professor			☐ PAID				CALENDAR YEAR
La Mirada, CA 90638	Trinity International University			\$0_	00 \$ 7.500.00	0.00%	\$ 7,500.00	\$ 13,443.50
				FORGIVEN		RATE	\$ _2,300.00	PERELECTION
				_				
T⊠ IND □ COM □ OTH □ PTY □ SCC		\$ 0.00	\$	\$	00 12/31/2022 DATE DUE	\$0_0	08/09/2021 DATE INCURRED	\$
Narcis Brasov	Law Professor			☐ PAID		+		CALENDAR YEAR
La Mirada, CA 90638	Trinity International University			-				
				\$0.		0_00.% RATE	\$300.00	\$ 13,443.52 PERELECTION
				LONGIVEN	·			PERELECTION
TIND □ COM □ OTH □ PTY □ SCC		\$	\$300.00	s	00 12/31/2022 DATE DUE	\$0.00	DATE INCURRED	\$
IN IND COM COH PIT SEC	<u> </u>				DATEBOE	<u> </u>		
		SUBTOTALS \$	7,800.00	0	.00\$ 10,800.00	0.00	THE WAY STATE	
Sahadula D Summani						(Enter (e) on Schedule E, Line 3)		
Schedule B Summary						Surledule E, Line Sj		
Loans received this period				\$ _	7,800.00			
(Total Column (b) plus unitemized loan	s of less than \$100.)					( to	ontributor Codes	
2. Loans paid or forgiven this period				\$	0.00		D – Individual DM – Recipient Co	mmittoo
(Total Column (c) plus loans under \$100				Ψ _		1	(other than I	PTY or SCC)
(Include loans paid by a third party that		lule A.)				0.	ΓH – Other (e.g., Ƴ – Political Party	business entity)
2. Not shown this posied (Outtoon this	0 from 1 in a 4 \			NIT 6	7 800 00	اعر	CC – Small Contrib	
<ol><li>Net change this period. (Subtract Line Enter the net here and on the Summar</li></ol>	P 2 Trom Line 1.)			NEI\$_	7,800.00 (May be a negative number)			
Furei fue her here and ou fue ontilinal	y rage, coluitili A, Lille Z.							

\*\* If required.

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

Schedule E Payments Made	Amounts may l to whole d			from		CALIFO	
SEE INSTRUCTIONS ON REVERSE				thro	ough	. Page _	7 of12_
NAME OF FILER						I.D. NUI	MBER
Brasov for NLMUSD School Board 2021						143782	25
CODES: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com meetings and OFC office expering PET petition circuistic phone banks POL polling and sepostage, del	munications d appearance eses lating survey resea livery and me	es	RAD RFD SAL TEL TRC TRS TSF VOT	lescribe the payment. radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro candidate travel, lodging, ar staff/spouse travel, lodging, transfer between committee voter registration information technology cost	duction cost duction cost and meals and meals es of the sar	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	N OF PAYMENT		AMOUNT PAID
Crummitt & Associates		PRO					520.0
Long Beach, CA 90802							
Crummitt & Associates Long Beach, CA 90802		PRO					20.3
E- Fundraising Connections Sacramento, CA 95816			Credit Card I	Processing	Fees		5.0
* Payments that are contributions or independent expenditures	must also be summ	arized on S	schedule D.		SI	JBTOTAL\$	545.3
Schedule E Summary							

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$\frac{11,857.38}{2}\$

0.00

#### Schedule E (Continuation Sheet) **Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LEG

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT
Statement covers period	CALIFORNIA 460
from 07/04/2021	FORM 400
through 12/31/2021	Page 8 of12
	I.D. NUMBER
	1437825

Brasov for NLMUSD School Board 2021 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 returned contributions CTB contribution (explain nonmonetary)\* office expenses OFC SAL campaign workers' salaries CVC civic donations petition circulating t.v. or cable airtime and production costs PET FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals fundraising events polling and survey research staff/spouse travel, lodging, and meals FND POL independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services transfer between committees of the same candidate/sponsor IND POS legal defense

professional services (legal, accounting) VOT voter registration ШΤ campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

PRO

Credit Card Processing Fees  Credit Card Processing Fees  Credit Card Processing Fees	
	2.75
Credit Card Processing Fees	2.75
Credit Card Processing Fees	2.75
Credit Card Processing Fees	2.75
Credit Card Processing Fees	1.63
	IBTOTAL \$ 11.51

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

# Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA **FORM** 07/04/2021 from

SEE INSTRUCTIONS ON REVERSE	through 12/31/2021	Page 9 of 12
NAME OF FILER		I.D. NUMBER
Brasov for NLMUSD School Board 2021		1437825

Brasov for NLMUSD School Board 2021				1437825
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	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and sepostage, del	nmunications d appearances nses llating	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and staff/spouse travel, lodging,	luction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
E- Fundraising Connections	Credit Card F	Processing Fees	2.75	
Sacramento, CA 95816				

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AN	OUNT PAID
E- Fundraising Connections		Credit Card Processing Fees		2.75
Sacramento, CA 95816			İ	
E- Fundraising Connections		Credit Card Processing Fees		5.50
Sacramento, CA 95816				
E- Fundraising Connections		Credit Card Processing Fees		2,25
Sacramento, CA 95816			Í	
Schoolsfirst Federal Credit Union		Credit Card Statement		7,500.00
Santa Ana, CA 92706				
Schoolsfirst Federal Credit Union		Credit Card Payment		142.50
Santa Ana, CA 92706				
* Payments that are contributions or independent expenditures must also be summarized o	n Schedule I	).	SUBTOTAL \$	7,653.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## Schedule E (Continuation Sheet)

Amounts may be rounded

Statement covers period	CALIFORNIA	460
rom 07/04/2021	FORM	400

Payments Made	to whole dollars.	from07/04/2021	FORM 400
SEE INSTRUCTIONS ON REVERSE		through12/31/2021	Page10 of12
NAME OF FILER			I.D. NUMBER
Brasov for NLMUSD School Board 2021			1437825
CODES: If one of the following codes convertely of	leastines the neumant were may enter the sade. Other	nuine describe the neumont	

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 co	mmunications	RAD	radio airtime and production costs
CNS campaign consultants	MTG meetings a	and appearances	RFD	returned contributions
CTB contribution (explain nonmonetary)*	OFC office expe	enses		campaign workers' salaries
CVC civic donations	PET petition circ	culating	TEL	t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone ban	ks	TRC	candidate travel, lodging, and meals
FND fundraising events	POL polling and	I survey research		staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, d	elivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG legal defense	PRO profession	al 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	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Schoolsfirst Federal Credit Union		Credit Card Statement	3,647.57
Santa Ana, CA 92706			
		•	
	<del>                                     </del>		
•			
	<u> </u>		

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

3,647.57

(# ·		•	
			SCHEDULE
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Accided Experises (Oripaid Bills)	to whole dollars.	from07/04/2021	FORM TOO
SEE INSTRUCTIONS ON REVERSE		through12/31/2021	Page11 of12
NAME OF FILER			I.D. NUMBER
Brasov for NLMUSD School Board 2021			1437825
CODES: If one of the following codes accurately describe	es the payment, you may enter the code. Ot	herwise, describe the payment	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production of	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 produ	
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and	
FND fundraising events  IND independent expenditure supporting/opposing others (explain)*	POL polling and survey research	TRS staff/spouse travel, lodging, a	
IND independent expenditure supporting/opposing others (explain)*  LEG legal defense	POS postage, delivery and messenger services PRO professional services (legal, accounting)		of the same candidate/sponsor
LIT campaign literature and mailings	PRO professional services (legal, accounting) PRT print ads	VOT voter registration WEB information technology costs	(internet e-mail)
		TILL IIII (OOI III (OOI III (OO)	(

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
Schoolsfirst Federal Credit Union	Credit Card Statement	11,147.57	0.00	11,147.57	0.00
Santa Ana, CA 92706					
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	11,147.57	0.00	11,147.57	0.00

### 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.)	INCURRED TOTALS \$	0.00
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.)	PAID TOTALS \$	11,147.57
	. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$	-11,147.57

### Additional Comments For Form 460

NAME OF FILER

CALIF	ONAL CON ORNIA ORM		итs -60			
Page	12	of	12			
I.D. NUMBER						

Brasov for NLMUSD School Board 2021

NO ADDITIONAL FUNDS WILL BE RAISED TO RETIRE OUTSTANDING DEBT.

1/31/22 PM

Statement of C	Organization				Date Stan	ıp.	CALIFO	RNIA AAO
Recipient Com	mittee				3 30 52.6	EIVED	FOR!	v 410
Statement Type	☑ Initial	☐ Amendment	X	Termination - See Part 5	MA 201	GELES	For	Official Use Only
	O Not yet qualified		ŀ					
	Date qualification threshold me	Date qualification threshold met		Date of termination	2022 FE	B-1 Pi	4 H: 00	
	04 / 21 / 2021			12 / 31 / 2021	CAMP	AIGN FI	HANCE	
1. Committee in	formation I.D. Numb			2. Treasurer and	eine Bildin	iomiels.		
NAME OF COMMITTEE	310000000000000000000000000000000000000			NAME OF TREASURER	e statutura tara-argu-araga-araga-araga-araga araga-ara	Control of the Contro	Mary State Control of the Control of	(1987) (Antoniorità pro C., accionistro erras Care Agil e Gradificação, en 1985)
Brasov for NLMUSI	D School Board 2021			Gary Crummitt				
				STREET ADDRESS (NO P.O. BOX)				
STREET ADDRESS (NO P.O.	(xox)		_	CITY		STATE	ZIP CODE	AREA CODE/PHONE
STREET PLOSTED VIOLEN	1			Long Beach		CA	90802	(562) 983-0815
CITY	STATE ZIP	CODE AREA CODE/PHONE	_	NAME OF ASSISTANT TREASURER	R, IF ANY	CA	90802	(582/983-0815
Long Beach	CA	90802 (562)983-08	815					
FULL MAILING ADDRESS (I	F DIFFERENT)			STREET ADDRESS (NO P.O. BOX)				
E-MAIL ADDRESS (REQUIR	ED) / FAX (OPTIONAL)			CITY		STATE	ZIP CODE	AREA CODE/PHONE
gary@crummittanda	associates.com							
COUNTY OF DOMICILE	JURISDICTION WHERE CO	MMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)				
Los Angeles	MLMUSD							
				STREET ADDRESS (NO P.O. BOX)				
				СІТУ		STATE	ZIP CODE	AREA CODE/PHONE
Attach additional i	nformation on appropriately la	beled continuation sheets.						
envertice done			e e combo					
I have used all re	asonable diligence in preparir			ny knowledge the informa	tion contained her	ein is true a	ind complete.	I certify under
penalty of perjur	y under the laws of the State			e and correct.				
Executed on	1/13/2022 By			E OF TREASURER OR ASSISTANT TREASUR				
Executed on	1/13/2022 By			E OF THE ASONER OR ASSISTANT TREASUR	KEK			
Executed Oil	DATE			OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT			
Executed on	DATE By	SIGNATURE OF CONT	2011	ING OFFICEHOLDER, CANDIDATE, OR STATE	AFACURE PROPONENT			
Executed on	. By	SIGNAL ORE OF CONTI	NULL	ING OFFICEROLDER, CANDIDATE, OR STATE I	MEASURE PROPONENT			
Executed on	DATE	SIGNATURE OF CONT	ROLL	ING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT			

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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OMMITTEE NAME Brasov for NLMUSD School Board 2021					I,D. NUMBER	437825			
All committees must list the financial institution where the campa	algn bank account is located.								
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOU	NT NUMBER						
California Bank & Trust	(213) 228-1700	ļ							
ADDRESS	CITY	STATE	ZI	CODE					
	Los Angeles	CA		90071					
	state measure proponent. If cand	lidate or officeholder o	controlled,	also list the el	ective offi	ce sought or h	eld, and		
Controlled Committee  List the name of each controlling officeholder, candidate, or district number, if any, and the year of the election.  List the political party with which each officeholder or candill this committee acts jointly with another controlled commit	idate is affiliated or check "nonpart	isan." Stating "No par	ty preferen	ce" is accepta		ce sought or h	eld, and		
List the name of each controlling officeholder, candidate, or district number, if any, and the year of the election.  List the political party with which each officeholder or candi	idate is affiliated or check "nonpart	isan." Stating "No par on number of the othe	ty preferen	ce" is accepta d committee.		ce sought or h	eld, and		
List the name of each controlling officeholder, candidate, or district number, if any, and the year of the election.  List the political party with which each officeholder or candidate, or district number, if any, and the year of the election.	idate is affiliated or check "nonpart ittee, list the name and identification ELECTIVE OFFICE SOU	isan." Stating "No par on number of the othe IGHT OR HELD IER IF APPLICABLE)	ty preferen	ce" is accepta d committee.	rty KONE	ce sought or h			
List the name of each controlling officeholder, candidate, or district number, if any, and the year of the election.  List the political party with which each officeholder or candi  If this committee acts jointly with another controlled commit  NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	idate is affiliated or check "nonpart ittee, list the name and identificatio ELECTIVE OFFICE SOU (INCLUDE DISTRICT NUMB	isan." Stating "No par on number of the othe IGHT OR HELD IER IF APPLICABLE)	ty preferen er controlle YEAR OF ELECTION	ce" is accepta d committee. PA CHEC Nonpartisan	RTY K ONE Partisan		below)		
List the name of each controlling officeholder, candidate, or district number, if any, and the year of the election.  List the political party with which each officeholder or candill this committee acts jointly with another controlled commit NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT  Narcis Brasov	idate is affiliated or check "nonpart ittee, list the name and identificatio ELECTIVE OFFICE SOU (INCLUDE DISTRICT NUMB	isan." Stating "No par on number of the other IGHT OR HELD SER IF APPLICABLE) walk LaMirada USD	ty preference controlle YEAR OF ELECTION 2021	d committee.  PA CHEC Nonpartisan X Nonpartisan	RTY K ONE Partisan	(list political party	below)		
List the name of each controlling officeholder, candidate, or district number, if any, and the year of the election.  List the political party with which each officeholder or candi  If this committee acts jointly with another controlled commit  NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT  Narcis Brasov	idate is affiliated or check "nonpartification in the property of the name and identification in the property of the property	isan." Stating "No par on number of the other IGHT OR HELD SER IF APPLICABLE) walk LaMirada USD	r controlle YEAR OF ELECTION 2021 ection. List	Ce" is accepted d committee.  PA CHEC Nonpartisan X Nonpartisan	RTY K ONE Partisan Partisan	(list political party	below)		

OPPOSE

## Statement of Organization Recipient Committee

FORM 410

Recipient Committee			FORM -
INSTRUCTIONS ON REVERSE			Page 3 of 3
COMMITTEE NAME			I.D. NUMBER
Brasov for NLMUSD School Board 2021			1437825
AND THE PROPERTY OF THE PROPER			
General Purpose Committee Not formed to s	upport or oppose specific candidates or measure ttee	es in a single election. Check only one box  STATE Committee	:
PROVIDE BRIEF DESCRIPTION OF ACTIVITY			,
Sponsored Committee List additional sponso	rs on an attachment.		
NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIAT	TION OF SPONSOR	
STREET ADDRESS NO. AND STREET	CITY	STATE ZIP CODE	AREA CODE/PHONE
Small Contributor Committee	qualified		

#### a variation in the familiar in

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- · This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.