Recipient Committee Campaign Statement Cover Page			Date Stamp	D RY	FORM 460
SEE INSTRUCTIONS ON REVERSE	from 6/30/21	Date of election if applicable: (Month, Day, Year)	LOS ANGELE	S COUNTY PM 4: 36	For Official Use Only
1. Type of Recipient Committee: All Committee	s – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	Light I feel title	HAIL	
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	t ermination)	☐ Quarterly Sta	
3. Committee Information	1.D. NUMBER 1407175	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE Friends of Maritza Travanti for MUSD Boan	E)	NAME OF TREASURER Neil Travanti			
		MAILING ADDRESS		N	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
4		Monrovia	CA	91016	626-698-2535
	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	R, IF ANY		
	91016 626-824-0826	N/A			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	BOX	MAILING ADDRESS			
CITY STATE :	ZIP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	20		
maritza4monroviaschoolboard@gmail.com		neil.travanti@gmail.cor	3.50		
Verification		3			
I have used all reasonable diligence in preparing and recertify under penalty of perjury under the laws of the St		d	herein and in the atta	ached schedules	is true and complete. I
Executed on Date	/22 By_	n	Treasurer		
Executed on	Ву	200	oponent or Responsible Offic	per of Sponsor	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent		
Executed on	Ву	Signature of Controlling Officeholder, Candidate.	State Messure Proposert		
Della		organization of controlling critical local, call distant,	Common and the state of the sta		

	Officeholder or Candidate Controlled Committee			ot Measure			
IAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Maritza Travanti						212	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS			BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
Monrovia Unified School District Board Men							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) MOR	CITY STATE ZIP		Identify the controlling offi			measure propo	nent, if any.
7777			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in this	Statement: List any committees						
not included in this statement that are controlled by yo contributions or make expenditures on behalf of your o	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER					1	-
IAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate(didate/Offices	ceholder Co	ommittee List	names of
	☐ YES ☐ NO						
COMMITTEE ADDRESS (NO P.			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE 2	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	П
							SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	
	Territoria de la Companya del Companya de la Companya del Companya de la Companya				10 110 110 11 1 1 1 1 1 1 1 1 1 1 1 1 1		
	YES NO						SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.							-

Campaign Disclosure Statement Summary Page

Friends of Maritza Travanti for MUSD Board - 2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

www.fppc.ca.gov

from1/1/21	FORM 460			
through6/30/21	Page3 of17			
	1.D. NUMBER 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
1. Monetary Contributions Schedule A, Line 3	S	0	\$	0	General Elections
2. Loans Received		108.00		108.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	s	108.00	s	108.0	20. Contributions Received \$ 0 \$ 0
4. Nonmonetary Contributions Schedule C, Line 3		0		0	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED	\$	108.00	\$	108.00	Made \$0 \$0
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	216.00	\$	216.00	Candidates
7. Loans Made Schedule H, Line 3		0		0	22 Computative Europe different Made
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	216.00	\$	216.00	22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0		0	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0		0	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	216.00	\$	216.00	\$
Current Cash Statement			Γ		\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$		То	calculate Column B.	
13. Cash Receipts Column A, Line 3 above		108.00	1000000	d amounts in Column o the corresponding	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0	an	ounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		216.00		your last report. Some rounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	251.62	be	negative figures that	
If this is a termination statement, Line 16 must be zero.			pre	ould be subtracted from evicus period amounts. If is is the first report being	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	file	d for this calendar year, y carry over the amounts	
Cash Equivalents and Outstanding Debts			fro	m Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0			FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule A Monetary Contributions Received		tributions Received Amounts may be rounded to whole dollars.				CALIFORNIA 460		
PEE INCTRICATION	AN POSERS			through 6	/30/21	Page 4 of 17		
NAME OF FILER	INS ON REVERSE					I.D. NUMBER		
Friends of	Maritza Travanti for MUSD Board - 2018					1407175		
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 E CALENDAR YEA (JAN. 1 - DEC. 3	R TO DATE		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		OTH SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		OTH SCC						
			SUBTOTAL	\$ 0				

- 1. Amount received this period itemized monetary contributions. (Include all Schedule A subtotals.)
- 2. Amount received this period unitemized monetary contributions of less than \$100\$
- 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$

IND - Individual

COM - Recipient Committee

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

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)

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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 1/1/21 FORM from 6/30/21 5 of 17 through. I.D. NUMBER NAME OF FILER Friends of Maritza Travanti for MUSD Board - 2018 1407175 IF AN INDIVIDUAL, ENTER **AMOUNT** CUMULATIVE TO DATE PER ELECTION CONTRIBUTOR DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OCCUPATION AND EMPLOYER CALENDAR YEAR TO DATE RECEIVED THIS RECEIVED (IF COMMITTEE ALSO ENTER LO. NUMBER) CODE *

neocites	,		OF BUSINESS)	PERIOD	(JAN. 1 - DEC. 31)	(IF REQUIRED)
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		OTH 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

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	Ar	nounts may be rou	unded				SCHE	DULE B - PART 1
Schedule B – Part 1 Loans Received	All	to whole dollars			Statement cover	ers period	CALIFORN FORM	^{IA} 460.
					through6/	/30/21	Page 6	of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through		I.D. NUMBER	01
Friends of Maritza Travanti for MUSD Bo	pard - 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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(°) AMOUNT PAIL OR FORGIVER THIS PERIOD	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Neil C Travanti Monrovia, CA 91016	Accounting Consultant, 8020 Consulting, LLC			PAID \$ 0 FORGIVEN	ş <u>108.00</u>	O %	s 108.00	s 108.00 PER ELECTION**
TO IND COM OTH PTY SCC		\$ <u> </u>	s108.00	ş0	8/01/2022 DATE DUE	\$	4/1/2021 DATE INCURRED	s108.00
		s		PAID FORGIVEN	\$	RATE S	\$	S PER ELECTION **
IND COM OTH PTY SCC			\$	PAID FORGIVEN \$	\$DATE DUE	RATE S	\$DATE INCURRED	CALENDAR YEAR S PER ELECTION** \$
		SUBTOTALS \$	108.00 \$	\$ 0	\$ 108.00			
Schedule B Summary 1. Loans received this period				\$	108.00	(Enter (e) on Schedule E, Line 3))	
 (Total Column (b) plus unitemized loar Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that 	00 paid or forgiven.)			\$	0_	. IN	Contributor Codes ND - Individual COM - Recipient C (other than I OTH - Other (e.g.,	Committee PTY or SCC)

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

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

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PTY - Political Party

(May be a negative number)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

Schedule B – Part 2 Loan Guarantors

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Friends of Maritza Travanti for MUSD Board - 2018

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDIN TO DATE
	□IND		LENDER		CALENDAR YEAR	
	СОМ	-	DATE	-	PER ELECTION	
	ОТН		DATE		(IF REQUIRED)	
	□PTY			_		
	□scc				\$	
			LENDER		CALENDAR YEAR	
	□IND		LENDER			
	СОМ			- 1	PER ELECTION	
	ОТН		DATE		(IF REQUIRED)	
	□ PTY					
	□scc				\$	
	Пип		LENDER		CALENDAR YEAR	
	□ IND					
	□отн		Name of the second	_	PER ELECTION	
	□ PTY		DATE		(IF REQUIRED)	
	SCC					
					\$	
			LENDER		CALENDAR YEAR	
	□IND				\$	
	СОМ	-	DATE	-	PER ELECTION	
	□отн		DATE		(IF REQUIRED)	-
	□PTY	1.		_		
	□scc				\$	
			SUBTOTA	L \$ 0	Enter on Summary Page,	

Schedule C		Amounts may be rounded					SCHEDULE (
Nonmonetary Contributions Received		to whole dollars.			Statement covers		CALIFORNIA 460		
SEE INSTRUCTION	NE ON DEVEDEE				through6/30	/21	Page	8 of 17	
NAME OF FILER	NO ON REVERSE						I.D. NUMI		
Friends of M	Maritza Travanti for MUSD Board - 2018						140717	75	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION O GOODS OR SERVICE		CALE	DATE DATE NDAR YEAR 1 - DEC 31)	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 addition	onal information on appropriately labeled	continuation s	sheets.	SUBTO	TAL\$ 0				
Schodule (C Summary				***************************************				
1. Amount red	ceived this period – itemized nonmonetar Schedule C subtotals.)				\$	l I	Contributor Co ND – Individua COM – Recipie	I nt Committee	
	ceived this period – unitemized nonmone					0_ 0	TH - Other (e	nan PTY or SCC)	
	onetary contributions received this period 1 and 2. Enter here and on the Summar		nn A, Lines 4 and 10.)	TOTAL	\$		TY - Political SCC - Small C	Party ontributor Committee	

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be rou to whole dollars		Statement covers		CALIFORNIA 460		
	INS ON REVERSE			through6/30	/21	Page	9 of 17	
AME OF FILER Friends of M	Maritza Travanti for MUSD Board - 2018					1.D. NUMBE 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 - D	TO DATE	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						
			SUBTOTAL	\$ 0				

2. Unitemized contributions and independent expenditures made this period of under \$100......\$

(Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. **Summary of Expenditures** Statement covers period CALIFORNIA Supporting/Opposing Other FORM 1/1/21 from Candidates, Measures and Committees 6/30/21 10 of 17 through NAME OF FILER I.D. NUMBER Friends of Maritza Travanti for MUSD Board - 2018 1407175 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR **CUMULATIVE TO DATE** PER ELECTION DESCRIPTION DATE AMOUNT THIS TYPE OF PAYMENT MEASURE NUMBER OR LETTER AND JURISDICTION, CALENDAR YEAR TO DATE (IF REQUIRED) PERIOD (JAN, 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support ☐ Oppose Monetary Contribution Nonmonetary Contribution ☐ Independent Expenditure ☐ Oppose ☐ Support ☐ Monetary Contribution ■ Nonmonetary Contribution Independent Expenditure ☐ Support ☐ Oppose ■ Monetary Contribution ☐ Nonmonetary Contribution Independent Expenditure ☐ Oppose ☐ Support SUBTOTAL \$ 0

Schedule D

Schedule E	
Payments Made	

Amounts may be rounded to whole dollars.

		SCHEDULE
Stateme	ent covers period	CALIFORNIA AGO
from	1/1/21	FORM 400
through	6/30/21	Page 11 of 17
		I.D. NUMBER
		1407175

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

Friends of Maritza Travanti for MUSD Board - 2018

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 RFD returned contributions MTG meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals 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

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
Los Angeles County Registrar/Recorder Norwalk, CA 9050	FIL	Payment of late filing fee to LA County Registrar Recorder with personal funds	108.00
	-		

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 108.00

Schedule E Summary

108.00 1. Itemized payments made this period. (Include all Schedule E subtotals.) 108.00 2. Unitermized payments made this period of under \$100...... 0 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ 216.00

FPPC Form 460 (Jan/2016)

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NAME OF FILER

I.D. NUMBER

1407175

1407175

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc. RAD radio airtime and production costs MBR member communications 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 TRC candidate travel, lodging, and meals PHO phone banks 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)

CODE

OR

DESCRIPTION OF PAYMENT

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAIMENT	AWOONTA
			IDTOTAL A

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

NAME AND ADDRESS OF PAYEE

AMOUNT PAID

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.		Statement cover		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE			through6/3	0/21 Pag	ge 13	of17
NAME OF FILER Friends of Maritza Travanti for MUSD Board - 2018					1UMBER 7175	
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 communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and re PRO professional services (I) PRT print ads	ns nces earch nessenger services	RAD radio airtime an returned contrib SAL campaign works TEL t.v. or cable airti TRC candidate trave staff/spouse tra transfer betwee VOT voter registratio	d production costs utions ers' salaries ime and production co l, lodging, and meals vel, lodging, and meal n committees of the sa	s ame candidat	e/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD		(d) TANDING E AT CLOSE
		OF THIS PERIOD		(ALSO REPORT ON E)		IS PERIOD

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTALS \$ 0 \$ 0 \$ 0 \$

Schedule F Summary

1.	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.)	ED TOTALS \$	0
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.)	ID TOTALS \$	0
	8. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$	O pecuative number

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers per	
from1/1/21	FORM TOU
through6/30/21	Page 14 of 17
	I.D. NUMBER 1407175

NAME OF FILER

Friends of Maritza Travanti for MUSD Board - 2018

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

CMP campaign paraphemalia/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)

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

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 5	5 0	\$

Schedule G Payments Made by an Agent or Independe Contractor (on Behalf of This Committee)	nt Amou	nts may be rounded o whole dollars.	Statement covers period from1/1/21	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through6/30/21	Page 15 of 17
NAME OF FILER				I.D. NUMBER
Friends of Maritza Travanti for MUSD Board - 2018				1407175
NAME OF AGENT OR INDEPENDENT CONTRACTOR				
CODES: If one of the following codes accurately describ				
CMP campaign paraphemalia/misc. CNS campaign consultants	MBR member of MTG meetings a		RAD radio airtime and production RFD returned contributions	n costs
CTB contribution (explain nonmonetary)*	OFC office expe	enses	SAL campaign workers' salaries	
CVC civic donations FIL candidate filing/ballot fees	PET petition cir PHO phone ban		TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a	
FND fundraising events	POL polling and	survey research	TRS staff/spouse travel, lodging	, and meals
IND independent expenditure supporting/apposing others (explain)* LEG legal defense		elivery and messenger se al services (legal, accoun-		es of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	ai services (legal, accoun	WEB information technology cos	ts (internet, e-mail)
* Payments that are contributions or independent expenditures must also	be summarized on So	chedule D.		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

0

^{*} 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.

Schedule H Loans Made to Others* Amounts may be round to whole dollars.					Statement cov	ers period	CALIFORN FORM	11A 460
SEE INSTRUCTIONS ON REVERSE					through6/	/30/21	Page 16	of_17
NAME OF FILER							I.D. NUMBER	
Friends of Maritza Travanti for MUSD B	oard - 2018						1407175	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	(o) REPAYMENT O FORGIVENESS THIS PERIOD	CLOSE OF THIS	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				□ PAID				CALENDAR YEAR
				5	s		\$	s
				FORGIVEN		RATE		PER ELECTION**
		1	s	\$	DATE DUE	1	DATE INCURRED	\$
				□ PAID				CALENDAR YEAR
					\$		5	5
				FORGIVEN		RATE		PER ELECTION**
		1	\$	1	DATE DUE	s	DATE INCURRED	s
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive		SUBTOTALS	s 0	s 0) s 0	s 0		
reported on Schedule E.		- COLTOTALO				(Enter (e) on Schedule I, Line 3)		
						Schedule I, Line 3)		
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loan	s of less than \$100.)		***************************************	***************************************	\$	0		**If Required
Payments received on loans (Total Column (c) plus unitemized payr			***************************************	***************************************	\$	0	_	
Net change this period. (Subtract Line : (Enter the net here and on the Summa	2 from Line 1.)ry Page, Column A, Line 7.)				O ny be a negative number	-	

Schedule I		Amounts may be rounded		SCHEDULE
Miscellaneous Increases to Cash		to whole dollars.	Statement covers period from 1/1/21	CALIFORNIA 460
SEE INSTRUCTIONS ON REVE	RSE		through6/30/21	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
-				
Attach additional inform	mation on appropriately labeled continuation shee	ts.	SUBTOTA	L\$ 0
Schedule I Summa	ary			
1. Itemized increases to	cash this period		\$	0
2. Unitemized increase	s to cash of under \$100 this period		\$	0
3. Total of all interest re	eceived this period on loans made to others. (Schedule H, Column (e).)	\$	0
4. Total miscellaneous i	increases to cash this period. (Add Lines 1, 2	, and 3. Enter here and on the	TOTAL \$	0