CALIFORNIA 46

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Date Stamp

Recipient Committee Campaign Statement Cover Page

FORM RECEIVED BY Page Date of election if applicable: Statement covers period (Month, Day, Year) For Official Use Only 10/18/2020 November 3, 2020 through 12/31/2020 CAMPAIGN FINANCE SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ☑ Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement Quarterly Statement O State Candidate Election Committee Semi-annual Statement Committee Special Odd-Year Report O Recall Controlled Sponsored Controlled Termination Statement (Also file a Form 410 Termination) (Also Complete Part 5) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Revision (3): Made corrections to the revised 460 submitted 05/06/21 Sponsored Primarily Formed Candidate/ Officeholder Committee Small Contributor Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1432072 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Dena Florez Dena Florez for Bassett USD School Board 2020 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY ZIP CODE AREA CODE/PHONE STATE La Puente CA 91744 626-552-5662 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY La Puente CA 91744 626-552-5662 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE ZIP CODE AREA CODE/PHONE CA 91744 626-552-5662 La Puente OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS dflorez4busd#gmail.com Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowled and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Dena Florez Executed on Dena Florez Executed on Signature of Controlling Office Responsible Officer of Sponsor Executed on. Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on _ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

| CO | VER PAGE - PART 2 |
|---------------|-------------------|
| CALIFO FOR | RNIA 460 |
| Page | of |

| NAME OF OFFICEHOLDER OR CANDIDATE | | NAME OF BALLOT MEASURE | | | |
|--|---|---|--|--|--|
| Dena Florez | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATIO | ON AND DISTRICT NUMBER IF APPLICABLE) | BALLOT NO. OR LETTER | JURISDICTIO | I NC | SUPPORT |
| Bassett Unified School District Board Mo | ember | | | | OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND | STREET) CITY STATE ZIP La Puente CA 91744 | Identify the controlling offi | ceholder, candid | date, or state measure pro | oonent, if any. |
| | | NAME OF OFFICEHOLDER, C | CANDIDATE, OR PI | ROPONENT | |
| Related Committees Not Included in not included in this statement that are controll contributions or make expenditures on behalf | lled by you or are primarily formed to receive | OFFICE SOUGHT OR HELD | | DISTRICT NO | . IF ANY |
| COMMITTEE NAME | I.D. NUMBER | | | | - Julyana |
| | | | | | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | Primarily Formed Cau officeholder(s) or candidate | ndidate/Office (s) for which this | eholder Committee L committee is primarily form | ist names of ed. |
| | CONTROLLED COMMITTEE? YES NO SSS (NO P.O. BOX) | 7. Primarily Formed Car officeholder(s) or candidate | (s) for which this | oholder Committee L committee is primarily form | ed. |
| COMMITTEE ADDRESS STREET ADDRE | YES NO | officeholder(s) or candidate | R CANDIDATE | committee is primarily form | SUPPORT OPPOSE |
| COMMITTEE ADDRESS STREET ADDRE | YES NO | NAME OF OFFICEHOLDER O | R CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT OPPOSE SUPPORT |
| | YES NO SSS (NO P.O. BOX) TE ZIP CODE AREA CODE/PHONE | NAME OF OFFICEHOLDER O | R CANDIDATE R CANDIDATE R CANDIDATE R CANDIDATE | OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD | SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE |

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

1432072

www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dena Florez for Bassett USD School Board 2020

| Contributions Received 1. Monetary Contributions | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ 2,050.00 (327.00) \$ 1,723.00 0.00 \$ 1,723.00 | \$ 2,550.00 \$ 2,473.00 \$ 3,473.00 \$ 3,473.00 | 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 | \$ 1,700.00 0.00 \$ 1,700.00 0.00 \$ 1,700.00 | \$ 4,417.17 0.00 \$ 4,417.17 \$ 4,417.17 | Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) |
| Current Cash Statement 12. Beginning Cash Balance | \$ | 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). | *Amounts in this section may be different from amounts reported in Column B. |

| Schedule A Monetary Contributions Received | | Amoun | ts may be rounded whole dollars. | Statement confrom 10/18/20 | vers period | CALIFORNIA 460 | | |
|---|--|--------------------------------------|--|-----------------------------------|--|---------------------------------------|---|--|
| SEE INSTRUCTI | ONS ON REVERSE | | | through | 0 | Page _ | of | |
| NAME OF FILER | | - | | | | I.D. NUN | MBER | |
| Dena Florez | for Bassett USD School Board 2020 | | | | | 1432072 | 2 | |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE T CALENDAR (JAN. 1 - DE | YEAR | PER ELECTION TO DATE (IF REQUIRED) | |
| 10/27/2020 | California Teachers Assn., Committee ID# 741941, Burlingame, CA 94010 | □IND COM □OTH □PTY □SCC | | \$750.00 | \$1,250.00 | | | |
| 10/27/2020 | Political Action for Classified Employees of CSEA Committee ID# 761128, Sacramento, CA 95814 | IND COM OTH PTY | | \$1,300.00 | \$2,550.00 | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | | | |
| | | OTH SCC | | | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | | | |
| | | | SUBTOTAL | \$ 2,050.00 | | | | |
| Amount re (Include a | A Summary eceived this period – itemized monetary contribution Il Schedule A subtotals.) | | * | 050.00 | OTH PTY | (other the H - Other (e Y - Political | nt Committee han PTY or SCC) e.g., business entity) | |
| 3. Total mone (Add Lines | etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C | olumn A, Line 1 | .)TOTAL \$ 2, | 050.00 | | FPPC | Form 460 (Jan/2016) | |

Schedule A (Continuation Sheet) SCHEDULE A (CONT.) Amounts may be rounded **Monetary Contributions Received** to whole dollars. Statement covers period CALIFORNIA **FORM** from through ___ of _ NAME OF FILER I.D. NUMBER **AMOUNT** CUMULATIVE TO DATE PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF IF AN INDIVIDUAL, ENTER CONTRIBUTOR DATE OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE CONTRIBUTOR CODE (IF SELF-EMPLOYED, ENTER NAME) RECEIVED PERIOD (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) (JAN. 1 - DEC. 31) (IF REQUIRED) DIND □сом □ OTH □ PTY □ scc ☐ IND ☐ COM □ OTH □ PTY SCC □ IND □ COM OTH □ PTY □ scc DIND Осом OTH PTY

SUBTOTAL \$

SCC IND COM OTH PTY SCC

*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 |
|---------------------------------------|
| SEE INSTRUCTIONS ON REVERSE |

** If required.

Amounts may be rounded

SCHEDULE B - PART 1

| Loans Received | | to whole dollars. | | | | ers period | FORM 460 | | |
|--|--|--|--|--|---------------------------|---------------------------------|--|--|--|
| SEE INSTRUCTIONS ON REVERSE | | | | | through _12/31/20 | 020 | Page | of | |
| NAME OF FILER | | | | | | | I.D. NUMBER | | |
| Dena Florez for Bassett USD School Board 20 | 120 | | | | | | 1432072 | | |
| 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 | (b) AMOUNT RECEIVED THIS PERIOD | AMOUNT PAID OR FORGIVEN THIS PERIOD | BALANCEAT | INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN | (9) CUMULATIVE CONTRIBUTIONS TO DATE | |
| Dena Florez La Puente, CA 91744 | University Administrator Associated Students, Inc 5154 State University | | | PAID \$ 327.00 □ FORGIVEN | \$ <u>923.00</u> | 0.00 % RATE | \$ | S PER ELECTION** | |
| Ta Puente, CA 91/44 | Drive IISII #203 I os | \$ | s_0.00 | s | N/A DATE DUE | s_0.00 | DATE INCURRED | s | |
| TO IND COM OTH PTY SCC | | \$ | \$ | PAID FORGIVEN PAID PAID FORGIVEN FORGIVEN \$ | \$ DATE DUE | RATE % RATE % | \$ DATE INCURRED \$ DATE INCURRED | CALENDAR YEAR S PER ELECTION** CALENDAR YEAR PER ELECTION** S | |
| | S | SUBTOTALS \$ | 0.00 | \$ 327.00 | \$ 923.00 | \$ | | | |
| 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.) | | \$ 32 | 7.00 27.00) | | †Contributor Codes IND – Individual COM – Recipient C | Committee PTY or SCC) | |
| Net change this period. (Subtract Lin Enter the net here and on the Summar | | *************************************** | | .NEI \$ | May be a negative number) | F | PTY – Other (e.g., PTY – Political Par SCC – Small Contr | ty | |
| *Amounts forniven or paid by another party also m | uset he reported an Cahadula A |) | | | | | | | |

| Schedule | B - | Part | 2 |
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| Loan Gu | aran | tors | |

Amounts may be rounded to whole dollars.

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| 301 | IEDUL | E D | - ran | 1 4 |

| oan Guarantors | | | Statement covers period from | | 460 | | | |
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| SEE INSTRUCTIONS ON REVERSE | | | | through | Page | of | | |
| IAME OF FILER | | | | | I.D. NUMBER | 3 | | |
| 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) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE | | |
| | □ IND □ COM | | LENDER | | CALENDAR YEAR | | | |
| | □OTH □PTY □scc | | DATE | | PER ELECTION (IF REQUIRED) | | | |
| □ IND □ COM | | LENDER | | CALENDAR YEAR | | | | |
| | OTH PTY SCC | | DATE | | PER ELECTION (IF REQUIRED) | | | |
| | □IND □COM | | LENDER | | CALENDAR YEAR | | | |
| | OTH PTY | □ OTH □ PTY | □ ОТН □ РТҮ | | DATE | | PER ELECTION (IF REQUIRED) | |
| | □IND □COM | | LENDER | | CALENDAR YEAR | | | |
| | □OTH □PTY □SCC |]OTH]PTY | DATE | | PER ELECTION (IF REQUIRED) | | | |
| | | | SUB | BTOTAL \$ | Enter on Summary Page, Line 17 only. | | | |

| | | Amounts may be rounded | | | | SCHEDULE | | | | |
|--|---|---|--|--|--|--|--|--|--|--|
| Nonmonetary Contributions Received | | to whole dollars. | | | Statement covers period from | | | CALIFORNIA 460 | | |
| N REVERSE | | | | thro | ugh | | Page | of | | |
| | | | | | | | I.D. NUME | BER | | |
| 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/ FAIR MARKET VALUE | CALEND | TE AR YEAR | PER ELECTION TO DATE (IF REQUIRED) | | |
| | OTH SCC | | | | | | | | | |
| | OTH PTY SCC | | | | _0 | | | | | |
| | OTH SCC | | | | | | | | | |
| | OTH SCC | | | | | | | | | |
| nformation on appropriately labels | d continuation | sheets. | SUBTO | OTAL \$ | | | | | | |
| d this period – unitemized nonmor | etary contribut | ions of less than \$100 | | \$ _ | | OTH | Individual Recipier (other the Other (e. Polit cal I | nt Committee an PTY or SCC) g., business entity) | | |
| | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Information on appropriately labele immary d this period — itemized nonmonetal edule C subtotals.) | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE. ALSO ENTER I.D. NUMBER) IND COM OTH PTY SCC IND COM OTH | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE* FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE* (IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) IND | TOUR TIBUTOR CODE TO CONTRIBUTOR CODE TO COMMITTEE ALSO ENTER LD. NUMBER) CONTRIBUTOR CODE TO COMMITTEE ALSO ENTER LD. NUMBER) CONTRIBUTOR CODE TO COMMITTEE ALSO ENTER LD. NUMBER) CONTRIBUTOR CODE TO COCCUPATION AND EMPLOYER (PELP-EMPLOYED ENTER NAME OF BUSINESS) CONTRIBUTOR OCCUPATION AND EMPLOYER (PELP-EMPLOYED ENTER NAME OF BUSINESS) COMMITTEE ALSO ENTER LD. NUMBER) COMMITTEE ALSO ENTER LD. NUMBER | TOUR TIBUTOR RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE* FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE* FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE* FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE* FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OF COLUPATION AND EMPLOYER OF GOODS OR SERVICES IND COM OTH PTY SCC SUBTOTAL \$ Immary of this period – itemized nonmonetary contributions of less than \$100 | TOORTRIBUTOR CODE* CONTRIBUTOR CODE* CONTRIBUTOR CODE* COMMITTER ALSO ENTER LO. NUMBER) CONTRIBUTOR CODE* COMMITTER ALSO ENTER LO. NUMBER) CONTRIBUTOR CODE * COMMITTER ALSO ENTER LO. NUMBER) CONTRIBUTOR CODE * CONTRIBUTOR CODE * COMMITTER ALSO ENTER LO. NUMBER) CONTRIBUTOR CODE * COMMITTER ALSO ENTER LO. NUMBER) CONTRIBUTOR COCUPATION AND COCUPA | TOUR TOUR STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE OF CODE OF CONTRIBUTOR CODE OF C | TO ALFORD TO Whole dollars. Statement covers period from | | |

Schedule D SCHEDULE D **Summary of Expenditures** Amounts may be rounded Statement covers period CALIFORNIA to whole dollars. Supporting/Opposing Other FORM from Candidates, Measures and Committees through Page SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER CUMULATIVE TO DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR PER ELECTION DESCRIPTION AMOUNT THIS DATE MEASURE NUMBER OR LETTER AND JURISDICTION. TYPE OF PAYMENT CALENDAR YEAR TO DATE PERIOD (IF REQUIRED) OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent ■ Support Oppose Expenditure Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent ■ Support Oppose Expenditure ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent □ Oppose ☐ Support Expenditure SUBTOTAL \$ Schedule D Summary

| (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees | | Amounts may be ro to whole dollar | Statement cover | s period | CALIFORNIA 460 | | |
|--|---|--|------------------------------|--------------------|----------------|-----------------------------------|--|
| Carraraa | ices, incusures and committees | | | through | | Page | of |
| NAME OF FILER | | | | | | I.D. NUME | 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 | CALEND | VE TO DATE AR YEAR DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
| | ☐ Support ☐ Oppose | Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary | | | | | |
| | Support Doppose | Contribution Nonmonetary Contribution Independent Expenditure | | | | | |
| | Support Doppose | Monetary Contribution Nonmonetary Contribution Independent Expenditure | | | | | |
| | Support Oppose | Monetary Contribution Nonmonetary Contribution Independent Expenditure | | | | | |

| Schedule | E |
|-----------------|------|
| Payments | Made |

Amounts may be rounded

| | SCHEDULE E | | | |
|---------------------------------------|----------------|--|--|--|
| Statement covers period from 10/18/20 | CALIFORNIA 460 | | | |
| through 12/31/20 | Page of | | | |
| | I.D. NUMBER | | | |

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER

| Dena Florez for Bassett USD School Board 2020 | | 1432072 |
|--|---|--|
| 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)* MTG meetings OFC office expection of the petition of the | communications and appearance penses circulating anks and survey reseau delivery and meanal services (legal personal services (legal penses). | 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 meals |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR DESCRIPTION OF PAYMENT AMOUNT PAID |
| Armando Barjas, 14311 Snowdale Street, La Puente, CA 91746 | LIT | Paid for mailers \$1,700.00 |
| | | |
| | | |
| * Payments that are contributions or independent expenditures must also be summarized on S | Schedule D. | SUBTOTAL \$ 1,700.00 |
| Schedule E Summary | | |
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | | \$ 1,700.00 |
| 2. Unitemized payments made this period of under \$100 | | ^ |
| | | mn (e).)\$ |

| SCH | EDI | II E | F | (CONT.) |
|-----|-----|------|---|---------|
| SOL | EDI | ULE | | (CONT.) |

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

| Statement covers period from | FORM 460 | | |
|------------------------------|-------------|--|--|
| through | Page of | | |
| | I.D. NUMBER | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

| IND | fundraising events independent expenditure supporting/opposing others (explain)* legal defense | POS | polling and survey research postage, delivery and messenger services professional services (legal, accounting) | TSF | staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponso voter registration |
|-----|--|-----|--|-----|---|
| | candidate filing/ballot fees fundraising events | | phone banks polling and survey research | | candidate travel, lodging, and meals staff/spouse travel, lodging, and meals |
| | civic donations | | petition circulating | | t.v. or cable airtime and production costs |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
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^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| Schedule | F | | |
|----------------|-----------------|---------|--------|
| Accrued | Expenses | (Unpaid | Bills) |

Amounts may be rounded to whole dollars.

| Statement covers period from | FORM 460 | | | | |
|------------------------------|-------------|--|--|--|--|
| through | Page of | | | | |
| | I.D. NUMBER | | | | |

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| 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 member communication member communication member communication member communication member communication member communication methods and appearant petrological pe | ns nces earch nessenger services | RAD radio airtime an returned contrib SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse transfer betwee VOT voter registration | nd production costs outions ers' salaries ime and production cost, lodging, and meals en committees of the salaries | me candidate/sponsor |
| 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 |
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| | | F F | | |
| SUBTOTALS | • | \$ | | \$ |
| hadula E Caluma (h) sui | atotala for | | | |
| ccrued expenses under | 5100.) | INCUI | RRED TOTALS \$ | - |
| dule F, Column (c) subtot ayments on accrued exp | als for payments on enses under \$100.) | | PAID TOTALS \$ | |
| r the difference here and | | | NET \$ | May be a negative number |
| | 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 print ads CODE OR DESCRIPTION OF PAYMENT SUBTOTALS thedule F, Column (b) subtore corued expenses under services and responses to the difference here and responses to t | MBR member communications meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads CODE OR DESCRIPTION OF PAYMENT SUBTOTALS \$ Subtotals for corued expenses under \$100.) | the payment, you may enter the code. Otherwise, describe the MBR member communications MTG meetings and appearances OFC office expenses RFD returned contribution circulating PET petition circulating PHO phone banks TEL t.v. or cable airt TRC candidate trave TRS staff/spouse traverses PRO polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads CODE OR OUTSTANDING DALANCE BEGINNING OF THIS PERIOD CODE OR OUTSTANDING OF THIS PERIOD SUBTOTALS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | through the payment, you may enter the code. Otherwise, describe the payment. MBR member communications MTG meetings and appearances OFC office expenses OFC office expenses OFD politing and survey research POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads CODE OR DESCRIPTION OF PAYMENT CODE OR DESCRIPTION OF PAYMENT SUBTOTALS SUBTOTALS \$ through RAD RAD RAD RAD RAD RAD RAD RAD RAD RA |

FPPC Form 460 (Jan/2016))

| Schedule | F | | |
|----------|-----------------|---------|--------|
| (Continu | ation Shee | et) | |
| Accrued | Expenses | (Unpaid | Bills) |

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

| Statement covers period from | CALIFORNIA 460 | | | |
|--|----------------|--|--|--|
| through | Page of | | | |
| I control of the second of the | I.D. NUMBER | | | |
| | | | | |

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

CMP campaign paraphernalia/misc. RAD radio airtime and production costs MBR member communications CNS campaign consultants RFD returned contributions MTG meetings and appearances 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 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)* TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services 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.

| DRESS OF CREDITOR LLSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | 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 |
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| | | | | | |
| | SUBTOTALS | s | \$ | \$ | \$ |

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

| | SCHEDUL | E | |
|------------------------------|----------------|---|--|
| Statement covers period from | CALIFORNIA 460 | | |
| through | Page of | | |
| | I.D. NUMBER | | |

NAME OF AGENT OR INDEPENDENT CONTRACTOR

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions CNS campaign consultants MTG meetings and appearances 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 candidate travel, lodging, and meals PHO phone banks TRC

FIL candidate filing/ballot fees

FND fundraising events

FND independent expenditure supporting/opposing others (explain)*

FND independent expenditure supporting/opposing others (explain)*

FND independent expenditure supporting/opposing others (explain)*

FND phone banks

FNC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAIL |
|---|---------|------------------------|-------------|
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| ch additional information on appropriately labeled continuation sh | eets. | | TOTAL* \$ |

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

SCHEDULE H Schedule H Statement covers period Amounts may be rounded CALIFORNIA 460 to whole dollars. FORM Loans Made to Others* from Page . through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OUTSTANDING OUTSTANDING ORIGINAL CUMULATIVE OCCUPATION AND EMPLOYER AMOUNT REPAYMENT OR OF RECIPIENT INTEREST BALANCE **BALANCE AT** AMOUNT OF LOANS LOANED THIS **FORGIVENESS** (IF SELF-EMPLOYED, ENTER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **BEGINNING THIS** CLOSE OF THIS RECEIVED PERIOD THIS PERIOD' LOAN TO DATE NAME OF BUSINESS) PERIOD PERIOD CALENDAR YEAR PAID. RATE FORGIVEN PER ELECTION" DATE DUE DATE INCURRED CALENDAR YEAR ☐ PAID RATE FORGIVEN PER ELECTION DATE DUE DATE INCURRED *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be SUBTOTALS reported on Schedule E. (Enter (e) on Schedule I, Line 3) Schedule H Summary uired

| 4 1 . | | |
|-------|---|----------|
| 1. LC | pans made this period\$\$ | |
| (Te | otal Column (b) plus unitemized loans of less than \$100.) | **If Rec |
| 2. Pa | ayments received on loans\$\$ | |
| (To | otal Column (c) plus unitemized payments of less than \$100.) | |
| 3. Ne | et change this period. (Subtract Line 2 from Line 1.) | |

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

(May be a negative number)

| Schedule I Miscellaneous Increases to Cash | | Amounts may be rounded | SCHEDU | |
|--|--|---------------------------------|-------------------------|--|
| | | to whole dollars. | Statement covers period | FORM 460 |
| SEE INSTRUCTIONS ON REVE | ERSE | | through | Page of |
| NAME OF FILER | | | | I.D. NUMBER |
| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
| | | | | |
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| | | | | |
| | | | 20000 | |
| | | | | |
| Attach additional inform | mation on appropriately labeled continuation shee | ets. | SUBTOTA | L\$ |
| Schedule i Summa | ary | | | |
| Itemized increases to | cash this period. | | \$ | _ |
| 2. Unitemized increases | s to cash of under \$100 this period | | \$ | _ |
| 3. Total of all interest re | ceived this period on loans made to others. | (Schedule H, Column (e).) | \$ | The second secon |
| 4. Total miscellaneous i Summary Page, Line | increases to cash this period. (Add Lines 1, 2 e 14.) | 2, and 3. Enter here and on the | TOTAL \$ | FPPC Form 460 (Jan/2016)) |
| | | | FPPC Advice: ad | vice@fppc.ca.gov (866/275-3772) |

www.fppc.ca.gov