Recipient Committee Campaign Statement Cover Page	AMENDME:	T A RE	COVER PAGE CALIFORNIA 460 FORM
SEÉ INSTRUCTIONS ON REVERSE	statement covers period from 10 - 18 - 20 through 12-31-20	(Month, Day, Year) Z921 DE(GELES COUIL Page of _2 For Official Use Only IGN FINANCE
1. Type of Recipient Committee: All Committee	es – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	
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 Termination) Amendment (Explain below)	☐ Quarterly Statement ☐ Special Odd-Year Report
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE COMMITTE	S for Quality	Treasurer(s) NAME OF TREASURER MAILING ADDRESS	W-
STREET ANDRESS IND PO ROXI	ZIP CODE AREA CODE/PHONE 951 2060109	NAME OF ASSISTANT TREASURER, IF ANY	STATE ZIP CODE 951 2060 00
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	ZIP CODE AREA CODE/PHONE	MAILING ADDRESS	STATE ZIP.CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	737 951 2060109	OPTIONAL: FAX / E-MAIL ADDRESS	
4. Verification I have used all reasonable diligence in preparing and recertify under penalty of perjury under the laws of the S Executed on	tate of California that the forego	urer	in the attached schedules is true and complete. I
Executed on Date Executed on Date :	By Si	ming Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent or Responsible of Controlling Officeholder, Candidate, State Measure Proponent of Controlling Officeholder, Candidate, Can	roponent

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from	CALIFORNIA 460
through 12-31-20	Page 2 of 2
tión	1.D. NUMBER 1341659

SEE INSTRUCTIONS ON REVERSÉ NAME OF FILER COEA-When Aon Column A Column B Calendar Year Summary for Candidates **Contributions Received** CALENDAR YEAR TOTAL TO DATE TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) General Elections 1020.00 1. Monetary Contributions Schedule A. Line 3 1/1 through 6/30 7/1 to Date 20. Contributions 020.00 Received 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made **Expenditures Made Expenditure Limit Summary for State** 2080.54 456.00 **Candidates** 7. Loans Made Schedule H. Line 3 456.00 2080.54 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment...... Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10. **Current Cash Statement** 2583.48 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some amounts in Column A may be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ only carry over the amounts from Lines 2. 7, and 9 (if Cash Equivalents and Outstanding Debts any). FPPC Form 460 (Jan/2016)

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