COVER PAGE

Recipient Committee
Campaign Statement

	∄ AS ANGFLES (BY COUNTY	FORM 460
Statement covers period 07/01/2021 through 12/31/2021	Oate of election if applicables (Month, Day, Year)	2: 28	Page of3
nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
rimarily Formed Ballot Measure committee Controlled Sponsored See Complete Part 6) rimarily Formed Candidate/ officeholder Committee See Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)	☐ Spec	terly Statement ial Odd-Year Report
NUMBER 408888	Treasurer(s)		
20	Daisha Orta MAILING ADDRESS CITY		
DE AREA CODE/PHONE 323-801-6873	NAME OF ASSISTANT TREASURER, IF ANY	<i>0a</i> 3004	323-407-1011
DE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
	optional: fax/e-mail.address daishs42580@gmail.com		-
By	Signature of Treasurer or Assistant Treasurer Loval A - Loval Illing Officeholder, Candidate, State Measure Proponent or Res	sponsible Officer of Sponso Proponent	
	through 12/31/2021 through 12/31/2021 through 12/31/2021 Inplete Parts 1, 2, 3, and 4. Inimarily Formed Ballot Measure Committee 10 Controlled 150 Complete Part 8) Inimarily Formed Candidate/ Inimarily Formed Ballot Measure Inimar	Statement covers period 07/01/2021 Date of election if applicables (Month, Day, Vear) TIAN 2 PM CAMPA CHAPPA CHA	through 12/31/2021 C AMPA CHEMANCE CAMPA CHEMANCE C AMPA CHEMANCE C Amendment C Amendment C Amendment (Explain below) Treasurer(s) NAME OF TREASURER D AISHA OTTA MAILING ADDRESS CITY C AMALING ADDRESS CIT

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
CALI	FORN DRM	IIA Z	160)			
Page	2	of.	3	\Box			

. Officeholder or Candidate Controlled Committee			Primarily Formed Ballo	t Measure Co	ommittee			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
Leonard M. Narumi								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	E SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE		
Montebello Unified School Board Member (Me				<u> </u>		L OPPOSE		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	city state zip bello, CA 90640		Identify the controlling office	holder, candida	ite, or state measure	e proponent, if any.		
Markapara, art ada ta			NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT					
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your car	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRIC	T NO. IF ANY		
COMMITTEE NAME	I.D. NUMBER							
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Officel for which this co	nolder Committe ommittee is primarily	 Ge List names of formed.		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	YES NO		NAME OF OFFICEHOLDER OR CA	ANDIDATE I	OFFICE SOUGHT OR I	HELD		
						SUPPORT OPPOSE		
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR I	SUPPORT OPPOSE		
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR I	HELD SUPPORT OPPOSE		
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR H	☐ SUPPORT		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.						☐ OPPOSE		
				•				
CITY STATE ZIP	CODE AREA CODE/PHONE		Atta	ch continuation	sheets if necessary	,		
					•			

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Leonard Narumi for School Board 2020 1408888 Calendar Year Summary for Candidates Column A Column B **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and (FROM ATTACHED SCHEDULES) General Elections 0 100 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 0 Loans Received...... Schedule B, Line 3 20. Contributions Received 21. Expenditures Made TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 0 Candidates 0 0 Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made* 0 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (if Subject to Voluntary Expenditure Limit) 0 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date 0 (mm/dd/yy) 10. Nonmonetary Adjustment...... Schedule C, Line 3 **Current Cash Statement** 13.658.76 To calculate Column B. add amounts in Column A to the corresponding 0 *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 13.658.76 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. only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ ____ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov