California de Campaign Statement Cover Page (Government Code Sections 84200-84216.5) Statement covers period from Jul 1, 2023 Through Dec 31, 2023 Through Dec 31, 2023 Nov 3, 2024 Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee Operated (Also Complete Part 5) General Purpose Committee Operated (Also Committee Operated (Also Complete Part 5) General Purpose Committee Operated (Also Complete Part 5) General Purpose Committee Operated (Also Complete Part 7) CALIFORNIA 460 Page 1 of 4 For Official Use Only D173917 C1 583 CALIFORNIA 460 Page 1 of 4 For Official Use Only D173917 C1 583 C1 583 CALIFORNIA 460 Page 1 of 4 For Official Use Only D173917 C1 583 C1 583	Desimient Committee		. /	_ 1/5//24 (1)	912	COVER PAGE	
Statement covers period from Jul 1, 2023 Date of election if applicable (Month, Day, Year) 2014 Page	Recipient Committee	Type or print in ink.		Date Stamp	CALIFORNIA ACO		
Statement Code Sections 84200-84216.5) Statement Covers period from Jul 1, 2023 Date of election if applicable: (Month, Day, Year) 20 FEB - 2 PM 12: 33 Nov 3, 2024 Page 1 of 4 Per Official Use Only D17397 CII 68 3				DEDERMEN	EO		
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State Candidate Election Committee Recall Report Report Report Report Report Report Report Report Recall Report Report Recall Recall Recall Recall Recall Recall Recall Report Report Recall Re	1. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	-			
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under penalty of perjury under the laws of the State of California that the foregoir Sponsor		ng this statement a		5	chedules is true ar	nd complete. I certify	
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COVER PAGE - PART 2						
CALIFORNIA FORM	460					
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NAME OF OFFICEHOLDER OF	R CANDIDATE			NAME OF BALLOT MEASURE				
Michael Flowers					}			
OFFICE SOUGHT OR HELD (II	NCLUDE LOCATION AND DISTRIC	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
Governing Board Men	nber, West Covina Unified	School District						OPPOSE
RESIDENTIAL/BUSINESS ADD		ry state zip ovina, CA 91790		Identify the controlling	officeholder, ca	ndidate, or s	tate measure	e proponent, if ar
	Not Included in this Stat	tement: List any committees		NAME OF OFFICEHOLDER, O	CANDIDATE, OR PI	ROPONENT	Internet us	
not included in this stateme contributions or make expe	ent that are controlled by you o enditures on behalf of your can	r are primarily formed to receive didacy.	`	OFFICE SOUGHT OR HELD			DISTRICT NO	), IF ANY
COMMITTEE NAME		I.D. NUMBER			1	<del>.</del>	<u> </u>	· · ·
•			·		1			
IAME OF TREASURER		CONTROLLED COMMITTEE?	7.	Primarily Formed Confliceholder(s) or candidate				
	STREET ADDRESS (NO P.O. BO	☐ YES ☐ NO	7.		te(s) for which th	is committee is		rmed.
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BO	YES NO	7.	officeholder(s) or candidate	te(s) for which the	OFFICE SOU	s primarily fo	SUPPORT
COMMITTEE ADDRESS		YES NO	7.	NAME OF OFFICEHOLDER C	Re(s) for which the CANDIDATE	OFFICE SOU	s primarily fo	SUPPORT SUPPORT OPPOSE OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS CITY COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS		YES NO  X)  DE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	7.	NAME OF OFFICEHOLDER O	Re(s) for which the CANDIDATE  OR CANDIDATE  OR CANDIDATE	OFFICE SOU	S primarily for	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE

## Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Flowers for School Board 2020

Statement covers period from Jul 1, 2023	CALIFORNIA 460			
through Dec 31, 2023	Page3 of4			
the property of the second	I.D. NUMBER			
	1443287			

Indiana in the territory Board 2020			
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	\$	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3	<u> </u>	· · · · · · · · · · · · · · · · · · ·	1/1 tillough 6/30 //1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ ·	\$	20. Contributions Received \$\$ \$
4. Nonmonetary Contributions Schedule C, Line 3		. 1	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	\$	Made \$ \$
Expenditures Made 6. Payments Made	\$	\$	Expenditure Limit Summary for State Candidates
7. Loans Made			
8. SUBTOTAL CASH PAYMENTS	•	•	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
		· ·	
9. Accrued Expenses (Unpaid Bills)		·	Date of Election Total to Date (mm/dd/yy)
10. Nonmonetary Adjustment Schedule C, Line 3		1	(IIIII/GG/yy)
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$	\$	\$
Current Cash Statement			\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$645.57	To calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		amounts in Column A to the	
14. Miscellaneous Increases to Cash Schedule I, Line 4		corresponding amounts from Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		report. Some amounts in	reported in Column B.
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	645.57	Column A may be negative figures that should be	<b>i</b>
	•	subtracted from previous	
If this is a termination statement, Line 16 must be zero.	<u> </u>	period amounts. If this is the first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$	any).	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above			FPPC Form 460 (January/05)
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	Φ		FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B – Part 1 Loans Received	ounts may be ro to whole dollar	unded		Statement covers period from Jul 1, 2023		california 460		
SEE INSTRUCTIONS ON REVERSE					through Dec	31, 2023	Page4	of4
Michael Flowers for School Board 2020					1		1443287	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSOENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Michael Flowers	Retired			PAID	s 125.00	%	ş 125.00	CALENDAR YEAR
West Covina, CA 91790		125.00	\$0.00	FORGIVEN	Open	RATE	2/12/20	PER ELECTION**
TO IND COM OTH PTY SCC				PAID	DATE DUE		DATE INCURRED	CALENDAR YEAR
				\$FORGIVEN	-   <b>\$</b>	RAYE	\$	\$ PER ELECTION ***
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	.\$;
				\$	_ ] \$	%	\$	\$PER ELECTION**
† IND COM OTH PTY SCC		\$	\$	FORGIVEN \$	DATE DUE	s	DATE INCURRED	\$
		SUBTOTALS \$	0.00	•	\$ 125.00	\$	1 125	1.7
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period  (Total Column (b) plus unitemized loans	s of less than \$100.)			\$	0.00		Contributor Codes	·
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	0 paid or forgiven.)			\$ <u> </u>	ni .	. C	OTH - Other (e.g., PTY - Political Part	PTY or SCC) business entity)
<ol><li>Net change this period. (Subtract Line Enter the net here and on the Summan</li></ol>				NET \$	(May be a negative number)	. Ls	SCC – Small Contrib	outor Committee
*Amounts forgiven or paid by another party also the street of the street	must be reported on Schedule A				FPPC	Toll-Free Help!	FPPC Form line: 866/ASK-FPF	460 (January/05) C (866/275-3772)

SCHEDULE B-PART 1