

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

1/21/21 F.E. 2020-3  
COVER PAGE

|  |   |
|--|---|
| Date Stamp<br><b>RECEIVED BY<br/>LOS ANGELES COUNTY<br/>2021 JAN 27 PM 3:44<br/>CAMPAIGN FINANCE</b> | <b>CALIFORNIA<br/>FORM 460</b>                    |
| Page <u>1</u> of <u>9</u>  | For Official Use Only<br><b>019574<br/>C11143</b> |

**Statement covers period**  
from 10/18/2020  
through 12/31/2020

**Date of election if applicable:**  
(Month, Day, Year)  
11/03/2020

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |  |   |
|--|---|
| <input type="checkbox"/> Preelection Statement   | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement   | <input type="checkbox"/> Special Odd-Year Report                              |
| <input checked="" type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)   |   |

**3. Committee Information**

I.D. NUMBER  
1414159

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
D'ARTAGNAN SCORZA FOR INGLEWOOD USD 2020

STREET ADDRESS (NO P.O. BOX)

|                   |           |              |                      |
|-------------------|-----------|--------------|----------------------|
| CITY              | STATE     | ZIP CODE     | AREA CODE/PHONE      |
| <u>Long Beach</u> | <u>CA</u> | <u>90802</u> | <u>(213)489-4792</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS  
(213)489-4818 / dl Gould@gouldorellana.com

**Treasurer(s)**

NAME OF TREASURER  
David L. Gould

MAILING ADDRESS

|                   |           |              |                      |
|-------------------|-----------|--------------|----------------------|
| CITY              | STATE     | ZIP CODE     | AREA CODE/PHONE      |
| <u>Long Beach</u> | <u>CA</u> | <u>90802</u> | <u>(213)489-4892</u> |

NAME OF ASSISTANT TREASURER, IF ANY  
Ingrid Orellana

MAILING ADDRESS

|                   |           |              |                      |
|-------------------|-----------|--------------|----------------------|
| CITY              | STATE     | ZIP CODE     | AREA CODE/PHONE      |
| <u>Long Beach</u> | <u>CA</u> | <u>90802</u> | <u>(213)489-4792</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief the information furnished in all 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.

I certify

|  |  |
|--|--|
| Executed on <u>01/11/2021</u><br><small>Date</small> | By _____   |
| Executed on <u>01/11/2021</u><br><small>Date</small> | By _____<br><small>if Sponsor</small>  |
| Executed on _____<br><small>Date</small>             | By _____<br><small>Signature of Controlling Officeholder, Candidate, State Measure Proponent</small> |
| Executed on _____<br><small>Date</small>             | By _____<br><small>Signature of Controlling Officeholder, Candidate, State Measure Proponent</small> |

**tw**

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

D'Artagnan Scorza

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Board of Education Inglewood USD

|   |            |       |       |
|---|------------|-------|-------|
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY       | STATE | ZIP   |
|   | Long Beach | CA    | 90802 |

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

|                   |   |
|-------------------|---|
| COMMITTEE NAME    | I.D. NUMBER   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

|                   |                              |          |                 |
|-------------------|------------------------------|----------|-----------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |          |                 |
| CITY              | STATE                        | ZIP CODE | AREA CODE/PHONE |

|                   |   |
|-------------------|---|
| COMMITTEE NAME    | I.D. NUMBER   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

|                   |                              |          |                 |
|-------------------|------------------------------|----------|-----------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |          |                 |
| CITY              | STATE                        | ZIP CODE | AREA CODE/PHONE |

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

|                       |                     |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|  |            |                                |
|--|------------|--------------------------------|
| Statement covers period                  |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                     | 10/18/2020 |                                |
| through                                  | 12/31/2020 | Page <u>3</u> of <u>9</u>      |
| NAME OF FILER                            |            | I.D. NUMBER                    |
| D'ARTAGNAN SCORZA FOR INGLEWOOD USD 2020 |            | 1414159                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

D'ARTAGNAN SCORZA FOR INGLEWOOD USD 2020

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ 3,100.00  | \$ 16,820.00                               |
| 2. Loans Received ..... Schedule B, Line 3            | \$ -400.00   | \$ 0.00                                    |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ 2,700.00  | \$ 16,820.00                               |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | \$ 0.00  | \$ 2,250.00                                |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ 2,700.00  | \$ 19,070.00                               |

**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**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ 13,589.87   | \$ 16,853.55                               |
| 7. Loans Made ..... Schedule H, Line 3                      | \$ 0.00  | \$ 0.00                                    |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ 13,589.87   | \$ 16,853.55                               |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | \$ 0.00  | \$ 0.00                                    |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | \$ 0.00  | \$ 2,250.00                                |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ 13,589.87   | \$ 19,103.55                               |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |              |
|---|--------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ 10,889.87 |
| 13. Cash Receipts ..... Column A, Line 3 above                              | \$ 2,700.00  |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | \$ 0.00      |
| 15. Cash Payments ..... Column A, Line 8 above                              | \$ 13,589.87 |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 0.00      |

*If this is a termination statement, Line 16 must be zero.*

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.

|   |         |
|---|---------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ 0.00 |
|---|---------|

**Cash Equivalents and Outstanding Debts**

|   |         |
|---|---------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ 0.00 |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ 0.00 |

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>10/18/2020</u><br>through <u>12/31/2020</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>4</u> of <u>9</u>  |
| I.D. NUMBER<br>1414159   |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

D'ARTAGNAN SCORZA FOR INGLEWOOD USD 2020

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD  | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|--|--|---------------------------------------|
| 10/26/2020    | Yvette Chappell-Ingram<br>Altadena, CA 91001  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President<br>African American Board<br>Leadership Institute                                   | 100.00<br><br>Received through intermediary:<br>Rfundraising Connections<br>Sacramento, CA 95816 | 100.00   |                                       |
| 10/30/2020    | Southwest Regional Council of Carpenters PAF<br>(ID# 870169)<br>Los Angeles, CA 90071           | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input checked="" type="checkbox"/> SCC |   | 2,500.00   | 2,500.00   |                                       |
| 11/17/2020    | Inglewood Residents for Yes on Measure I (ID# 1432226)<br>Long Beach, CA 90802                  | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 500.00   | 500.00   |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |  |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |  |  |                                       |

**SUBTOTALS** 3,100.00

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 3,100.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 3,100.00

\*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**

Amounts may be rounded to whole dollars.

Statement covers period  
from 10/18/2020  
through 12/31/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

D'ARTAGNAN SCORZA FOR INGLEWOOD USD 2020

1414159

| 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) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD *  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN               | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE              |
|---|--|--|------------------------------------|---|--|----------------------------------|--|--|
| D'Artagnan Scorza<br>Inglewood, CA 90301  | CEO/Executive Director<br>Social Justice Learning<br>Institute                             | \$ 400.00  | \$ 0.00                            | <input checked="" type="checkbox"/> PAID<br>\$ 400.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 0.00<br><br>DATE DUE                            | 0.00%<br>RATE<br>\$ 0.00         | \$ 400.00<br><br>01/13/2020<br>DATE INCURRED | CALENDAR YEAR<br>\$ 1,500.00<br>PER ELECTION**<br>\$ |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |  |  |                                    |   |  |                                  |  |  |
|   |  | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$                        | \$<br><br>DATE DUE                                 | %<br>RATE<br>\$                  | \$<br><br>DATE INCURRED                      | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$          |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |  |  |                                    |   |  |                                  |  |  |
|   |  | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$                        | \$<br><br>DATE DUE                                 | %<br>RATE<br>\$                  | \$<br><br>DATE INCURRED                      | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$          |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |  |  |                                    |   |  |                                  |  |  |

**SUBTOTALS \$ 0.00 \$ 400.00 \$ 0.00 \$ 0.00**

(Enter (e) on Schedule E, Line 3)

**Schedule B Summary**

- 1. Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- 2. Loans paid or forgiven this period ..... \$ 400.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- 3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ -400.00**  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†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

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

Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period
from 10/18/2020
through 12/31/2020
CALIFORNIA FORM 460
Page 6 of 9
I.D. NUMBER 1414159

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

D'ARTAGNAN SCORZA FOR INGLEWOOD USD 2020

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

- CMP 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 communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

Table with 4 columns: NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER), CODE OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. Rows include Efundraising Connections, Gould & Orellana, LLC, and The Strategy Group, LLC.

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 6,945.09

Schedule E Summary

Summary table with 2 columns: Description, Amount. Rows include Itemized payments, Unitemized payments, Total interest paid, and Total payments made this period.

**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

|  |            |                                |
|--|------------|--------------------------------|
| Statement covers period                  |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                     | 10/18/2020 |                                |
| through                                  | 12/31/2020 | Page <u>7</u> of <u>9</u>      |
| NAME OF FILER                            |            | I.D. NUMBER                    |
| D'ARTAGNAN SCORZA FOR INGLEWOOD USD 2020 |            | 1414159                        |

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.

|  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Navy Federal Credit Union American Express<br>Long Beach, CA 90808  | CMP  |    | Credit Card Payment    | 5,469.50    |
| Gould & Orellana, LLC<br>Long Beach, CA 90802                       | PRO  |    |                        | 300.00      |
| Gould & Orellana, LLC<br>Long Beach, CA 90802                       | PRO  |    | Prof Svcs.             | 800.28      |
|   |      |    |                        |             |
|   |      |    |                        |             |

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

**SUBTOTAL \$** 6,569.78

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

Amounts may be rounded to whole dollars.

Statement covers period  
 from 10/18/2020  
 through 12/31/2020

SCHEDULE G  
**CALIFORNIA FORM 460**  
 Page 8 of 9  
 I.D. NUMBER  
 1414159

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

D'ARTAGNAN SCORZA FOR INGLEWOOD USD 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Navy Federal Credit Union American Express

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

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Chrysalis Strategies<br>Inglewood, CA 90301                                     | CNS     |                        | 1,000.00    |
| NationBuilder<br>Los Angeles, CA 90071  | WEB     |                        | 4,324.00    |
|   |         |                        |             |
|   |         |                        |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 5,324.00

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

Amounts may be rounded to whole dollars.

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 10/18/2020 |                            |
| through                 | 12/31/2020 | Page <u>9</u> of <u>9</u>  |

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE

|  |                        |
|--|------------------------|
| NAME OF FILER<br>D'ARTAGNAN SCORZA FOR INGLEWOOD USD 2020          | I.D. NUMBER<br>1414159 |
| NAME OF AGENT OR INDEPENDENT CONTRACTOR<br>The Strategy Group, LLC |                        |

**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  | 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 PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Matthew Bright<br>Dana Point, CA 92629  | LIT     | Design Costs           | 1,100.00    |
| Continental Colorcraft<br>Monterey Park, CA 91754                               | LIT     | Printing Costs         | 2,024.89    |
| The Dot Printer, Inc.<br>Irvine, CA 92614                                       | LIT     | Mailhouse Costs        | 1,000.00    |
| US Postal Service<br>Los Angeles, CA 90052                                      | POS     |                        | 1,054.19    |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 5,179.08

\* 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.

Statement of Organization  
Recipient Committee

Statement Type

|  |                                    |  |
|--|------------------------------------|--|
| <input checked="" type="checkbox"/> Initial                          | <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Termination - See Part 5 |
| <input type="checkbox"/> Not yet qualified or                        | Date qualification threshold met   | Date of termination  |
| <input checked="" type="checkbox"/> Date qualification threshold met | 11 / 13 / 2018                     | 12 / 31 / 2020   |

RECEIVED BY  
LOS ANGELES COUNTY  
2021 JAN 27 PM 3:44  
CAMPAIGN FINANCE  
1/21/21 F.E.

**CALIFORNIA FORM 410**  
For Official Use Only  
019574  
C11143

1. Committee Information

I.D. Number (if applicable) 1414159

NAME OF COMMITTEE  
D'ARTAGNAN SCORZA FOR INGLEWOOD USD 2020

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Long Beach CA 90802 (213)489-4792

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
dlgould@gouldorellana.com / (213)489-4818

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Los Angeles City of Inglewood

2. Treasurer and Other Principal Officers

NAME OF TREASURER  
David L. Gould

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Long Beach CA 90802 (213)489-4892

NAME OF ASSISTANT TREASURER, IF ANY  
Ingrid Orellana

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Long Beach CA 90802 (213)489-4792

NAME OF PRINCIPAL OFFICER(S)  
Nadia Modesto - Asst. Treasurer

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Long Beach CA 90802 (213)489-4792

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information provided is true and complete.

Executed on 1-11-21 By \_\_\_\_\_

Executed on 1-11-21 By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

|  |                        |
|--|------------------------|
| COMMITTEE NAME<br>D'ARTAGNAN SCORZA FOR INGLEWOOD USD 2020 | I.D. NUMBER<br>1414159 |
|--|------------------------|

- All committees must list the financial institution where the campaign bank account is located.

|  |                                   |                                   |
|--|-----------------------------------|-----------------------------------|
| NAME OF FINANCIAL INSTITUTION<br>Nano Banc | AREA CODE/PHONE<br>{844} 626-0262 | BANK ACCOUNT NUMBER<br>6500100341 |
| ADDRESS                                    | CITY<br>Los Angeles               | STATE<br>CA                       |
|  |                                   | ZIP CODE<br>90024                 |

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE                     |                          |                              |
|--|---|------------------|-------------------------------------|--------------------------|------------------------------|
|  |   |                  | Nonpartisan                         | Partisan                 | (list political party below) |
| D'Artagnan Scorza                                      | Board of Education Inglewood USD  | 2020             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                              |
|  |   |                  | <input type="checkbox"/>            | <input type="checkbox"/> | (list political party below) |

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE                |                          |
|---|--|--------------------------|--------------------------|
|   |  | SUPPORT                  | OPPOSE                   |
|   |  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  | <input type="checkbox"/> | <input type="checkbox"/> |

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

D'ARTAGNAN SCORZA FOR INGLEWOOD USD 2020

I.D. NUMBER

1414159

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Small Contributor Committee**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.