

**Recipient Committee
Campaign Statement
Cover Page**

2020-3

COVER PAGE

Date Stamp RECEIVED BY LOS ANGELES COUNTY CFS 2023 JUL 25 AM 10:48 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA 460 FORM
Page <u>1</u> of <u>6</u>	For Official Use Only <u>020883</u>

Statement covers period
from October 18, 2020
through December 31, 2020

Date of election if applicable:
(Month, Day, Year)
November 3, 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
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1430183

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Elect Jennifer Anderson for School Board 2020

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Arcadia</u>	<u>CA</u>	<u>91006</u>	<u>626-447-4777</u>

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

710 S. Myrtle Ave Unit 273

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Monrovia</u>	<u>CA</u>	<u>91016</u>	<u>626-447-8450</u>

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Jennifer Anderson

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Arcadia</u>	<u>CA</u>	<u>91006</u>	<u>626-447-4777</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 the information contained herein 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 for

Executed on July 20, 2023
Date

B

Executed on July 20, 2023
Date

B

Executed on _____
Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>October 18, 2020</u>	CALIFORNIA FORM 460
through <u>December 31, 2020</u>	
Page <u>3</u> of <u>6</u>	
I.D. NUMBER 1430183	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Jennifer Anderson for School Board 2020

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 1873.68	\$ 3888.68
2. Loans Received..... Schedule B, Line 3	-3946.06	0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ -2072.38	\$ 3888.68
4. Nonmonetary Contributions..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ -2072.38	\$ 3888.68

**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	\$ 0.00	\$ 3888.68
21. Expenditures Made	\$ 0.00	\$ 3888.68

Expenditures Made

	Column A	Column B
6. Payments Made..... Schedule E, Line 4	\$ 42.62	\$ 3888.68
7. Loans Made..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 42.62	\$ 3888.68
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 42.62	\$ 3888.68

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 2115.00
13. Cash Receipts..... Column A, Line 3 above	-2072.38
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0.00
15. Cash Payments..... Column A, Line 8 above	42.62
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.

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

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 B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>October 18, 2020</u> through <u>December 31, 2020</u>	CALIFORNIA FORM 460
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	I.D. NUMBER 1430183

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Jennifer Anderson for School Board 2020

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) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Jennifer Anderson Arcadia, CA 91006 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	\$ 3946.06	\$ 0.00	<input checked="" type="checkbox"/> PAID \$ 2072.38 <input checked="" type="checkbox"/> FORGIVEN \$ 1873.68	\$ 0.00 12/31/20 DATE DUE	0.00 % RATE \$ 0.00	\$ 3946.06 9/9/2020 DATE INCURRED	CALENDAR YEAR \$ 3946.06 PER ELECTION** \$ 3946.06
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS		\$ 0.00	\$ 0.00	\$ 0.00	\$ 3946.06	\$ 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	\$ 3946.06
(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 \$ -3946.06
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.