

**Recipient Committee  
Campaign Statement  
Cover Page**

|   |                            |
|---|----------------------------|
| Date Stamp  | <b>CALIFORNIA FORM 460</b> |
| RECEIVED BY LOS ANGELES COUNTY<br>2021 FEB -2 PM 4:02<br>CAMPAIGN FINANCE |                            |
| Page 1 of 9   | For Official Use Only      |
| G11302  |                            |

|  |   |
|--|---|
| Statement covers period<br>from 07-01-2020<br>through 12-31-2020 | Date of election if applicable<br>(Month, Day, Year)<br>N/A |
|--|---|

SEE INSTRUCTIONS ON REVERSE

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

- |  |  |
|--|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="radio"/> State Candidate Election Committee<br><input type="radio"/> Recall<br><i>(Also Complete Part 5)</i>               | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="radio"/> Controlled<br><input type="radio"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input checked="" type="checkbox"/> General Purpose Committee<br><input type="radio"/> Sponsored<br><input type="radio"/> Small Contributor Committee<br><input type="radio"/> 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 checked="" type="checkbox"/> Semi-annual Statement                                   | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> |  |
| <input type="checkbox"/> Amendment (Explain below)  |  |

**3. Committee Information**

I.D. NUMBER  
1425412

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

Californians for Better Education and Jobs

STREET ADDRESS (NO P.O. BOX)

|         |       |          |                 |
|---------|-------|----------|-----------------|
| CITY    | STATE | ZIP CODE | AREA CODE/PHONE |
| Compton | CA    | 90221    | (323) 884-6758  |

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

justinblakely1@gmail.com

**Treasurer(s)**

NAME OF TREASURER

Justin Blakely

MAILING ADDRESS

|         |       |          |                 |
|---------|-------|----------|-----------------|
| CITY    | STATE | ZIP CODE | AREA CODE/PHONE |
| Compton | CA    | 90221    | (323) 884-6758  |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

OPTIONAL: FAX / E-MAIL ADDRESS

justinblakely1@gmail.com

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge, I certify under penalty of perjury under the laws of the State of California that the foregoing is true and

correct and complete. I hereby certify that the information contained herein and in the attached schedules is true and complete.

Executed on 1/27/2021  
Date

By \_\_\_\_\_

Treasurer

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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<br>from <u>07-01-2020</u><br>through <u>12-31-2020</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>2</u> of <u>9</u>  |
|  | I.D. NUMBER<br>1425412     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Better Education and Jobs

## 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    | \$ <u>3,500</u>  | \$ <u>14,000</u>                           |
| 2. Loans Received..... Schedule B, Line 3            | <u>0</u>   | <u>0</u>                                   |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | \$ <u>3,500</u>  | \$ <u>14,000</u>                           |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | <u>0</u>   | <u>0</u>                                   |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ <u>3,500</u>  | \$ <u>14,000</u>                           |

## 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                   | \$ <u>4,179.88</u>   | \$ <u>8,773.53</u>                         |
| 7. Loans Made..... Schedule H, Line 3                      | <u>0</u>   | <u>0</u>                                   |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$ <u>4,179.88</u>   | \$ <u>8,773.53</u>                         |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | <u>4,749.75</u>  | <u>4,749.75</u>                            |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | <u>0</u>   | <u>0</u>                                   |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10      | \$ <u>8,929.63</u>   | \$ <u>13,523.28</u>                        |

## Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made*<br>(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             | \$ <u>5,906.35</u> |
| 13. Cash Receipts..... Column A, Line 3 above                              | <u>3,500</u>       |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | <u>0</u>           |
| 15. Cash Payments..... Column A, Line 8 above                              | <u>4,179.88</u>    |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>5,226.47</u> |

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).

|  |             |
|--|-------------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ <u>0</u> |
|--|-------------|

## Cash Equivalents and Outstanding Debts

|  |                    |
|--|--------------------|
| 18. Cash Equivalents..... See instructions on reverse            | \$ <u>0</u>        |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ <u>4,749.75</u> |

\*Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from 07-01-2021  
through 12-31-2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**Californians for Better Education and Jobs**

I.D. NUMBER  
**1425412**

| 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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/19/2020     | Kathleen Navejas<br>Huntington Beach, CA 92648  | <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 | Self-employed- Kathleen Navejas   | 500                         | 500  |                                       |
| 9/24/2020     | AFSCME Local 3624- MGMT Unit<br>Washington, D.C. 20006  | <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 |   | 3,000                       | 3,000  |                                       |
|               |   | <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            |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |

**SUBTOTAL \$ 3,500**

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ 3,500
- Amount received this period – unitemized monetary contributions of less than \$100 .....\$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** 3,500

\*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 D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

SCHEDULE D

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>07-01-2020</u><br>through <u>12-31-2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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| I.D. NUMBER<br>1425412   |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Californians for Better Education and Jobs

| DATE                        | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE   | TYPE OF PAYMENT  | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 10/15/2020                  | Myra Maravilla, Victor Farfan and Maria Teresa Del Rio, City Council Candidates Hawaiian Gardens<br><br><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input checked="" type="checkbox"/> Independent Expenditure | Mailer                    | 2,454.09           | 2,454.09  |                                    |
| 10/26/2020                  | Myra Maravilla, Victor Farfan and Maria Teresa Del Rio, City Council Candidates Hawaiian Gardens<br><br><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input checked="" type="checkbox"/> Independent Expenditure | Mailer                    | 2,454.09           | 2,454.09  |                                    |
| 10/30/2020                  | Myra Maravilla, Victor Farfan and Maria Teresa Del Rio, City Council Candidates Hawaiian Gardens<br><br><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input checked="" type="checkbox"/> Independent Expenditure | Mailer                    | 2,454.09           | 2,454.09  |                                    |
| <b>SUBTOTAL \$ 7,362.27</b> |   |  |                           |                    |   |                                    |

**Schedule D Summary**

|  |                             |
|--|-----------------------------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....                  | \$ 7,362.27                 |
| 2. Unitemized contributions and independent expenditures made this period of under \$100.....                                      | \$ 0                        |
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... | <b>TOTAL .. \$ 7,362.27</b> |

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

|  |                               |
|--|-------------------------------|
| Statement covers period<br>from <u>07-01-2020</u><br>through <u>12-31-2020</u> | <b>CALIFORNIA FORM 460</b>    |
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|  | I.D. NUMBER<br><b>1425412</b> |

NAME OF FILER

Californians for Better Education and Jobs

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT   | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------|---|---|---------------------------|--------------------|---|------------------------------------|
|      | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|      | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|      | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|      | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |

**SUBTOTAL \$**

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

|  |                               |
|--|-------------------------------|
| Statement covers period<br>from <u>07-01-2020</u><br>through <u>12-31-2020</u> | <b>CALIFORNIA FORM 460</b>    |
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|  | I.D. NUMBER<br><b>1425412</b> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Californians for Better Education and Jobs

**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)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Justin Blakely - Compton, CA 90221                                  | PRO     |                        | 900         |
| James Flores - Compton, CA 90222                                    | SAL     |                        | 1,000       |
| United States Postal Service - Los Angeles, CA 90045                | POS     |                        | 2,088.18    |

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

**SUBTOTAL \$ 3,988.18**

## Schedule E Summary

|  |                          |
|--|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ 4,167.88              |
| 2. Unitemized payments made this period of under \$100   | \$ 12.00                 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ 0                     |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$ 4,179.88</b> |

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |                               |
|--|-------------------------------|
| Statement covers period<br>from <u>07-01-2020</u><br>through <u>12-31-2020</u> | <b>CALIFORNIA FORM 460</b>    |
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|  | I.D. NUMBER<br><b>1425412</b> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Californians for Better Education and Jobs

**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)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Bank of America -<br>- Bellflower, CA 90706                         |      |    | Bank Fees              | 191.70      |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

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

**SUBTOTAL \$ 4,179.88**

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>07-01-2020</u><br>through <u>12-31-2020</u> | <b>CALIFORNIA FORM 460</b> |
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|  | I.D. NUMBER<br>1425412     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Better Education and Jobs

**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)           |

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED THIS PERIOD | (c)<br>AMOUNT PAID THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|--------------------------------|---|------------------------------------|--|--|
| Ariel Silva - Commerce, CA 90040                                       | LIT                            | 0   | 4,749.75                           | 0  | 4,749.75   |
|  |                                |   |                                    |  |  |
|  |                                |   |                                    |  |  |

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

**SUBTOTALS \$ 0 \$ 4,749.75 \$ 0 \$ 4,749.75**

**Schedule F Summary**

|   |                                    |
|---|------------------------------------|
| 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)                     | <b>INCURRED TOTALS \$</b> 4,749.75 |
| 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) | <b>PAID TOTALS \$</b> 0            |
| 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)  | <b>NET \$</b> 4,749.75             |

May be a negative number

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov



