Recipient Committee		€		COVER PAGE
Campaign Statement Cover Page		8.1	Date Stamp	CALIFORNIA 460
	Statement covers period from 10-18-2020	Date of election if applicable: (Month, Day, Year)		Page of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12-31-2020	11/03/2020		
1. Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ommittee Controlled Sponsored Complete Part 6) rimarily Formed Candidate/ ffice holder Committee Complete Part 7)	☐ Preelection Statement☐ Semi-annual Statement☐ Semi-annual Statement☐ Termination Statement☐ (Also file a Form 410 Te ☐ Amendment (Explain be ☐ Armer	ermination)	rterly Statement cial Odd-Year Report
3. Committee Information	NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) The Jesse Hong for San Marino School Board 2020 Ca	ampaign	NAME OF TREASURER Judy Tsai MAILING ADDRESS CITY	STATE ZIP C	DDE AREA CODE/PHONE
CITY STATE ZIP COD	E AREA CODE/PHONE			
San Marino CA 91108		NAME OF ASSISTANT TREASURE	R, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	A Commission of the Commission	MAILING ADDRESS		
CITY STATE ZIP CODI CODITIONAL: FAX / E-MAIL ADDRESS	E AREA CODE/PHONE	CITY	STATE ZIP CO	DDE AREA CODE/PHONE
		OPTIONAL: FAX / E-MAIL ADDRES	38	
Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Caronaca.	this statement and to the best of my alifornia that the foregoing is true and		n and in the attached sch	edules is true and complete. I
Executed on 02/02/202	Ву		er	AMAZINI MARIA MARI
Executed on Date	BySignature of Conf		or Responsible Officer of Sponso	or .
Executed on	By	ature of Controlling Officeholder, Candidate, Sta	37 - 2	
Executed on	By	ature of Controlling Officeholder, Candidate, Sta		-

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
Page of

Officeholder or Candidate Controlled Committee	6.	Primarily Formed Ballot	Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) San Marino Unified School District Governing Board		BALLOT NO. OR LETTER	JURISDICTIO	NC		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP San Marino CA 91108					measure pro	oonent, if any.
		NAME OF OFFICEHOLDER, CAN	DIDATE, OR P	ROPONENT		
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.		OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
COMMITTEE NAME I.D. NUMBER						Party of the control
NAME OF TREASURER CONTROLLED COMMITTEE?	7.	Primarily Formed Candi	date/Office	eholder Co	mmittee Li	st names of
YES NO				oommittee 13 p	minerny romme	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR C.	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
CITY STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOLI	GHT OR HELD	L OPPOSE
					OFFI OFFICED	SUPPORT
COMMITTEE NAME I.D. NUMBER						OPPOSE
		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)						OPPOSE
STATE ZIP CODE AREA CODE/PHONE		Attach	n continuatio	n sheets if ne	cessary	
	NAME OF OFFICEHOLDER OR CANDIDATE Jesse Hong OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) San Marino Unified School District Governing Board RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP San Marino CA 91108 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 CONTROLLED COMMITTEE? YES NO COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE COMMITTEE NAME I.D. NUMBER CONTROLLED COMMITTEE? YES NO COMMITTEE NAME I.D. NUMBER CONTROLLED COMMITTEE? YES NO COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE Jesse Hong OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) San Marino Unified School District Governing Board RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP San Marino CA 91108 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 OCOMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE COMMITTEE NAME I.D. NUMBER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CANDIDATE Jesse Hong OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) San Marino Unified School District Governing Board RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP San Marino CA 91108 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 controlled or make expenditures on behalf of your candidacy. COMMITTEE NAME I.D. NUMBER OFFICE SOUGHT OR HELD OFFICE SOUGHT O	NAME OF OFFICEHOLDER OR CANDIDATE Jesse Hong OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) San Marino Unified School District Governing Board RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY San Marino CA 91108 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 OFFICE SOUGHT OR HELD OFFICE SOUGHT OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR CANDIDATE OFFICE SOUGHT OR CANDIDATE OFFICE SOUGHT OR CAND	NAME OF OFFICEHOLDER OR CANDIDATE JESSE Hong OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) San Marino Unified School District Governing Board RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP San Marino CA 91108 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 OFFICE SOUGHT OR HELD T. Primarily Formed Candidate/Officeholder Co officeholder(s) or candidate/Officeholder Co officeholder(s) or candidate(s) for which this committee is proposed to the controlled by the controll	NAME OF OFFICEHOLDER OR CANDIDATE JESSE Hong OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) San Marino Unified School District Governing Board RESIDENTIALIBUSINESS ADDRESS (NO. AND STREET) San Marino CA 91108 Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by your or are primarily formed to receive contributions or make expenditures on behalf of your candidatey. COMMITTEE NAME I.D. NUMBER OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD DISTRICT NO officeholder, candidate/Officeholder, or state measure programment on the controlling officeholder, candidate, or state measure programment on the controlling officeholder, candidate, or state measure programment on the controlling officeholder, candidate, or state measure programment on the controlling officeholder, candidate, or state measure programment on the controlling officeholder, candidate, or state measure programment on the controlling officeholder, candidate, or state measure programment on the controlling officeholder, candidate, or state measure programment on the controlling officeholder, candidate, or state measure programment of the controlling officeholder, candidate, or state measure programment on the controlling officeholder, candidate, or state measure programment on the controlling officeholder, candidate, or state measure programment on the controlling officeholder, candidate, or state measure programment on the controlling officeholder, candidate, or state measure programment of the controlling officeholder, candidate, or state measure programment of the controlling officeholder, candidate, or state measure programment of the controlling officeholder, candidate, or state measure programment of the controlling officeholder, candidate, or state measure programment of the controlling officeholder, candidate, or state measure programment of the controlling officeholder, candidate, or state measure programment of the controlling officeholder

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	to whole dollars.		atement covers period	california 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER The Jesse Hong for San Marino School Board 2020 Campaign		through	h 12/31/2020	Page of
1. Monetary Contributions	\$ [6,000	Column B CALENDAR YEAR TOTAL TO DATE 1,000 10,000 11,000	Running in Both th General Elections	mary for Candidates e State Primary and rough 6/30 7/1 to Date \$\$
Expenditures Made 6. Payments Made	\$ \[\begin{align*} 2,238.53 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$ [2,238.50 \$ [2,238.50 \$ [2,238.50		Summary for State The Expenditures Made* Total to Date
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$ [5,000] 6,000	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	*Amounts in this section mare reported in Column B.	ay be different from amounts
17. LOAN GUARANTEES RECEIVED	\$ 0 \$ 10	this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Advice: advic	FPPC Form 460 (Jan/2016)) e@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A	A Contributions Received	Amour to	nts may be rounded whole dollars.	Statement coverage from 10/18/2020		CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through 12/31/20)20	Page.	of
NAME OF FILER		en til militaria deli deli que e el more un recursor del menor con current del moleculo del				I.D. NUI	MBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC			The second second		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL \$			L	
Schedule A S . Amount recei (Include all So	Summary ved this period – itemized monetary contributions. chedule A subtotals.)		\$ ^{[0}		IND - I	butor Cod ndividual Recipien	les t Committee

2. Amount received this period – unitemized monetary contributions of less than \$100

3. Total monetary contributions received this period.

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

PTY - Political Party

(other than PTY or SCC)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

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Schedule A (Continuation Sheet) Amounts may be rounded SCHEDULE A (CONT.) Monetary Contributions Received to whole dollars. CALIFORNIA 460 Statement covers period **FORM** from_ Page _____ of _ through NAME OF FILER I.D. NUMBER FULL NAME, STREET ADDRESS AND ZIP CODE OF CUMULATIVE TO DATE IF AN INDIVIDUAL, ENTER **AMOUNT PERELECTION** DATE CONTRIBUTOR OCCUPATION AND EMPLOYER CONTRIBUTOR RECEIVED THIS CALENDAR YEAR TO DATE RECEIVED CODE (IF SELF-EMPLOYED, ENTER NAME) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) IND ☐ COM OTH □ PTY Scc ☐ IND COM

OTH **PTY** □ scc DIND Осом OTH □ PTY □scc ☐ IND Осом OTH PTY SCC ☐ IND Осом OTH □ PTY □ scc

SUBTOTAL \$

*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	Ап	nounts may be ro to whole dollar	ounded 'S.		Statement cov	ers period	california 460		
SEE INSTRUCTIONS ON REVERSE					through		Page	of	
NAME OF FILER							I.D. NUMBER		
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	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Jesse Hong, , San Marino, CA 91108	Pharmacy Manager, Ramona Pharmacy	\$	\$	PAID \$ FORGIVEN 8761.47	\$	% RATE	s	S S PER ELECTION**	
† IND COM OTH PTY SCC		\$	\$	PAID S FORGIVEN S FORGIVEN	\$DATE DUE	% RATE	\$ DATE INCURRED	\$ CALENDAR YEAR \$ PER ELECTION***	
† IND COM OTH PTY SCC		s	\$	PAID FORGIVEN S———	S	% RATE	\$DATE INCURRED	SSSSS	

SUBTOTALS \$

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

\$

Schedule B Summary

 Loans received this period

\$ (Total Column (b) plus unitemized loans of less than \$100.) 8761.47 Loans paid or forgiven this period......\$

(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) -8761.47

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.

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule B - Part 2 **Loan Guarantors**

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 2

Statement covers period

Loan Guarantors		to whole dollars.	Stater	nent covers period	CALII	california 460	
SEE INSTRUCTIONS ON REVERSE				through_		Page	of
NAME OF FILER						I.D. NUME	BER
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND □COM		LENDER			CALENDAR YEA	₹ .
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
	□IND □ COM	2	LENDER			CALENDAR YEAR	
	OTH PTY SCC		DATE			PER ELECTION (IF REQUIRED)	
						\$	
	□IND □ COM		LENDER			\$	S
en e	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
· · · · · · · · · · · · · · · · · · ·	□IND		LENDER			CALENDAR YEAR	
	□COM □OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
			SUB	TOTAL \$	0	Enter on Summary Page, Line 17 only.	

Schedule Nonmone	e C etary Contributions Received		Amounts may be rounded to whole dollars.			Statement covers			schedule ORNIA 460 RM
SEE INSTRUCTION	ONS ON REVERSE				thro	ough		Page	of
NAME OF FILER								I.D. NUM	BER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDA (JAN 1 - [TE R YEAR	PER ELECTION TO DATE (IF REQUIRED)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
		□IND □COM □OTH □PTY □SCC							e a
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				u .	Ð		6
-		☐IND ☐COM ☐OTH ☐PTY ☐SCC		ar ar		я	-		·
Attach additio	onal information on appropriately labeled o	continuation s	sheets.	subto	TAL \$				
l . Amount rec (Include all	Summary seived this period – itemized nonmonetary Schedule C subtotals.)				\$		IND - COM -	(other tha	es Committee n PTY or SCC)

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

3. Total nonmonetary contributions received this period.

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

PTY - Political Party

SCC - Small Contributor Committee

ME OF FILER NAME OF CANDIDATE, CFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE Monetary Contribution Independent Expenditure Support Oppose Support Suppor	FORNIA 46	CALIFO	Statement covers period from		Amounts may be to whole do	ner	ry of Expenditure ing/Opposing Otl ites, Measures an	upportir
NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE Monetary Contribution Monmonetary Contribution Monetary Contributio	of	Page	through		1			
DATE MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE Monetary	JBER	I.D. NUME					:R	ME OF FILER
Contribution Nonmonetary Contribution Independent Expenditure Support	PER ELECTIC TO DATE (IF REQUIRED	LENDAR YEAR	PERIOD CALENC		TYPE OF PAYMENT	LETTER AND JURISDICTION,	MEASURE NUMBER OR	DATE
Contribution Independent Expenditure Monetary Contribution Monmonetary Contribution Support					- International Control of the Contr			
Support Oppose Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Support Oppose Opp					151			
Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Nonmonetary Contribution Support			(5)			Oppose	☐ Support	
Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Support Oppose Support					and the same of th	200 2		
Support Oppose Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Support Oppose Support								
Contribution Nonmonetary Contribution Independent Expenditure SUBTOTAL \$					I series of the	☐ Oppose	☐ Support	
Contribution Independent Expenditure SUBTOTAL \$				3				
Support Oppose Expenditure SUBTOTAL \$								
						☐ Oppose	☐ Support	
				SUBTOTAL :				
hedule D Summary							D Summary	hedule D
temized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)\$_		•		all Cabadula D subtatala)	this period (Include	endent expenditures made		
Jnitemized contributions and independent expenditures made this period of under \$100\$								

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) Summary of Expenditures to whole dollars. Statement covers period CALIFORNIA 460 Supporting/Opposing Other FORM from. Candidates, Measures and Committees through. Page _ of_ NAME OF FILER I.D. NUMBER NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE PER ELECTION DESCRIPTION AMOUNT THIS DATE MEASURE NUMBER OR LETTER AND JURISDICTION, TYPE OF PAYMENT CALENDAR YEAR TO DATE (IF REQUIRED) PERIOD OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent ☐ Support ☐ Oppose Expenditure ☐ Monetary Contribution ■ Nonmonetary Contribution Independent ☐ Support ☐ Oppose Expenditure Monetary Contribution ☐ Nonmonetary Contribution Independent ☐ Support ☐ Oppose Expenditure Monetary Contribution Nonmonetary Contribution Independent ☐ Support ☐ Oppose Expenditure

SUBTOTAL \$

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 46
SEE INSTRUCTIONS ON REVERSE		through	Page of
NAME OF FILER			I.D. NUMBER
CODES: If one of the following codes accurately des	cribes the payment, you may enter the code. Other	wise, describe the payment.	

CMP CNS CTB CVC FIL FND IND LEG LIT	campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	MTG OFC PET PHO POL POS		d appearan ses lating s urvey resea ivery and m	ces	RFD SAL TEL TRC TRS TSF VOT	campaign workers' salaries t.v. or cable airtime and production cost candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the sam	ne candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION	ON OF PAYMENT	AMOUNT PAID
			,					-

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

Schedule E Summary

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

Schedule E

Amounts may be rounded

SCHEDULE E ICCINI	CHEDULE E (CON	IT.
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(Continuation Sheet) Payments Made	to whole dollars.	from	FORM 460
SEE INSTRUCTIONS ON REVERSE		through	Page of
NAME OF FILER			I.D. NUMBER
CODES: If one of the following codes accurate	tely describes the navment, you may enter the code	Otherwise describe the navment	

CMP CNS CTB CVC FIL FND IND LEG	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense		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 serv PRO professional services (legal, accountin PRT print ads			nger services accounting)	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 services TSF transfer between committees of the same can voter registration WEB information technology costs (internet, e-mail)				
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	19		CODE	OR		DESCRIPTIO	ON OF PAYMENT		AMOUNT PAID	
								,			
=									u .	4	
			2						,	-	

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

Schedule F Accrued Expenses (Unpaid Bills)	to whole dollars			ers period CAL	california 460	
SEE INSTRUCTIONS ON REVERSE			through	Page	e of	
NAME OF FILER				I.D. N	UMBER	
CODES: If one of the following codes accurately described 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	es the payment, you may MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and reprofessional services (PRT print ads	ns nces earch nessenger services	RAD radio airtime a RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate travi TRS staff/spouse tra TSF transfer betwe VOT voter registrati	nd production costs ibutions kers' salaries rtime and production cos el, lodging, and meals avel, lodging, and meals en committees of the sal	me candidate/sponsor	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	5 4	S \$	5	\$	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized at 2. Total accrued expenses paid this period. (Include all Schedaccrued expenses of \$100 or more, plus total unitemized parts of \$100 or more, plus tot	accrued expenses under \$ edule F, Column (c) subtota	100.)als for payments on				

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

May be a negative number FPPC Form 460 (Jan/2016))

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement cov		SCHEDULE F (CONT.) ALIFORNIA 460 FORM
NAME OF FILER				1.1	D. NUMBER
CODES: If one of the following codes accurately describe 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 * Payments that are contributions or independent expenditures must a	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	earch messenger services legal, accounting)	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production costs ibutions kers' salaries trime and production el, lodging, and mea avel, lodging, and men committees of the on	ls eals e same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E	BALANCE AT CLOSE

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	it Amou to	nts may be o whole doll			Statement covers period	CALIFO	RM 400
SEE INSTRUCTIONS ON REVERSE						I.D. NUMB	of
NAME OF FILER						1.D. NOMB	LK
NAME OF AGENT OR INDEPENDENT CONTRACTOR			Face of the second seco			<u> </u>	
CODES: If one of the following codes accurately describe	es the payment,	you may	enter the code	. Otherwis	se, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be	MBR member of meetings at OFC office experiment of phone bank polling and postage, dependence of the professions print ads	ommunication nd appearan nses culating ks survey resea elivery and m al services (la	ns ces arch essenger services	RAI RFI SAI TEL TRO TRS VO	radio airtime and production of returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and staff/spouse travel, lodging, all	ction costs meals nd meals of the same o	100 to 100 00 to 100 000 000 000 000 000 000 000 000 00
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPT	ION OF PAYMENT		AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} 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
Schedule H Loans Made to Others*		nay be rounded ole dollars.		Statement cov		california 460 form		
SEE INSTRUCTIONS ON REVERSE					through		Page	_ of
NAME OF FILER							I.D. NUMBER	
		(a)	(b)	(c)	(d)	(e)	(f)	(g)
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT	REPAYMENT OF FORGIVENESS THIS PERIOD	OUTSTANDING BALANCE AT	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
1				☐ PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
-				☐ PAID				CALENDAR YEAR
			1	\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
		\$	\$	\$		s		\$
¥.					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate o also be summarized on Schedule D. Loans forgiven	must also be				10			
reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans	of less than \$100.)							**If Required
2. Payments received on loans					\$			- 1 - 11 - 11 - 11
(Total Column (c) plus unitemized payments. Net change this period. (Subtract Line 2) (Enter the net here and on the Summan)	from Line 1.)				NET \$			

(May be a negative number)

Schedule I		Amounts may be rounded		SCHEDU		
Miscellaneous	ncreases to Cash	to whole dollars.	Statement covers period	CALIFORNIA 46		
055 1110551105			through			
SEE INSTRUCTIONS ON RE NAME OF FILER	VERSE		through	Page of		
· · · · · · · · · · · · · · · · · · ·				I.D. NUMBER		
DATE	FULL NAME AND ADDRESS OF SOURCE			AMOUNT OF		
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH		
				THE TENENT OF TH		
				8		
			8			
ü						
				^		
	mation on appropriately labeled continuation sheets.		SUBTOTAL	\$		
chedule I Summa						
Itemized increases to	cash this period		\$			
	s to cash of under \$100 this period					
	ceived this period on loans made to others. (Sch					
Summary Page, Line	ncreases to cash this period. (Add Lines 1, 2, an 14.)	id 3. Enter here and on the	TOTAL ¢			
			IUIAL \$	FPPC Form 460 (Jan/2016)		

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of (Recipient Con			RI	Date Stamp	EII E	n FC	ORNIA 410
Statement Type	nt Type		✓ Termination – See Part 5	the office of the Secretary of S of the State of California		ite LUS A	For Official Use Only UNT
	or O Date qualification threshold met	Date qualification threshold met	Date of termination	MAR 1 0 2021	1	2021	IAR 18 PM 2: 47
	Date qualification theshold thet		11 / 30 / 2020			CAMI	PAIGN FINANCE
	e Information I.D. Numbe	1431769		Other Principal C	Officer	'S	
The Jesse Hong	for San Marino School Board 20	20 Campaign	Judy Tsai	-			
	,		STREET ADDRESS (NO P.O. BOX)				
						NA COLD	
STREET ADDRESS (NO P.C	D. BOX)		San Marino		CA	91108	AREA CODE/PHONE (626) 542-2799
CITY San Mairno	STATE ZIP C	ODE AREA CODE/PHONE (626)627-1404	NAME OF ASSISTANT TREASURE				
FULL MAILING ADDRESS			STREET ADDRESS (NO P.O. BOX)	2.3			
e-mail address (requi	The state of the s		СПУ	5	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COM	MMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)				
			STREET ADDRESS (NO P.O. BOX)				
Attach addition	al information on appropriately lo	beled continuation sheets.	спу		STATE	ZIP CODE	AREA CODE/PHONE
3. Verification	on .			V Service			
	easonable diligence in preparing		rma	tion contained hereir	is true	and comple	ete. I certify under
penalty of perju	ry under the laws of the State of	California that the fo					
Executed on	3 3 2 By		REASU	RER			
Executed on	3/3/2 By	SIGNAT	STATE	MEASURE PROPONENT			
Executed on	DATE By		OLLING OFFICEHOLDER, CANDIDATE, OR STATE				
Executed on	DATE By	E-ONE - U. MARKETA	OLLING OFFICEHOLDER CANDIDATE OR STATE				

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee						-	ORNIA Z	410
INSTRUCTIONS ON REVERSE						Page 2		1
COMMITTEE NAME						I.D. NUMBER 1431769		
The Jesse Hong for San Marino School Board 2020 Campaign						1431769		
All committees must list the financial institution where the ca	mpaign bank a	account is located.						
NAME OF FINANCIAL INSTITUTION	AREA CODE/S	PHONE	BANK ACCO	UNT NUMBER				
Cathay Bank	(626) 57	76-7600	175051	00				
ADDRESS	CITY		STATE	21	P CODE			
	Alhamb	ra	CA		91801			
4. Type of Committee Complete the applicable sections.	da verusus art			NEW YORK		A STREET		
List the political party with which each officeholder or candidat If this committee acts jointly with another controlled committee NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	e, list the name		mber of the ot			e. ry		
					Nonpartisan	Partisan	(list political p	arty below)
					Nonpartisan	Partisan	(list political pa	arty below)
Primarily Formed Committee Primarily formed to support or of the Officeholder's Name. Primarily Formed to support or of the Officeholder's Name.		CANDIDATE(S) O	es in a single el	ELD OR MEASU	RE(S) JURISDICTION	ON	CHEC SUPPORT	X ONE OPPOSE
							SUPPORT	OPPOSE

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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CALIFORNIA 410

Page 3

I.D. NUMBER

4. Type of Committe	e (Continued)			
General Purpose Committee	Not formed to support or oppose CITY Committee	e specific candidates or measures in COUNTY Committee	a single election. Check only one box:	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY				***
Sponsored Committee	ist additional sponsors on an attachme	ent.	6	
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION O	OF SPONSOR	
STREET ADDRESS NO. AND	STREET	CITY	STATE ZIP CODE	AREA CODE/PHONE
Small Contributor Committee				
Small contributor committee				
5. Termination Requi	Date qualified irements By signing the verification, the	e treasurer, assistant treasurer and/or candi	idate, officeholder, or ponent 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.