Recipient,Committee Campaign Statemen Cover Page

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to Seerlang	of State	

Statement covers period

	O COVER PAGE
1 23 2 0	CALIFORNIA 460
RECEI VED BY ANGELES COUNTY	Page of 4
I JAN 25 PM 4: 27	For Official Use Only
MONION FINANCE	610729

	Statement covers period	Date of election if applicable ANGEL (Month, Day, Year)	ES COUNTY	For Official Use Only
	from 07/01/20/20	2011 JAN 25	5 PM 4: 27	1 100
SEE INSTRUCTIONS ON REVERSE	through 12/31/2020	CAMPAIG!	N FINANCE	610729
1. Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
O State Candidate Election Committee O Recall (Also Complete Part 5)	rimarily Formed Ballot Measure committee Controlled Sponsored Iso Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Quarte	erly Statement al Odd-Year Report
Small Contributor Committee O Political Party/Central Committee (A	rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)			
3. Committee Information	1.3661970	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Treacher's Association of South Pasadenas Candidate		NAME OF TREASURER Tammy Wong MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP COD	DE AREA CODE/PHONE
, WILL ADDICES (NO F.S. BOX)		Monterey Park	CA 91754	
CITY STATE ZIP COI	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		
Alhambra CA 9180 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		<u> </u>
CITY STATE ZIP COL		CITY	STATE ZIP COD	AREA CODE/PHONE
Monterey Park CA 91754 OPTIONAL: FAX / E-MAIL ADDRESS	<u> </u>	OPTIONAL: FAX / E-MAIL ADDRESS		
twong@spusd.net Verification				
I have used all reasonable diligence in preparing and reviewin	ng this statement and	contained herein and i	n the attached sche	dules is true and complete. I
certify under penalty of perjury under the laws of the State of	California that the fore			
Executed on Old 25 Date	Ву	er or Assistant Treasurer		_
Executed onDate	Ву	e Measure Proponent or Resp	onsible Officer of Sponsor	
Executed on	BySig	gnature of Controlling Officeholder, Candidate, State Measure Pr	roponent	
Executed on Date	BySig	gnature of Controlling Officeholder, Candidate, State Measure Pr	roponent	_

FPPC Form 460 (Jan/2016))

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Campaign Disclosure Statement Summary Page

18. Cash Equivalents See instructions on reverse \$ _____

19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ _

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from	FORM 460
through	Page 2 of 4
	I.D. NUMBER
	13661970

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Teacher's Association of South Pasadena-Candidate **Calendar Year Summary for Candidates** Column A Column B **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1/1 through 6/30 7/1 to Date Loans Received...... Schedule B, Line 3 20. Contributions SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED.......Add Lines 3 + 4 \$ _____ **Expenditures Made Expenditure Limit Summary for State** 550.00 6. Payments Made...... Schedule E, Line 4 \$ **Candidates** 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6+7 \$ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/vv) 550.00 **Current Cash Statement** 2835.00 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 550.00 amounts in Column A may 2285.00 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED...... Schedule B. Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts

anv).

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

Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period	CALIFORNIA 460
from	FORM 400
through	Page 3 of 4
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER South Pasadena Teacher's Association- Candidate 13661970 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 PERIOD (IF REQUIRED) OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) ✓ Monetary 11/24/2020 Suzie Amajian for School \$250.00 Suzie Abajian \$250.00 Contribution South Pasadena USD Governing Board Board 2020 ☐ Nonmonetary Member Contribution ☐ Independent Support ☐ Oppose Expenditure Monetary \$250.00 Patricia Martinez Miller \$250.00 11/24/2020 Patricia Martinez Miller Contribution South Pasadena USD Governing Board ☐ Nonmonetary Member Contribution ☐ Independent **Support** ☐ Oppose Expenditure ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent ☐ Support □ Oppose Expenditure SUBTOTAL \$ **Schedule D Summary**

Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	500.00
2. Unitemized contributions and independent expenditures made this period of under \$100\$;·
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	500.00

A	Amounto monto considera				SCHEDULE					
Schedule E Amounts may be rounded to whole dollars.			Statement covers period from07/01/2020		CAL	LIFORNÍA 460 FORM				
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Teacher's Association of South Pasadena-Candidate	·				through_	12/31/2020		number 6661970	_	
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com meetings and office expens PET petition circul PHO phone banks POL polling and sepostage, deliper PRO print ads	munications d appearance ses ating urvey researd very and mes	ch ssenger services	Otherv	RAD radio RFD retur SAL camp TEL t.v. o TRC cand TRS staff/ TSF trans VOT voter	airtime and pro ned contribution paign workers' si r cable airtime a idate travel, lodo spouse travel, lo	duction costs s alaries nd production o ging, and meals odging, and mea	; als same candidate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	RIPTION OF	PAYMENT		AMOUNT PAID		
Secretary of StatePolitical Reform Division Sacramento, CA 95812			Annual Fee					\$50.00		
					•,					
									-	
Payments that are contributions or independent expenditures must also be	be summarized on Sche	dule D.					SUBTOTA	AL \$	=	
Schedule F Summary									=	

1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

2. Unitemized payments made this period of under \$100......\$ ______\$

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