Recipient Committee Campaign Statement

Cá	ecipient Committee ampaign Statement over Page			RECEIVE	FORM 460
		Statement covers period from 07/01/21	Date of election if applicable: (Month, Day, Year)	LOS ANGELES P. 3:	For Official Use Only
SE	E INSTRUCTIONS ON REVERSE	through _12/31/21	November 3, 2020	CAMPAIGN FIRAM	
1.	Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		J. L.
	State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Use Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Use Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	ermination)	atement -Year Report
3.	Committee Information	. NUMBER 432072	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
	Dena Florez for Bassett USD School Board 2020		Dena Florez MAILING ADDRESS		
	STREET ADDRESS (NO P.O. BOX)		CITY La Puente	STATE ZIP CODE CA 91744	AREA CODE/PHONE 626-552-5662
	CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
	La Puente CA 9174				
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	C	MAILING ADDRESS		
	CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
	La Puente CA 9174	4 626-552-5662	,		
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	
_	dflorez4busd#gmail.com				
4.	Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on		correct.	and in the attached schedules	is true and complete. I
	Executed on 3/14/22	By Dena Flor Signature of Control		Responsible Officer of Sponsor	
	Executed onDate	BySi	gnature of Controlling Officeholder, Candidate,	State Measure Proponent	
	Executed onDate	BySi	gnature of Controlling Officeholder, Candidate,	State Measure Proponent	

COVER PA	GE - PART 2
CALIFORNIA FORM	460
Page o	f

Officeholder or Candidate Controlled Comr	nittee	6.	Primarily Formed Ballot	t Measure Co	mmittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Dena Florez						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Bassett Unified School District Board Member					1	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP La Puente CA 91744		Identify the controlling office			ponent, if any.
Related Committees Not Included in this St			NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PRO		
not included in this statement that are controlled by you contributions or make expenditures on behalf of your car	didacy.		OFFICE SOUGHT OR HELD		DISTRICT NO). IF ANY
COMMITTEE NAME	I.D. NUMBER	7.	Primarily Formed Cand	idate/Officeh	older Committee <i>u</i>	ist names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s)	for which this cor	nmittee is primarily form	ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	. BOX)		NAME OF OFFICEHOLDER OR C	CANDIDATE	FFICE SOUGHT OR HELI	SUPPORT OPPOSE
,	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE O	FFICE SOUGHT OR HELI	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE O	FFICE SOUGHT OR HELI	SUPPORT
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE O	FFICE SOUGHT OR HELI	SUPPORT OPPOSE
	CODE AREA CODE/PHONE		Attac	ch continuation s	sheets if necessary	

Campaign Disclosure Statement Summary Page

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

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page			from 07/01/21	FORM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through	Page of
Dena Florez for Bassett USD School Board 2020				1432072
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column CALENDAR YE TOTAL TO DA		nmary for Candidates he State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$\frac{0}{0}\$ \$\frac{0}{0.00}\$ \$\frac{0}{0.00}\$	\$ 2,550.00 923.00 \$ 3,473.00 0.00 \$ 3,473.00		through 6/30 7/1 to Date \$\$
Expenditures Made 6. Payments Made	\$ 0.00 0 0.00	\$ \frac{4,417.17}{0.00}\$ \$ \frac{4,417.17}{\tau}\$ \$ \frac{4,417.17}{\tau}\$	Candidates 22. Cumulat	Summary for State tive Expenditures Made* to Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	0 0.00 0 501.43	To calculate Column add amounts in Co A to the correspond amounts from Column for Journal In Column be negative figures should be subtracted previous period amounts in this is the first reposited for this calend only carry over the	*Amounts in this section reported in Column B. Some n A may s that ed from nounts. If our being lar year, amounts	may be different from amounts
Cash Equivalents and Outstanding Debts	•	from Lines 2, 7, an any).	d 9 (if	

FPPC Form 460 (Jan/2016))
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www.fppc.ca.gov

Schedule A		Amoun	ts may be rounded	SCHEDUL			
	Contributions Received	to	whole dollars.	Statement cov	ers period		FORNIA 460
SEE INSTRUCTION	NS ON REVERSE			through 12/31/21		Page	of
NAME OF FILER						I.D. NU	
Dena Florez fo	or Bassett USD School Board 2020					143207	2
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					
		□IND □COM □OTH □PTY □SCC					·
=======================================			SUBTOTAL	\$ 0.00	3 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		
Schedule A	Summary				*Cor	tributor C	odes
1. Amount red	ceived this period – itemized monetary contribution Schedule A subtotals.)		\$ 0.0	00	COM	(other	ent Committee than PTY or SCC)
2. Amount red	ceived this period – unitemized monetary contribut	ions of less thar	n \$100\$ <u>0.</u> 0	00	PTY	- Politica	e.g., business entity) Il Party Contributor Committee
Total mone (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, C	Column A, Line 1	.)TOTAL \$ 0.0	00		FPP	C Form 460 (Jan/2016)

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Schedule /			be rounded	SCHEDULE A (CONT			
Monetary	chedule A (Continuation Sheet) Ionetary Contributions Received AME OF FILER DATE CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	to whole o	dollars.	Statement cov	ers period	CALIFORNIA 460	
		•		through		Page _	of
NAME OF FILER						I.D. NUI	MBER
	CONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (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					
		□IND □COM □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	. Am	Amounts may be rounded to whole dollars.				Statement covers period CALIFORNIA			
oans Received	,				from <u>07/01/21</u>		FORM	400	
EE INSTRUCTIONS ON REVERSE					through 12/31/2	1	Page	of	
IAME OF FILER							I.D. NUMBER		
Dena Florez for Bassett USD School Board 20	20						1432072		
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 PAI OR FORGIVE THIS PERIO	N BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Dena Florez	University Administrator			PAID \$	s 923.00	0.00_%	\$	CALENDAR YEAR	
	Associated Students, Inc			FORGIVEN		RATE		PER ELECTION**	
La Puente, CA 91744	Drive USU #203 Los	\$ 923.00 \$	\$_0.00	\$	N/A DATE DUE	ş_0.00	DATE INCURRED	\$	
☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				PAID	DATE DOE		DATE INCORRED	CALENDAR YEAR	
•				\$. \$	%	\$	\$	
				☐ FORGIVEN		RATE		PER ELECTION**	
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		s	s	\$	DATE DUE	s	DATE INCURRED	\$	
-				PAID				CALENDAR YEAR	
				\$	- \$	%	\$	\$	
				☐ FORGIVEN		RATE		PER ELECTION**	
IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$	
	s	UBTOTALS \$	0.00	\$	\$ 923.00	\$			
Schedule B Summary						(Enter (e) on Schede	ile E, Line 3)		
Loans received this period				\$ 0.	00				
(Total Column (b) plus unitemized loan	s of less than \$100.)					(+/			
2. Loans paid or forgiven this period		\$			Contributor Codes D – Individual				
(Total Column (c) plus loans under \$10 (Include loans paid by a third party that	00 paid or forgiven.)					CC	OM - Recipient Co other than f		
3. Net change this period. (Subtract Lin				NET \$ 0			ΓH – Other (e.g., l	business entity)	
Enter the net here and on the Summar							TY – Political Part CC – Small Contri	•	
				(May be a negative number)				

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

** If required.

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SCHEDULE B - PART 2 Schedule B - Part 2 Amounts may be rounded Statement covers period CALIFORNIA to whole dollars. **FORM** from _ Page _ through_ SEE INSTRUCTIONS ON REVERSE I.D. NUMBER IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF AMOUNT CONTRIBUTOR BALANCE CUMULATIVE OCCUPATION AND EMPLOYER GUARANTEED CONTRIBUTOR LOAN OUTSTANDING CODE* (IF SELF-EMPLOYED, ENTER TO DATE THIS PERIOD TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) LENDER CALENDAR YEAR ☐ COM OTH PER ELECTION (IF REQUIRED) DATE □ PTY □scc

Loan Guarantors

NAME OF FILER

Nonmone	tary Contributions Received		to whole dollars.		!	Statement covers	'	CALIF	
SEE INSTRUCTIO	DNS ON REVERSE				thro	ugh		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 CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE DAR YEAR - DEC 31)	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							
Attach additi	ional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL \$	3			
 Amount re (Include al Amount re Total nonn 	C Summary ceived this period – itemized nonmonetar I Schedule C subtotals.) ceived this period – unitemized nonmone nonetary contributions received this period 1 and 2. Enter here and on the Summar	tary contribut	ions of less than \$100		\$_		OTI	other th) H – Other (e. Y – Political I	nt Committee nan PTY or SCC) .g., business entity)

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

Amounts may be rounded to whole dollars.

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

EE INSTRUCT	TONS ON REVERSE			through		Page	of
ME OF FILER						I.D. NUMB	ER
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 CALENDAR (JAN, 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution		ļ			
		Nonmonetary Contribution	-				
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
			SUBTOTAL S	\$			
	e D Summary contributions and independent expenditures made	de this period (Include	all Schedule D subtotals)		12 3 4 4 1 3 4	\$	
	ed contributions and independent expenditures r				••••••	\$ \$	

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

Amounts may be rounded to whole dollars.

NAME OF FILER					I.D. NUME	BER
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)
		Monetary Contribution				1
		Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure				
		Monetary Contribution				
		Nonmonetary Contribution	and the state of t			
	☐ Support ☐ Oppose	Independent Expenditure				
		Monetary Contribution				
		Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure				
		Monetary Contribution				
		Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure				

Schedule E Payments Made	Amounts may b to whole do					CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through <u>12/31/21</u>	_ Page _	of	
NAME OF FILER					I.D. NUM		
Dena Florez for Bassett USD School Board 2020				`	143207	72 ——————————	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearances ses lating	ervices	RAD radio airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and production trace candidate travel, lodging, staff/spouse travel, lodging, TSF transfer between committed voter registration WEB information technology cost	on costs s oduction costs and meals g, and meals ses of the sam	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DES	SCRIPTION OF PAYMENT		AMOUNT PAID	
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D.		s	SUBTOTAL S	6 0.00	
Schedule E Summary							
Itemized payments made this period. (Include all Schedul	le E subtotals.)				\$0	0.00	
2. Unitemized payments made this period of under \$100					\$_0	1	
3. Total interest paid this period on loans. (Enter amount from							
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Summary Pag	ge, Column i	A, Line 6.) T	OTAL \$ _0	.00	

FPPC Form 460 (Jan/2016))

SCF	(EDUI	FF	(CONT.)

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from	FORM TOO
through	Page of
	I.D. NUMBER

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

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	OR	DESCRIPTION OF PAYM	ENT	AMOUNT PAID
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		İ			
·					

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

NAME AND ADDRESS OF PAYER

SUBTOTAL \$

						SCHEDULE	
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.		Statement covers period		CALIFORNIA 460		
,			110111				
		•	through		Page _	of	
SEE INSTRUCTIONS ON REVERSE							
NAME OF FILER					I.D. NUME	JEK .	
CODES: If one of the following codes accurately describe	s the payment, you may	enter the code. Oth	nerwise, describe th	e payment.			
CMP campaign paraphernalia/misc.	MBR member communicatio	ns	RAD radio airtime ar		sts		
CNS campaign consultants	MTG meetings and appearan	nces		RFD returned contributions			
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office expenses PET petition circulating		SAL campaign work TEL t.v. or cable air		tion costs		
FIL candidate filing/ballot fees	PHO phone banks		TRC candidate trave	el, lodging, and r	meals		
FND fundraising events IND independent expenditure supporting/opposing others (explain)*	POL polling and survey rese POS postage, delivery and r		TRS staff/spouse tra	avel, lodging, an	d meals of the same	candidate/sponsor	
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration	TSF transfer between committees of the same candidate/ OT voter registration			
LIT campaign literature and mailings	PRT print ads		WEB information tec	hnology costs (i	nternet, e-n	nail)	
		(a)	(b)	(c)		(d)	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING	AMOUNT INCURRED	AMOUNT F	,	OUTSTANDING BALANCE AT CLOSE	
(IF CONNETT EE, ALGO ENTEN I.D. NOMBERY	DEGOTAL FIGHT OF TAXABLE IT	OF THIS PERIOD	THIS PERIOD	(ALSO REPORT		OF THIS PERIOD	
				,			
							
		}					
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	3	\$		
Schedule F Summary							
1 Total accrued expenses incurred this period. (Include all S	chedule F. Column (b) su	btotals for					
accrued expenses of \$100 or more, plus total unitemized	accrued expenses under	\$100.)	INCU	RRED TOTA	\LS \$		
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized)	payments on accrued exp	enses under \$100.).		PAID TOTA	\LS \$		

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

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460		
through	Page of		
	I.D. NUMBER		

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

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

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

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
			. '		
	SUBTOTALS	\$	\$	\$	\$

Payments Made by an Agent or Independent Amount	Statement covers period	SCHEDULE G	
Contractor (on Behalf of This Committee)	from	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE		through	Page of
NAME OF FILER			I.D. NUMBER
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
CODES: If one of the following codes accurately describes the payment	, you may enter the code.	Otherwise, describe the payment.	
CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* OFC office expendition circles petition circles phone bar phone bar polling and polling and postage, or postag	and appearances enses rculating nks d survey research delivery and messenger services nal services (legal, accounting)	RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of campaign workers' salaries TRC candidate travel, lodging, and staff/spouse travel, lodging, and transfer between committees VOT voter registration WEB information technology costs	uction costs I meals ind meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION 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 H Statement covers period Amounts may be rounded Schedule H CALIFORNIA to whole dollars. Loans Made to Others* FORM from_ through _ Page SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER IF AN INDIVIDUAL, ENTER FULL NAME. STREET ADDRESS AND ZIP CODE OUTSTANDING OUTSTANDING ORIGINAL CUMULATIVE AMOUNT OCCUPATION AND EMPLOYER REPAYMENT OR INTEREST OF RECIPIENT BALANCE BALANCE AT AMOUNT OF LOANS (IF SELF-EMPLOYED, ENTER LOANED THIS **FORGIVENESS** BEGINNING THIS CLOSE OF THIS RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) LOAN NAME OF BUSINESS) PERIOD THIS PERIOD* TO DATE PERIOD PERIOD CALENDAR YEAR ☐ PAID RATE ☐ FORGIVEN PER ELECTION DATE DUE DATE INCURRED CALENDAR YEAR ☐ PAID RATE FORGIVEN PER ELECTION DATE DUE DATE INCURRED *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be SUBTOTALS \$ reported on Schedule E. (Enter (e) on Schedule I, Line 3) **Schedule H Summary** 1. Loans made this period\$ ___ **If Required (Total Column (b) plus unitemized loans of less than \$100.)

2. Payments received on loans.....\$

(Total Column (c) plus unitemized payments of less than \$100.)

(Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

Schedule I Viscellaned	ous Increases to Cash Amounts may to whole of		Statement covers period	CALIFORNIA 460		
	•		from			
SEE MAZDUATION	O ON DEVEROE		through	Page of		
SEE INSTRUCTIONS NAME OF FILER	IS ON REVERSE		L	I.D. NUMBER		
THE OF FILER						
DATE	FULL NAME AND ADDRESS OF SOURCE	DES	CRIPTION OF RECEIPT	AMOUNT OF		
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DES	- TON OF NEOER 1	INCREASE TO CASH		
			•			
			:			
Attach ==1-111	and information on conventionally labeled configuration about		OI IDEAT	•		
	onal information on appropriately labeled continuation sheets.		SUBTOTAL	· •		
Schedule I S						
1. Itemized incr	reases to cash this period.		\$			
2. Unitemized i	increases to cash of under \$100 this period		\$	_		
3. Total of all in	nterest received this period on loans made to others. (Schedule H, Colur	mn (e).)	\$	_		
1 Total miscolle	laneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here	and on the				
	age, Line 14.)aneous no cash this period. (Add Lines 1, 2, and 3. Enter here		TOTAL \$	- FPPC Form 460 (Jan/2016))		
•				ice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov		