COVER PAGE **Recipient Committee** Date Stamp

CALIFORNIA 4 **Campaign Statement FORM Cover Page** RECEIVED BY of 12 ANGELES COUNT Page 1 Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only from 1/1/22 11/08/22 through  $\underline{06/30/22}$ AMPAIGN FINANCE SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Preelection Statement Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report O Recall **Termination Statement** Controlled Controlled Sponsored (Also Complete Part 5) (Also file a Form 410 Termination) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee ☐ Primarily Formed Candidate/ Sponsored Small Contributor Committee Officeholder Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Zhao for Walnut Valley Unified School District 2022 Zheng Han MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Chino 91708 CA 626-677-6013 CITY AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY STATE ZIP CODE California CA 91789 626-552-1663 Jiavi Zhao

#### 4. Verification

OPTIONAL: FAX / E-MAIL ADDRESS

dzcalvin2014@gmail.com

CITY

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

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California th

MAILING ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

CITY

Chino

Executed on 07-22-22	
Date 07-22-22	reasurer
Executed on Date	Signature of Controlling Officenoider Candidate State Measure Proponent or Responsible Officer of Sponsor
Executed onDate	BySignature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	BySignature of Controlling Officeholder, Candidate, State Measure Proponent

AREA CODE/PHONE

ZIP CODE

STATE

CA

ZIP CODE

91708

AREA CODE/PHONE

442-273-6456

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 1/1/22	california 460
through <u>06/30/22</u>	Page of/2
	I.D. NUMBER
	1448685

				1448685
(FROM	Column A TOTAL THIS PERIOD MATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e State Primary and
Schedule A, Line 3   \$\frac{27}{0}   \$\text{Received} \tag{   Schedule B, Line 3   \$\frac{0}{0}   \$\text{TAL CASH CONTRIBUTIONS} \tag{   Add Lines 1 + 2   \$\frac{0}{0}   \$\text{Received} \tag{   O   \$\text{CONTRIBUTIONS RECEIVED} \tag{   Add Lines 3 + 4   \$\text{   O   }\text{   O   O   }\text{   O   }\text{   O   }\text{   O   }\text{   O   }\text{   O   O   }   O   O   O   O   O   O   O   O   O	\$ \$	0 0 0 0 0	20. Contributions Received \$	7/1 to Date \$\$
Made         Schedule H, Line 3         0           TAL CASH PAYMENTS         Add Lines 6 + 7         \$           Expenses (Unpaid Bills)         Schedule F, Line 3         0           netary Adjustment         Schedule C, Line 3         0	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	262.61 0 0 0 0 0 262.61		Summary for State  ve Expenditures Made*  Voluntary Expenditure Limit)  Total to Date
Cash Statement  Ing Cash Balance	add A tr am of y am be sho pre this file onl	calculate Column B, id amounts in Column to the corresponding nounts from Column B your last report. Some nounts in Column A may regative figures that ould be subtracted from evious period amounts. If is is the first report being ad for this calendar year, ly carry over the amounts on Lines 2, 7, and 9 (if ity).	reported in Column B.	FPPC Form 460 (Jan/2016)
quivalents and Outstanding Debts  quivalents See instructions on reverse \$ 0	froi	m Line		

Schedule A Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement co	vers period	CALIFORNIA 460	
SEE INSTRUCTI	IONS ON REVERSE			through <u>06/30/23</u>	2	Page	3 of 12
NAME OF FILER						_	JMBER
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
05/23/22	Lujun Rong/ Yanan Zou Walnut, CA 91789	IND COM OTH PTY	Self-employed Shoe Manufature in China	\$600	\$600		
05/23/22	Hong Zhao Walnut, CA 91789	☑IND □COM □OTH □PTY □SCC	Department of Children and Family Services	\$900	\$900		
05/23/22	Tzufan Chou Rowland Heights, CA 91789	IND COM OTH PTY	Self-employed Cabinet Outlet	\$900	\$900		
06/06/22	George Huang  Hacienda Heights, CA 91745	IND COM OTH PTY	Self-employed Sun Property managment	\$200	\$200		

# SUBTOTAL \$

Self-employed

Mark Supply

\$189.90

### **Schedule A Summary**

Shirly Ji

Eastvale, CA92880

06/27/22

**✓** IND

СОМ

OTH

☐ PTY

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

\*Contributor Codes

IND - Individual

\$189.90

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

Schedule B – Part 1	Am	to whole dollars	unded				The second secon	ULE B - PART 1
Loans Received			Statement covers period from $\frac{1/1/22}{}$ through $\frac{06/30/22}{}$		FORM 460			
SEE INSTRUCTIONS ON REVERSE								
NAME OF FILER						-	I.D. NUMBER	
Zheng Han							1448685	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				PAID				CALENDAR YEAR
				\$ ☐ FORGIVEN	\$	RATE %	\$	PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s
				PAID				CALENDAR YEAR
				\$ FORGIVEN	\$	RATE %	\$	\$PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				\$ FORGIVEN	s	RATE	s	\$PER ELECTION**
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s
	S	SUBTOTALS \$	0 :	\$ 0	\$ 0	\$ 0		
Schedule B Summary						(Enter (e) on Sch	edule E, Line 3)	
Loans received this period				\$ 0				
<ul> <li>(Total Column (b) plus unitemized loan</li> <li>2. Loans paid or forgiven this period</li> <li>(Total Column (c) plus loans under \$10</li> <li>(Include loans paid by a third party tha</li> <li>3. Net change this period. (Subtract Line</li> <li>Enter the net here and on the Summan</li> </ul>	ns of less than \$100.)  00 paid or forgiven.)  t are also itemized on Sche e 2 from Line 1.)	dule A.)		\$			†Contributor Codes IND – Individual COM – Recipient C (other than I OTH – Other (e.g., PTY – Political Part SCC – Small Contri	ommittee PTY or SCC) business entity)
*Amounts forgiven or paid by another party also m	aust be reported on Schedule A.	)		(Ma	y be a negative number)			

\*\* If required.

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www.fppc.ca.gov

Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		Statement covers period from $\frac{1/1/22}{}$	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				through <u>06/30/22</u>	Page 5	of 12	
NAME OF FILER Zheng Han					1.D. NUMBER 1448685	3	
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)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE	
	□IND □COM		LENDER		CALENDAR YEAR		
	□OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)		
	□ IND		LENDER		CALENDAR YEAR		
	□ OTH □ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)		
	□IND		LENDER		CALENDAR YEAR		
	□ COM □ OTH □ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)		
	□ IND		LENDER		CALENDAR YEAR		
	ОТН				PER ELECTION		

□ PTY □ SCC DATE

SUBTOTAL \$ 0

PER ELECTION (IF REQUIRED)

Enter on Summary Page, Line 17 only.

### Schedule C Nonmonetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period from 1/1/22 CALIFORNIA 460 FORM Page 6 of 12

NAME OF FILER I.D. NUMBER Zitang Han 1448685 IF AN INDIVIDUAL, ENTER CUMULATIVE TO FULL NAME, STREET ADDRESS AND AMOUNT/ PER ELECTION DATE CONTRIBUTOR OCCUPATION AND EMPLOYER **DESCRIPTION OF** DATE ZIP CODE OF CONTRIBUTOR FAIR MARKET TO DATE RECEIVED CODE GOODS OR SERVICES (IF SELF-EMPLOYED, ENTER CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) VALUE (IF REQUIRED) (JAN 1 - DEC 31) NAME OF BUSINESS) ☐ IND Псом □отн □ PTY SCC DIND ☐ COM Потн □ PTY SCC ☐ IND ☐ COM Потн □ PTY □ scc ☐ IND ☐ COM □ OTH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

#### **Schedule C Summary**

□ PTY □ SCC

 \*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

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pportin	of Expenditures g/Opposing Other es, Measures and Committees	Amounts may be rounded to whole dollars.		Statement covers period from 1/1/22		CALIFORNIA 460	
EE INSTRUCTIONS ON REVERSE				through 06/30/22		Page of	
eng Han						1.D. NUMB 1448685	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	CALEND	VE TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution Nonmonetary Contribution Independent					
	Support Oppose	Expenditure  Monetary Contribution					- <del> </del>
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
			SUBTOTA	AL \$ 0			

Payments Made  SEE INSTRUCTIONS ON REVERSE	nounts may be rounded to whole dollars.		Statement covers period from $\frac{1/1/22}{\text{through}} \frac{06/30/22}{}$	CALIFORNIA 460 FORM  Page 8 of /2
Zheng Han				1.D. NUMBER 1448685
CNS campaign consultants MTG CTB contribution (explain nonmonetary)* CVC civic donations PET FIL candidate filing/ballot fees PHO FND fundraising events POL	member communications meetings and appearance office expenses petition circulating phone banks polling and survey resear postage, delivery and mee	ch ssenger services	RAD radio airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and prod candidate travel, lodging, and staff/spouse travel, lodgin	luction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
Hong Zhao Walnut, CA91789	POS	Stamps and mailbo	ox .	\$166
Hong Zhao	CMP	Campaign website	template	\$61

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

**SUBTOTAL \$ 262.61** 

\$35.61

Schedu	le E	Sum	mary
--------	------	-----	------

Bank of America

Walnut, CA 91789

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$
2. Unitemized payments made this period of under \$100	5
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.)	262.61

OFC

Oder checks

Schedule F Accrued Expenses (Unpaid Bills)  SEE INSTRUCTIONS ON REVERSE		Amounts may be rounded to whole dollars.			Statement covers period from 1/1/22		CALIFORNIA 46	
			through <u>6/30/22</u>				Page 9	of 12
NAME OF FILER Zheng Han							I.D. NUMBER 1448685	
CODES: If one of the following codes accurately descri						•		
		member communication	6	RAD	radio airtime and p	aroduction co	ete	
CMP campaign paraphernalia/misc.							3010	
CNS campaign consultants	MTG	meetings and appearance		RFD	returned contributi	ons	,010	
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG OFC	meetings and appearant office expenses		RFD SAL	returned contributi campaign workers	ons salaries		
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations	MTG OFC PET	meetings and appearance		RFD SAL TEL	returned contributi campaign workers t.v. or cable airtime	ons s' salaries e and produc	ction costs	
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations	MTG OFC PET PHO	meetings and appearant office expenses petition circulating	ces	RFD SAL	returned contributi campaign workers	ons ' salaries e and produc odging, and r	ction costs meals	
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)*	MTG OFC PET PHO POL POS	meetings and appearant office expenses petition circulating phone banks polling and survey resea postage, delivery and m	erch essenger services	RFD SAL TEL TRC TRS TSF	returned contribution campaign workers t.v. or cable airtime candidate travel, k staff/spouse travel transfer between contributions.	ons s' salaries and product odging, and r l, lodging, an	ction costs meals d meals	didate/sponsor
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events	MTG OFC PET PHO POL POS PRO	meetings and appearant office expenses petition circulating phone banks polling and survey resea	erch essenger services	RFD SAL TEL TRC TRS	returned contribution campaign workers t.v. or cable airtime candidate travel, k staff/spouse travel	ons ' salaries e and produc odging, and r l, lodging, an committees o	ction costs meals d meals of the same can	didate/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	SUBTOTALS	\$ 0	\$ 0	0	<b>\$</b> 0

#### 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.)	

- 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))

Amounts may be rounded to whole dollars.	Statement covers period from 1/1/22	CALIFORNIA 460	
	through 06/30/22	Page 10 of 12	
		I.D. NUMBER 1448685	
MBR member communications meetings and appearances office expenses PET petition circulating PHO phone banks POL polling and survey research postage, delivery and messenger services PRO professional services (legal, accounting)	communications and appearances and appearances senses SAL campaign workers' salaries trulating TEL tv. or cable airtime and production costs campaign workers' salaries tv. or cable airtime and production costs campaign workers' salaries tv. or cable airtime and production costs campaign workers' salaries tv. or cable airtime and production costs campaign workers' salaries tv. or cable airtime and production costs campaign workers' salaries tv. or cable airtime and production costs campaign workers' salaries tv. or cable airtime and production costs campaign workers' salaries tv. or cable airtime and production costs transfer between committees of the same cand		
mmarized on Schedule D.  CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
	the payment, you may enter the code.  MBR member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads  mmarized on Schedule D.	to whole dollars.  from 1/1/22  through 06/30/22  through 1/1/22  through 06/30/22  through 06/30/22  through 06/30/22  TAB radio airtime and production RFD returned contributions SAL campaign workers' salaries returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production SAL campaign workers' salaries TEL t.v. or cable airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production salaries TEL t.v. or cable airtim	

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 0

<sup>\*</sup> 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 Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement covers period from 1/1/22 through 06/30/22		CALIFORNIA 460		
SEE INSTRUCTIONS ON DEVERSE	Page 11						of 12		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER								I.D. NUMBER	
Zheng Han							1448685		
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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(e) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
				PAID  \$	\$	RATE	s	CALENDAR YEAR  \$  PER ELECTION**	
		s	s	\$	DATE DUE	s	DATE INCURRED	\$	
			\$	PAID  FORGIVEN	\$	RATE \$	\$	\$PER ELECTION**	
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$0	\$ 0	\$ 0	\$ 0	DATE INCURRED		
Schedule H Summary  1. Loans made this period					\$	(Enter (e) on Schedule I, Line 3)			
(Total Column (b) plus unitemized loans 2. Payments received on loans	nents of less than \$100.) 2 from Line 1.)				0		L	**If Required	

(May be a negative number)

Schedule I Miscellaneous Increases to Cash  SEE INSTRUCTIONS ON REVERSE		Amounts may be rounded to whole dollars.	Statement covers period from 1/1/22 through 6/30/22	CALIFORNIA 460 FORM	
NAME OF FILER	I.D. NUMBER				
Zheng Han				1448685	
DATE RECEIVED	FULL NAME AND ADDRESS OF S		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
Attach additional infor	L\$ 0				
Unitemized increase     Total of all interest re	s to cash of under \$100 this period	thers. (Schedule H, Column (e).)nes 1, 2, and 3. Enter here and on the	\$ 0 \$ 0 TOTAL \$ 0	FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772)	

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