Recipient Committee Campaign Statement **Cover Page**

SEE INSTRUCTIONS ON REVERSE

Recall
 Re

(Also Complete Part 5)

Sponsored

3. Committee Information

☐ General Purpose Committee

Small Contributor Committee

Political Party/Central Committee

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

Sabrina Bow for Azusa School Board 2024

(Government Code Sections 84200-84216.5)

X Officeholder, Candidate Controlled Committee

State Candidate Election Committee

CALIFORNIA FORM Date of election if applicable: Statement covers period (Month, Day, Year) 2023 JAN 23 PM 3: 3 For Official Use Only 07/01/2022 12/31/2022 CAMPAIGN FIN through _ 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Primarily Formed Ballot Measure Quarterly Statement Committee Semi-annual Statement Special Odd-Year Report O Controlled Termination Statement Supplemental Preelection Sponsored (Also file a Form 410 Termination) Statement - Attach Form 495 (Also Complete Part 6) Amendment (Explain below) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) I.D. NUMBER Treasurer(s) 1430779 NAME OF TREASURER Yolanda Miranda

				MAILING ADDRESS			
STREET ADDRESS (NO P.O. BO	OX)			CITY	STATE	ZIP CODE	AREA CODE/PHONE
				Covina	CA	91722	(626)915-7635
CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	R, IF ANY	-	
Covina	CA	91722	(626)400-1733				
MAILING ADDRESS (IF DIFFER	RENT) NO. AND STREET	OR P.O. BOX		MAILING ADDRESS			
N/A			* \$ z ₁ *				
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADD	RESS			OPTIONAL: FAX / E-MAIL ADDRES	SS		
sabrina@sabrinaforaz	usa.com						

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement under penalty of perjury under the laws of the State of California that the forego

01/18/2023 Executed on. Date 01/18/2023 Executed on . Date

Executed on. Executed on _

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

COVER PAGE

S

ached schedules is true and complete. I certify

Officer of Sponsor

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
	ORNIA ORM	4	160				
Page	2	of	13				

NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Sabrina Lee Bow									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AN	ND DISTRICT NUMBER	R IF APPLICABI	.E)		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT
Board of Education Azusa Unified								-	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	REET) CITY	STATE	ZIP						
	Azusa	CA	91702		Identify the controlling of	ficeholder, ca	andidate, or s	tate measure	proponent, if an
					NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in	this Statement	' List any cou	mmittage						
not included in this statement that are controlle		•			OFFICE SOUGHT OR HELD			DISTRICT NO.	F ANY
contributions or make expenditures on behalf o	f your candidacy.								
COMMITTEE NAME	I.D. NUM	IBER							
	1								
				7.	Primarily Formed Can	didate/Offi	ceholder Co	ommittee <i>Li</i>	st names of
NAME OF TREASURER		DLLED COMMIT		7.	Primarily Formed Can officeholder(s) or candidate(
	☐ YE			7.	officeholder(s) or candidate(s) for which th	is committee is	s primarily form	ed.
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS	☐ YE			7.		s) for which th	is committee is		
COMMITTEE ADDRESS STREET ADDRESS	☐ YE			7.	officeholder(s) or candidate(s) for which the	OFFICE SOU	s primarily form	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)	S NO		7.	NAME OF OFFICEHOLDER OR	s) for which the	OFFICE SOU	S <i>primarily form</i>	SUPPORT SUPPORT
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)	AREA COD		7.	NAME OF OFFICEHOLDER OR	S) for which the	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY STATE	(NO P.O. BOX) ZIP CODE	AREA COD		7.	NAME OF OFFICEHOLDER OR	S) for which the	OFFICE SOU	S <i>primarily form</i>	SUPPORT SUPPORT
COMMITTEE ADDRESS CITY STATE COMMITTEE NAME	(NO P.O. BOX) ZIP CODE	AREA COD	DE/PHONE	7.	NAME OF OFFICEHOLDER OR	candidate Candidate Candidate Candidate	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY STATE	(NO P.O. BOX) ZIP CODE	AREA COD	DE/PHONE	7.	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	candidate Candidate Candidate Candidate	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS CITY STATE COMMITTEE NAME NAME OF TREASURER	(NO P.O. BOX) ZIP CODE I.D. NUM CONTRO	AREA COD	DE/PHONE	7.	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	candidate Candidate Candidate Candidate	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS CITY STATE COMMITTEE NAME NAME OF TREASURER	(NO P.O. BOX) ZIP CODE I.D. NUM CONTRO	AREA COD	DE/PHONE	7.	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	candidate Candidate Candidate Candidate	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period **CALIFORNIA FORM** 07/01/2022 from Page ___3___ of ___13___ 12/31/2022 through _ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$

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

Sabrina Bow for Azusa School Board 2024						1430779
Contributions Received	то	Column A TALTHIS PERIOD TTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e 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	\$	0.00 2,899.00 0.00	•	3,689.00 4,598.09 8,287.09 0.00 8,287.09	1/1 the 20. Contributions Received \$	\$\$
Expenditures Made 6. Payments Made	\$	723.59	\$	3,513.11	Expenditure Limit S	Summary for State
7. Loans Made		0.00 723.59		3,513.11		e Expenditures Made* Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0.00		300.00	Date of Election (mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADE	\$	746.68	\$	3,813.11		\$
12. Beginning Cash Balance		2,899.00 0.00 723.59	ame corr fror rep Col figu sub per	calculate Column B, add ounts in Column A to the responding amounts in Column B of your last ort. Some amounts in umn A may be negative ires that should be tracted from previous iod amounts. If this is first report being filed	*Amounts in this section n reported in Column B.	\$nay be different from amounts
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	this calendar year, only ry over the amounts		

from Lines 2, 7, and 9 (if

any).

4,898.09

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

www.fppc.ca.gov

Schedule A	Amounts	s may be rounded		SCHEDULE			
Monetary Contributions Received		whole dollars.	dollars.			FORM 460	
EE INSTRUCTIONS ON REVERSE			through12/31/2	022	Page .	4 of13	
AME OF FILER					I.D. NU	MBER	
Sabrina Bow for Azusa School Board 2024					14307	79	
FULL NAME STREET ADDRESS AND ZID CODE OF CONTE	PIRITOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	DATE	PER ELECTION	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERILD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/12/2022	Blanca Rubio for Assembly 2022 (ID# 1435469) Sacramento, CA 95814	□IND □COM □OTH □PTY □SCC		250.00	750.00	
07/20/2022	Philip Campa Azusa, CA 91702	⊠IND □COM □OTH □PTY □SCC	Erp Business Manager Cambro Mfg	200.00	200.00	
08/01/2022	Liza Contreras Los Angeles, CA 90032	⊠IND □COM □OTH □PTY □SCC	Administrator Encore Jr/Sr High School For The Arts	100.00	100.00	
09/05/2022	David Costa Long Beach, CA 90814	⊠IND □COM □OTH □PTY □SCC	Educator Long Beach Unified School District	500.00	500.00	
07/26/2022	Jenna Kamp Los Angeles, CA 90042	⊠IND □COM □OTH □PTY □SCC	Educator PUC Schools	100.00	100.00	
			SUBTOTALS	1,150.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)\$ _ 2,700.00

2. Amount received this period – unitemized monetary contributions of less than \$100\$ 199.00

3. Total monetary contributions received this period. 2,899.00 *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 A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A	CONT.)
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CALIFORNIA ACO

Statement covers period

		to whole dollars.			2022	FORM 460		
				through12/31/	2022	Page_	5 of13	
NAME OF FILER						I.D. NU	MBER	
Sabrina Bow f	or Azusa School Board 2024					14307	79	
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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)	
11/23/2022	Kristine Kwong South Pasadena, CA 91030	☑IND □COM □OTH □PTY □SCC	Musick Peeler Attorney at Law	250.00	5	00.00		
	Drew Lundsten San Diego, CA 92107	⊠IND □COM □OTH □PTY □SCC	Engineer Helios Design Fusion LLC	100.00	10	00.00		
07/30/2022	Heather Martinez Azusa, CA 91702	⊠IND □COM □OTH □PTY □SCC	Private Banker City National Bank	100.00	10	00.00		
09/08/2022	Andrew Mendez Azusa, CA 91702	⊠IND □COM □OTH □PTY □SCC	Realtor Century 21 Citrus	200.00	20	00.00		
07/30/2022	Michael Ong Santa Monica, CA 90405	⊠IND □COM □OTH □PTY □SCC	Physician UCLA & VA	500.00	50	00.00		
			SUBTOTAL	1,150.00	là .	700		

*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 A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)
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CALIFORNIA ACO

Statement covers period

		10		from07/01/	2022	FOF	RM	+00
				through12/31/	2022	Page	6 of	13
NAME OF FILER						I.D. NUMB	BER	
Sabrina Bow f	or Azusa School Board 2024					1430779		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	RECEIVED THIS CALENDAR YEAR		PER ELE TO DA (IF REQU	TE
07/31/2022	Aileen Ramos Azusa, CA 91702	⊠IND □COM □OTH □PTY □SCC	It Consultant Aileen Lim Consulting	100.00	1	00.00		
07/12/2022	Michael Sun Azusa, CA 91702	⊠IND □COM □OTH □PTY □SCC	Retired N/A	200.00	2	00.00		
09/09/2022	Dr. George Tavlor Pasadena, CA 91106	⊠IND □COM □OTH □PTY □SCC	Retired N/A	100.00	1	00.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	400.00				Sell.

*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

							SCH	EDULE B - PART	
Schedule B – Part 1 Loans Received	Amo	ounts may be ro			Statement cov			CALIFORNIA 460	
Loans Neceived					from07/0	1/2022	FORM		
SEE INSTRUCTIONS ON REVERSE					through12/3	1/2022	_ Page7	of13	
NAME OF FILER							I.D. NUMBER		
Sabrina Bow for Azusa School Board 202	24						1430779		
THE NAME STREET ADDRESS AND THE CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b)	(c)	OUTSTANDING	(e)	(f)	(g)	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	OCCUPATION AND EMPLOYER	BALANCE	AMOUNT RECEIVED THIS	OR FORGIVE	BALANCEAT	PAID THIS		CUMULATIVE	
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BEGINNING THIS PERIOD	PERIOD	THIS PERIC		PERIOD	LOAN	TO DATE	
Sabrina Bow	CEO			☐ PAID				CALENDARYEA	
Azusa, CA 91702	Evergreen Associates,								
Azuba, CA JIIVa	The state of the s			\$\$		0_00% RATE	\$500.00	\$0.0	
		1	l	FORGIVEN		l said		PER ELECTION	
		\$598_09	s0.00	\$, , l	\$O_	08/25/2020		
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		T	,		DATE DUE		DATE INCURRED	\ <u> </u>	
Sabrina Bow	CEO			☐ PAID				CALENDAR YEA	
Azusa, CA 91702	Evergreen Associates,		1	-					
This is a loan		1		\$0.0	-,	- 0.00%	\$ 2,500.00	\$0_0	
				FORGIVEN			1	PER ELECTION	
		\$_2,500_00	s0.00	\$	no.	\$	09/09/2020	s	
[†] ☑ IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED		
Sabrina Bow	CEO			PAID				CALENDAR YEAR	
Azusa, CA 91702	Evergreen Associates,			_					
,				\$0_0		-0.00% RATE	\$ 1,500.00	\$0_0	
				FORGIVEN	1		1	PER ELECTION	
		\$_1,500.00	so_o	\$0	10	\$0_	01/15/2021	s	
[†] ☑ IND □ COM □ OTH □ PTY □ SCC					DATE DUE	1	DATE INCURRED		
		OUDTOTAL O					3 K M 1 1 1 1 1 1		
		SUBTOTALS \$	0.00	0.	00\$ 4,598.09	5 0.	00	4.	
Schedule B Summary						(Enter (e) on Schedule E, Line	3)		
1. Loans received this period				S	0.00				
(Total Column (b) plus unitemized loan							†Contributor Codes		
(IND - Individual	,	
2 Loans paid or forgiven this period				\$	0.00		COM Pecinient Co	mmittaa	

(Total Column (c) plus loans under \$100 paid or forgiven.)

** If required.

(Include loans paid by a third party that are also itemized on Schedule A.)

Enter the net here and on the Summary Page, Column A, Line 2. *Amounts forgiven or paid by another party also must be reported on Schedule A.

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0.00 (May be a negative number)

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

PTY - Political Party

(other than PTY or SCC) OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

Supporti	e D / of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be to whole do	llars.	Statement covers		CALIFORNIA 460 FORM of 13		
SEE INSTRUCTI	IONS ON REVERSE			through	22			
NAME OF FILER	w for Azusa School Board 2024					1.D. NUMBE	R 	
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 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
10/31/2022	Ricardo Padilla Board of Education This is a loan Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		2,000.00	2,	500.00 G2	022 \$2,500.00	
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
			SUBTOTAL \$	2,000.00				
	D Summary tions and independent expenditures made this period	od of \$100 or more. (Include all Schedule D subtot	als.)		\$	2,000.00	
2. Unitemize	ed contributions and independent expenditures made	de this period of unde	er \$100			\$	0.00	
3. Total con	ntributions and independent expenditures made this	period. (Add Lines 1	I and 2. Do not enter on the	Summary Page.)	тот	AL \$	2,000.00	

Schedule E Payments Made	Amounts may I to whole d		Statement covers period from07/01/2022	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through12/31/2022	Page _ 9 _ of _ 13 I.D. NUMBER
CODES: If one of the following codes accurately describes 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	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearances ses lating	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and staff/spouse travel, lodging, a	uction costs i meals and meals s of the same candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DESC	CRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Solutions		OFC Processing fee		2.7

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT P	AID
eFundraising Solutions	OFC	Processing fee		2.75
Sacramento, CA 95816				
eFundraising Solutions	OFC	Processing fee		9.50
Sacramento, CA 95816				
eFundraising Solutions	OFC	Processing fee		9.50
Sacramento, CA 95816				
* Payments that are contributions or independent expenditures must also be summ:	arized on S	chedule D. SUE	TOTAL\$	21.75

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

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)
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	001100000000000000000000000000000000000
Statement covers period	CALIFORNIA 460
from 07/01/2022	FORM TOO
through 12/31/2022	Page 10 of 13
	I.D. NUMBER

1430779

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

campaign literature and mailings

Sabrina Bow for Azusa School Board 2024

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

CMP	campaign paraphernalia/misc.	MBK	member communications	KAD	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

independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor professional services (legal, accounting) LEG legal defense

PRT print ads

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Solutions	OFC	Processing fee	5.00
Sacramento, CA 95816			
eFundraising Solutions	OFC	Processing fee	5.00
Sacramento, CA 95816			
eFundraising Solutions	OFC	Processing fee	33.00
Sacramento, CA 95816			
eFundraising Solutions	OFC	Processing fee	5.00
Sacramento, CA 95816			
eFundraising Solutions	OFC	Processing fee	23.00
Sacramento, CA 95816			

SUBTOTAL \$ * Payments that are contributions or independent expenditures must also be summarized on Schedule D. 71.00

Schedule E	
(Continuation Sheet)	
Daymente Made	

Statement covers period **CALIFORNIA** Amounts may be rounded to whole dollars. FORM 07/01/2022 Payments Made from through ___12/31/2022 Page ___11__ of __13__ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Sabrina Bow for Azusa School Board 2024 1430779

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 petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PET FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events POL independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration PRO print ads WEB information technology costs (internet, e-mail) campaign literature and mailings PRT

NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) eFundraising Solutions OFC Processing fee 5.00 Sacramento, CA 95816 Netfile PRO 275.00 Mariposa, CA 95338 POS 1.91 Yolanda Miranda & Assoc., Inc. Covina, CA 91722 PRO Yolanda Miranda & Assoc., Inc. 300.00 Covina, CA 91722 Yolanda Miranda & Assoc., Inc. POS 1.91 COVINA, CA 91722

SUBTOTAL \$ * Payments that are contributions or independent expenditures must also be summarized on Schedule D. 583.82

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

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** 07/01/2022 through 12/31/2022 Page 12 of 13

SEE INSTRUCTIONS (ON REVERSE
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NAME OF FILER

I.D. NUMBER

1430779

Sabrina Bow for Azusa School Board 2024 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

vo	DES. If one of the following codes accurately describe	CS LIIC	payment, you may enter the code. C	UICI WIS	e, 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
СТВ	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 (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
Netfile	PRO	275.00	0.00	275.00	0.00
Mariposa, CA 95338					
Yolanda Miranda & Assoc., Inc. Covina, CA 91722	POS	1.91	0.00	1.91	0.00
Yolanda Miranda & Assoc., Inc. Covina, CA 91722	PRO	0.00	300.00	0.00	300.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	276.91	300.00	276.91	300.00

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.)	300.00

- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals 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.)

 NET \$ 23.09

								SCHEDULE H
Schedule H		Amounts may be rounded to whole dollars.			Statement covers period from07/01/2022		CALIFORNIA 460	
Loans Made to Others*								
SEE INSTRUCTIONS ON REVERSE					through 12/3	1/2022	Page 13	of13
NAME OF FILER							I.D. NUMBER	
Sabrina Bow for Azusa School Board 2024							1430779	
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	(c) REPAYMENT OF FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
Padilla 4 School Board 2022 (ID# 1358876)				∑ PAID				CALENDAR YEAR
Covina, CA 91722 This is a loan				\$ _2,000.00	\$0.00	0.00% RATE	s 2,000.00	\$
		\$0.00	\$ _2,000.00	s0.00	01/01/0001 DATE DUE	s0.00	10/31/2022 DATE INCURRED	\$G2022 \$2,500.00
				□ PAID				CALENDAR YEAR
				\$	s	RATE %	\$	\$ PERELECTION**
		s	\$	s	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 reported on Schedule E. SUBTOTAL			\$ 2,000.00	\$ 2,000.0	0.00	\$ 0.00		
(Enter (e) on Schedule I, Line 3)								
Schedule H Summary	,							
Loans made this period (Total Column (b) plus unitemized loans of less than \$100.)					\$	2,000.0	0	**If Required
Payments received on loans (Total Column (c) plus unitemized payments of less than \$100.)					\$	2,000.0	0	
Net change this period. (Subtract Line 2 (Enter the net here and on the Summary)					NET \$	0.0 be a negative number)	0	