

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Date Stamp

COVER PAGE

CALIFORNIA FORM **460**

RECEIVED BY LOS ANGELES COUNTY
2021 FEB -3 PM 4: 20
CAMPAIGN FINANCE

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020772
CI1316

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 10/18/2020
through 12/31/2020

Date of election if applicable:
(Month, Day, Year)
11/03/2020

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1428019

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Denae Amaya for Covina Valley School Board 2020

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Covina	CA	91722	(626) 506-6204

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
N/A			

OPTIONAL: FAX / E-MAIL ADDRESS
denae4cvusdschoolboard@gmail.com

Treasurer(s)

NAME OF TREASURER
Yolanda Miranda

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Covina	CA	91722	(626) 915-7635

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief the foregoing is true and correct. I certify that the information provided on this statement and schedules is true and complete. I certify

Executed on 01/18/2021 By _____
Date

Executed on 01/18/2021 By _____
Date Signature of Sponsor

Executed on _____ By _____
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ By _____
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

mv

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Denae Amaya

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Covina Valley School Board District 5

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Covina CA 91723

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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

Amounts may be rounded
to whole dollars.

Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>12</u>	I.D. NUMBER <u>1428019</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Denaee Amaya for Covina Valley School Board 2020

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>3,000.00</u>	\$ <u>13,242.00</u>
2. Loans Received Schedule B, Line 3	<u>0.00</u>	<u>1,100.00</u>
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>3,000.00</u>	\$ <u>14,342.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0.00</u>	<u>609.16</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>3,000.00</u>	\$ <u>14,951.16</u>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ <u>5,818.41</u>	\$ <u>11,428.80</u>
7. Loans Made Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>5,818.41</u>	\$ <u>11,428.80</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>-600.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0.00</u>	<u>609.16</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>5,218.41</u>	\$ <u>12,037.96</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>5,731.61</u>
13. Cash Receipts Column A, Line 3 above	<u>3,000.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0.00</u>
15. Cash Payments Column A, Line 8 above	<u>5,818.41</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2,913.20</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>1,100.00</u>

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 this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
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NAME OF FILER

Denae Amaya for Covina Valley School Board 2020

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)
10/23/2020	I.B.E.W Affiliated with AFL-CIO Local 11 (ID# 822725) Pasadena, CA 91107	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	
10/28/2020	Los Angeles County Young Democrats (ID# 921188) Sacramento, CA 95815	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 3,000.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3,000.00

*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 B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Denae Amaya for Covina Valley School Board 2020	I.D. NUMBER 1428019
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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	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Denae Amaya Covina, CA 91723	Commissioner City of Covina	\$ 1,100.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,100.00 DATE DUE	0.00% RATE \$ 0.00	\$ 1,100.00 07/08/2020 DATE INCURRED	CALENDAR YEAR \$ 1,100.00 PER ELECTION** \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$		0.00	0.00	0.00	1,100.00	0.00		

Schedule B Summary

1. Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** 0.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

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

†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.

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period
from 10/18/2020
through 12/31/2020

SCHEDULE E

**CALIFORNIA
FORM 460**

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1428019

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Denae Amaya for Covina Valley School Board 2020

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 |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FD candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FE 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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
99 Cents Only Covina, CA 91722	CVC		Donation to Project 29:11	154.47
Geza Frev Inglewood, CA 90301	TRS			50.00
Get Thru Oakland, CA 94612	PHO			100.00

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

SUBTOTAL \$ 304.47

Schedule E Summary

- | | |
|--|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 5,768.18 |
| 2. Unitemized payments made this period of under \$100 | \$ 50.23 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ 0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 5,818.41 |

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

Amounts may be rounded
to whole dollars.

Statement covers period
from 10/18/2020
through 12/31/2020

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FORM 460**

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Denaee Amaya for Covina Valley School Board 2020

I.D. NUMBER

1428019

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 |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FL 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 |
| IEO 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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Get Thru Oakland, CA 94612	PHO		Texting services	357.92
Knightsbridge Industries, Inc. Covina, CA 91722	CMP		Banner	93.08
Knightsbridge Industries, Inc. Covina, CA 91722	CMP		Magnets	547.50
Mitchell Publishing Inc. Los Angeles, CA 90033	LIT			496.60
Mitchell Publishing Inc. Los Angeles, CA 90033	LIT		Post cards	323.03

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

SUBTOTAL \$ 1,818.13

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

Amounts may be rounded
to whole dollars.

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Denaee Amaya for Covina Valley School Board 2020

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
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
FUN fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IEO 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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mitchell Publishing Inc. Los Angeles, CA 90033	LIT			304.01
Oxford Arconaut Mailers Monrovia, CA 91016	LIT			1,178.82
Oxford Arconaut Mailers Monrovia, CA 91016	LIT			768.22
Political Data, Inc. Norwalk, CA 90652	LIT			18.91
Target Store Azusa, CA 91702	OFC			122.60

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

SUBTOTAL \$ 2,392.56

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

Amounts may be rounded
to whole dollars.

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Denae Amaya for Covina Valley School Board 2020

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
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FE fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IE 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
LT campaign literature and mailings	PRT print ads	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
Yolanda Miranda & Assoc. Covina, CA 91722	PRO			300.00
Yolanda Miranda & Assoc. Covina, CA 91722	PRO			300.00
Yolanda Miranda & Assoc. Covina, CA 91722	POS			8.05
Yolanda Miranda & Assoc. Covina, CA 91722	PRO			300.00
Yolanda Miranda & Assoc. Covina, CA 91722	PRO			300.00

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

SUBTOTAL \$ 1,208.05

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

Amounts may be rounded
to whole dollars.

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Denaee Amaya for Covina Valley School Board 2020

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 |
| 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 |
| FEV fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IEO 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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Zoom.USA San Jose, CA 95113	WEB			14.99
Zoom.USA San Jose, CA 95113	WEB			14.99
Zoom.USA San Jose, CA 95113	WEB			14.99

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

SUBTOTAL \$ 44.97

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/18/2020	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Denaee Amaya for Covina Valley School Board 2020

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
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
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
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
Yolanda Miranda & Assoc. Covina, CA 91722	PRO	300.00	0.00	300.00	0.00
Yolanda Miranda & Assoc. Covina, CA 91722	PRO	300.00	0.00	300.00	0.00
SUBTOTALS \$		600.00\$	0.00\$	600.00\$	0.00

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

Schedule F Summary

- 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.)..... **INCURRED TOTALS \$** 0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 600.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -600.00
May be a negative number

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

SCHEDULE G

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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through	12/31/2020	Page <u>12</u> of <u>12</u>
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Denaee Amaya for Covina Valley School Board 2020		1428019

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Denaee Amaya for Covina Valley School Board 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Oxford Argonaut Mailers

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

- | | | |
|---|--|--|
| OMP 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 |
| civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| 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 |
| ND 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) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postal Services Covina, CA 91723	POS		848.82
U.S. Postal Services Covina, CA 91723	POS		568.22

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,417.04

* 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.