Recipient Committee Campaign Statement Cover Page

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COVER PAGE

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CALIFORNIA 460

of the State of 四间的时间 Statement covers period... Date of election if applicable: (Month, Day, Year) from $\frac{7/1/2020}{}$ 3/3/2020 through 12/31/2020 SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. ✓ Officeholder, Candidate Controlled Committee Preelection Statement Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Semi-annual Statement Special Odd-Year Report Committee O Recall Termination Statement Controlled (Also file a Form 410 Termination) Sponsored (Also Complete Part 5) 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 Treasurer(s) 3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER FRIENDS TO RE-ELECT SANDRA MOSS TRAVON MOSS MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE COMPTON CA 90221 818-434-6382 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE STATE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statemer the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that t Executed on 12/30/2020 12/30/2020 Executed on. sible Officer of Sponso Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on. Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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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 $\frac{7/1/2020}{}$	CALIFORNIA 460
through 12/30/2020	Page _2 of10
	I.D. NUMBER
	1423656

FRIENDS TO RE-ELECT SANDRA MOSS FOR COMPTON UNIFIED SCHOOL DISTICT 2020 **Calendar Year Summary for Candidates** Column B Column A Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 20. Contributions Received 0 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 0 Made 5. TOTAL CONTRIBUTIONS RECEIVED.......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** Candidates 6. Payments Made...... Schedule E, Line 4 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date (mm/dd/vv) **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 0 15. Cash Payments Column A, Line 8 above amounts in Column A may be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED...... Schedule B. Part 2 \$ 0 only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 3,702.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A		to whole dollars.				SCHEDULE A		
	onetary Contributions Received Statement from 7/1/202					CALIFORNIA 46		
SEE INSTRUCTION	ONS ON REVERSE	,		through)20	Page 3	of 10	
NAME OF FILER FRIENDS TO	O RE-ELECT SANDRA MOSS FOR COMPTON UNIF	ED SCHOOL DIS	STRICT 2020		,	I.D. NUME 1423656	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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
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		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL S	\$				
1. Amount re (Include a	A Summary eceived this period – itemized monetary contribution Il Schedule A subtotals.)				IND COM OTH PTY	(other that - Other (e.g - Political P	t Committee an PTY or SCC) g., business entity)	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C	Column A, Line 1	.)TOTAL \$ 0	· 			orm 460 (Jan/2016))	

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	Δm	nounts may be ro	unded				SCHED	ULE B - PART 1
Schedule B – Part 1		to whole dollars		Γ	Statement cov	ers period	CALIFORN	HA 460
Loans Received					from 7/1/2020		FORM	··· 400
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SEE INSTRUCTIONS ON REVERSE					through 12/30/2	020	Page 4	of_10
NAME OF FILER							I.D. NUMBER	
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Schedule B Summary	,			0				
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(Total Column (b) plus unitemized loar				. 0		(T	Contributor Codes	
Loans paid or forgiven this period(Total Column (c) plus loans under \$10			•••••				ND - Individual	
(Include loans paid by a third party that		dule A.)				C	OM – Recipient Co other than F	ommittee PTY or SCC)
3. Net change this period. (Subtract Lin	e 2 from Line 1.)			NET \$ 0			TH - Other (e.g., i	business entity)
Enter the net here and on the Summa	ry Page, Column A, Line 2.						TY – Political Part CC – Small Contri	
				. //	ay be a negative number)	(s		
				(M	of pe 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 Loan Guarantors					Statement covers period from 7/1/2020			1 460
SEE INSTRUCTIONS ON REVERSE				through $\frac{1}{2}$	2/20/2020	_	Page 5	of
NAME OF FILER FRIENDS TO RE-ELECT SANDRA MOSS FOR CO	OMPTON UNIF	TED SCHOOL DISTRICT 2020					I.D. NUMBER 1423656	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		JMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
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TO RE-ELECT SANDRA MOSS FOR COMPT	ON UNIFIED S	CHOOL DISTRICT 2020	-				1423656	5
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/ FAIR MARKET VALUE	DA' CALENDA	TE R YEAR	PER ELECTION TO DATE (IF REQUIRED)
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Statement covers period from 7/1/2020 Statement covers period from 7/1/2020 Page 6 of 10 Page 6 of 10 ILD. NUMBER 1423656 ILD. NUMBE								
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Schedule E Payments Made			Statement covers period from $\frac{7/1/2020}{}$	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER FRIENDS TO RE-ELECT SANDRA MOSS FOR COMPTON UNIFIED SCHOOL DISTRICT 2020 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalial/misc. CMP campaign paraphemalial/misc. MBR member communications MTG meetings and appearances OFC office expenses OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* COL civic donations PET petition circulating PHO phone banks PHO phone banks PHO phone dand survey research Indipendent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services Germany interactive and mailings NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) N/A CAT from 7/1/1/2020 Pag Through 12/30/2020 142 CODE S. If one of the following describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t. v. cable airtime and production of the contribution of the	_ Page 7 of 10				
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and the second s		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
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* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.	8	UBTOTAL \$	
Schedule E Summary					
1. Itemized payments made this period. (Include all Schedul	le E subtotals.)			\$	
2. Unitemized payments made this period of under \$100				\$ <u> </u>	
3. Total interest paid this period on loans. (Enter amount fro					
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Summary Page, Co	olumn A, Line 6.) T	OTAL \$	

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Schedule E				SCHEDULE E (CONT
(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.		Statement covers period 7/1/2020 from	california 460
SEE INSTRUCTIONS ON REVERSE			through <u>12/30/2020</u>	Page of
NAME OF FILER FRIENDS TO RE-ELECT SANDRA MOSS FOR COMPTON UN	NIFIED SCHOOL DISTRICT 2020			I.D. NUMBER 1423656
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^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Accrued Expenses (Unpaid Bills)	to wride dollars.				FORM 400		
SEE INSTRUCTIONS ON REVERSE	er voor en er vander vangelang vreit van de een een een een de seeme	/	through <u>12/30/20</u>	<u> </u>	Page 9 of 10		
NAME OF FILER FRIENDS TO RE-ELECT SANDRA MOSS FOR COMPTON UN	IFIED SCHOOL DISTRICT	2020			I.D. NUMBER 1423656		
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	<u></u>	\$\$		\$		
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized 2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized)	accrued expenses under \$ edule F. Column (c) subtot	3100.)als for payments on			•		
3. Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	·	•					
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Schedule F	Amounts may be round	ded			SCHEDULE F (CONT
(Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.		Statement cov from 7/1/2020	ers period CAL	FORM 460
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NAME OF FILER				I.D. N	NUMBER
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