Recipient Committee Campaign Statement Cover Page			Date Stamp RECEIVED BY LOS ANCEL ES COU	LIFORNIA 460 FORM
	Statement covers period from /-/- 20 2 2	Date of election if applicable: (Month, Day, Year)	2024 July 23 AM 10: 56	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 6-30-2022		CAMPAIGH FINANCE	011712
1. Type of Recipient Committee: All Committees	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	nt Special Od	Statement d-Year Report
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)			·
3. Committee Information	1.D. NUMBER	Treasurer(s)	-	
COMMITTED TO 10: ELECT COMPTON CHIFTED School ANCA D 2020 STREET ADDRESS (NO P.O. BOX)		ED NOTO	N OA 702	AREA CODE/PHONE
CITY STATE Z	P CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	. BOX	MAILING ADDRESS		
CITY STATE Z	P CODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	
Verification I have used all reasonable diligence in preparing and recertify under penalty of perjury under the laws of the State 2.3.			tached schedule	s is true and complete. I
Executed of 1-23-2024			licer of Sponsor	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder Candidate	State Messure Proposer	

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Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from / / 202 CALIFORNIA 460

through (30 - 202 2 Page 3 of 17

DAUS 2020 SEE INSTRUCTIONS ON REVERSE Column A Column B **Calendar Year Summary for Candidates** Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE **General Elections** 1/1 through 6/30 7/1 to Date 2. Loans Received...... Schedule B. Line 3 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made...... Schedule E, Line 4 Candidates 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 Total to Date Date of Election (mm/dd/vv) **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B, add amounts in Column 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 15. Cash Payments Column A, Line 8 above amounts in Column A may be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 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 \$ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any).

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•	Amounts may be rounded to whole dollars.			SCHEDULE B - PART 1						
Schedule B – Part 1 Loans Received					Statement cove	-	CALIFORNIA 460			
Loans Received					from /-/-Z		FORM	100		
SEE INSTRUCTIONS ON REVERSE					through 6-30	1222	Page _6_	of		
NAME OF FILER COMMITTES TO RE-ELECT CHAPPLES DANS							I.D. NUMBER			
COMPTON INIFIED (Cochestalistani ARAD 2020						1919	722		
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	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIR OR FORGIVE THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE		
Charles DAVIS	NeTIRED	12, 50. h	-01	S PAID	15,00,60	70 -	SVAL	S 13, IPO. 6		
Suppres CAGOZZU		\$	s	FORGIVEN \$	ofen	STATE /	1/20	PER ELECTION**		
TOP IND COM OTH PTY SCC				☐ PAID	DATE DUE		DATE INCURRED	CALENDAR YEAR		
				\$. s		s			
				FORGIVEN		RATE		PER ELECTION**		
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$		
				PAID				CALENDAR YEAR		
				\$	s	RATE	\$	\$ PER ELECTION**		
†□IND □ COM □ OTH □ PTY □ SCC		s	\$	s	DATE DUE	s	DATE INCURRED	\$		
SUBTOTALS \$ 0 - \$ - \$ 151 1806 5 -										
Schedule B Summary					- 6 /	(Enter (e) on Sched	ule E, Line 3)			
Loans received this period		.,.,		\$						
(Total Column (b) plus unitemized loan				•	- 4 -	(†	Contributor Codes	;		
2. Loans paid or forgiven this period								ommittee		
(Include loans paid by a third party that	at are also itemized on Sche			<	- 0		(other than	PTY or SCC)		
3. Net change this period. (Subtract Line 2 from Line 1.)										
and the second of the partition	,					s	CC - Small Contri	butor Committee		

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

** If required.

(May be a negative number)

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