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Recipient Committee Campaign StatementCEIVED BY Cover Page LOS ANGELES COUNTY		<u>.</u>	BECEIVED BOUND BENEFIT OF THE STANGELES CO	CALIFORNIA 460
0 12/14/wwo 2020 DEC 24 PM 2:31	Statement covers period from 10/23/2020	Date of election if applicable (Month, Day, Year)	1 12/19/2020	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2020</u>	Nov. 11, 2020	CAMPAIGN FINA	NOE C11477
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	t	Quarterly Statement Special Odd-Year Report
	D. NUMBER 431318	Treasurer(s)		_
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	*	-
Vote4Ku Duarte School Board Candidate 2020		Oziel Hernandez MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY		P CODE AREA CODE/PHONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	Covina NAME OF ASSISTANT TREASUR		91722 818-480-8714
Duarte CA 9101		Jacqueline Ku		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZI	P CODE AREA CODE/PHONE
	· .	Duarte	CA 9	91010 408-533-3835
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	<i>d</i>
vote4ku@gmail.com	The second secon		,	
4. Verification				
I have used all reasonable diligence in preparing and review			herein and in the attached	schedules is true and complete. I
certify under penalty of perjury under the laws of the State of	California that the foregoing is true and a	orrost /	,	
Executed on 1\/1\/20	Ву		•	
Executed on	BySignatur		ble Officer of S	pensor
Executed on	Ву		nent '	
Executed on	BySig	nature of Controlling Officeholder, Candidate,		
		-		EDDC Form 460 (lan/2016))

Recipient Committee Campaign Statement Cover Page — Part 2

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CALIFOR FORM	NIA I	460	
		•	٦

				Primarily Formed Ballot M	iououio		•	
NAME OF OFFICEHOLDER OR CAI	NDIDATE			NAME OF BALLOT MEASURE				
Jacqueline Ku								
OFFICE SOUGHT OR HELD (INCLU	JDE LOCATION AND DIST	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER J	URISDICTION	ON		SUPPORT
Duarte School Board		,						OPPOSE
RESIDENTIAL/BUSINESS ADDRES	S (NO. AND STREET)			Identify the controlling officehold	der, candid	date, or state	measure propo	onent, if any.
		Duarte CA 91010		NAME OF OFFICEHOLDER, CANDIL	DATE, OR P	ROPONENT		
Related Committees Not I	Included in this St	atomont: Listania committees						
not included in this statement that	it are controlled by you o	or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
contributions or make expenditure	es on behalf of your can	didacy.				•		
COMMITTEE NAME		I.D. NUMBER						-
	,			•				
			7	Drimarily Formed Condida	ata/Offia	shaldar Ca	manaleta a	
NAME OF TREASURER		CONTROLLED COMMITTEE?	7.	Primarily Formed Candida officeholder(s) or candidate(s) for	ate/Office	eholder Co	ommittee Lis	t names of i.
NAME OF TREASURER		CONTROLLED COMMITTEE?	7.	officeholder(s) or candidate(s) for	which this	committee is	primarily formed	t names of i.
NAME OF TREASURER COMMITTEE ADDRESS STR	REET ADDRESS (NO P.O.	YES NO	7.	Primarily Formed Candida officeholder(s) or candidate(s) for NAME OF OFFICEHOLDER OR CAN	which this	committee is	ommittee Lis primarily formed JGHT OR HELD	i.
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Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Contributions Passived	Column A	Column B Calendar Year Sun	nmary for Candidates
Vote4Ku Duarte School Board Candidate 2020	_		1431318
NAME OF FILER			I.D. NUMBER
SEE INSTRUCTIONS ON REVERSE		through	Page _3 of17
Summary Page		from 10/23/2020	FORM 460

NAME OF FILER Vote4Ku Duarte School Board Candidate 2020			I.D. NUMBER 1431318
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the 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 0 0 0 0 0	\$\frac{2150}{0}\$ \$\frac{2150}{7835.18}\$ \$\frac{9485.18}{9485.18}\$	Contributions 1/1 through 6/30 7/1 to Date
Expenditures Made 6. Payments Made 7. Loans Made 8. Schedule E, Line 4 7. Loans Made 8. Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 8. Schedule F, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$\frac{307.60}{0}\$ \$\frac{307.60}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$	\$\frac{2436.35}{0}\$ \$\frac{2436.35}{0}\$ \$\frac{0}{0}\$ \$\$\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 11 / 03 / 2020 \$ 2128.75
Current Cash Statement 12. Beginning Cash Balance	0 0 307.60 \$	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,	12 , 31 , 2020 \$ 2436.35 *Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents		only carry over the amounts from Lines 2, 7, and 9 (if an y).	

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

Schedule A Monetary Contributions Received		Amounts may be rounded to whole dollars.				CALIFORNIA 46		
E INSTRUCTIO	ONS ON REVERSE		,	through 10/22/20)20	Page _4	of 17	
ME OF FILER Vote4Ku Du	arte School Board Candidate 2020	· · · · ·				I.D. NUM 1431318	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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
	1	☐IND ☐COM ☐OTH ☐PTY ☐SCC					•	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC		-				
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		☐IND ☐COM ☐OTH ☐PTY ☐SCC				-		
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL \$	5				
Amount re (Include al	A Summary ceived this period – itemized monetary contributions Schedule A subtotals.) ceived this period – unitemized monetary contribution		•		IND- COM OTH PTY	other that Other (e., Political F	t Committee an PTY or SCC) g., business entit	

www.fppc.ca.gov

					1					
Schedule A Monetary C	chedule A (Continuation Sheet) Ionetary Contributions Received		ule A (Continuation Sheet) Amounts may be rounded to whole dollars.			Statement co		SCHEDULE A (CO CALIFORNIA 46		
		-		through	-	Page _5	-			
IAME OF FILER Vote4Ku Duar	te School Board Candidate 2020					143131				
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EÁR	PER ELECTION TO DATE (IF REQUIRED)			
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		□IND □COM □OTH □PTY □SCC					•			

SUBTOTAL \$

*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	An	nounts may be ro to whole dollar			Statement cov	• `.	-	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE	•				through 12/31/2	020	_ Page <u>6</u>	of_ <u>17</u>		
NAME OF FILER							I.D. NUMBER	<u> </u>		
Vote4Ku Duarte School Board Candidate 202	20			-			1431318			
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	RECEIVED THIS	(c) AMOUNT PAI OR FORGIVE THIS PERIOR	N BALANCE AT	(e) INTEREST PAID THIS PERIOD		(g) CUMULATIVE CONTRIBUTION TO DATE		
				☐ PAID				CALENDAR YEAR		
•				\$	_ \$	% RATE	\$	\$		
				FORGIVEN				PER ELECTION*		
†		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$		
T IND COM OTH PTY SCC				PAID	DATE DUE		DATE INCURRED	CALENDAR YEAR		
•				\$	_	. %	\$			
				FORGIVEN		RATE		PER ELECTION**		
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$		
				PAID				CALENDAR YEAR		
				\$	_ \$	%	\$	\$		
				☐ FORGIVEN		RATE		PER ELECTION**		
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$		
	5	SUBTOTALS \$	0 :	\$ 0	\$ 0	\$ 0				
Schedule B Summary						(Enter (e) on Sch	nedule E, Line 3)	· · · · · · · · · · · · · · · · · · ·		
1. Loans received this period				\$ _0						
 (Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that 3. Net change this period. (Subtract Lin Enter the net here and on the Summa 	00 paid or forgiven.) at are also itemized on Sche e 2 from Line 1.)	edule A.)		0		·	†Contributor Codes IND – Individual COM – Recipient C (other than I OTH – Other (e.g., PTY – Political Parl SCC – Small Contri	ommittee PTY or SCC) business entity)		

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

** If required.

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

(May be a negative number)

	Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.			nent covers period 23/2020	CALIFO FOR	
	SEE INSTRUCTIONS ON REVERSE				through _	2/31/2020	Page	of <u>17</u>
	NAME OF FILER Vote4Ku Duarte School Board Candidate 2020			,			I.D. NUMBE 1431318	ER .
	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)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
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7		□ OTH □ PTY □ SCC		DATE			PER ELECTION (IF REQUIRED)	
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		□ OTH □ PTY □ SCC	·	DATE			PER ELECTION (IF REQUIRED)	
)		SUE	BTOTAL \$; 0	Enter on Summary Page, Line 17 only.	

nonetary Contributions Received				1	Statement covers n 10/23/2020	period	CALIFORNIA 460	
S ON REVERSE				thro	ough 12/31/2020	<u> </u>	Page _8	of
: School Board Candidate 2020		· · · · · · · · · · · · · · · · · · ·	. • •					
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	CALENDA DA	TE AR YEAR .	PER ELECTION TO DATE (IF REQUIRED)
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al information on appropriately labeled	continuation	sheets.	SUBT	OTAL S	5	*		
vived this period – itemized nonmonetar Schedule C subtotals.)						IND- COM OTH PTY	- Individual I – Recipier (other th - Other (e. - Political I	nt Committee an PTY or SCC) g., business entity)
	S ON REVERSE e School Board Candidate 2020 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) mal information on appropriately labeled Summary eived this period – itemized nonmonetal Schedule C subtotals.)	S ON REVERSE P School Board Candidate 2020 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) IND	S ON REVERSE 2 School Board Candidate 2020 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) IND	S ON REVERSE 2 School Board Candidate 2020 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FOOMMITTEE, ALSO ENTER LD. NUMBER) CONTRIBUTOR CODE* COM OTH PTY SCC IND COM OTH SCC	S ON REVERSE PSchool Board Candidate 2020 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (CODE OF SELF-EMPLOYBE, ENTER NAME OF BUSINESS) IND	S ON REVERSE S Chool Board Candidate 2020 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OF CODE NAME OF BUSINESS) IND COM OTH PTY SCC IND COM OTH PTY SCC IND SCC SUBTOTAL \$ Submary Eved this period – itemized nonmonetary contributions. Schedule C subtotals.)	S ON REVERSE S Chool Board Candidate 2020 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (PF COMMITTEE, ALSO ENTER LD. NUMBER) CONTRIBUTOR (PF COMMITTEE, ALSO ENTER LD. NUMBER) IND	S ON REVERSE LID. NUMBE 1431318 LID. S ON REVICES LID. NUMBE 1431318 LID. S ON REVICES AMOUNT/ FAIR MARKET CALENDAR YEAR (JAN 1 - DEC 31) CONTRIBUTOR (IF SON MARKE OF BUSINESS) CONTRIBUTOR (IF SAN INDIVIDUAL, ENTER OF GOODS OR SERVICES FAIR MARKET VALUE CAMOUNT/ FAIR MARKET CALENDAR YEAR (JAN 1 - DEC 31) CONTRIBUTOR CONTRIBUTOR (IF SAN INDIVIDUAL, ENTER OF GOODS OR SERVICES FAIR MARKET VALUE CAMOUNT/ FAIR MARKET VALUE CALENDAR YEAR (JAN 1 - DEC 31) CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR (IF SAN INDIVIDUAL, ENTER OF GOODS OR SERVICES FAIR MARKET VALUE CALENDAR YEAR (JAN 1 - DEC 31) CONTRIBUTOR CO

ndidates, Measures and Committees			from 10/23/2020		FORM 9 17	
	ONS ON REVERSE			through 12/31/2020		ge of
OF FILER 4Ku Dua	arte School Board Candidate 2020				1	NUMBER 31318
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 TO CALENDAR YE (JAN. 1 - DEC. 3	AR TO DA
		Monetary Contribution				
;		☐ Nonmonetary Contribution				
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	,	Nonmonetary Contribution	-		-,	
	☐ Support ☐ Oppose	Independent Expenditure				
			SUBTOTAL	\$ 0		
nedule	D Summary	2				
omizad c	contributions and independent expenditures made	a this period (Include	e all Schedule D subtotale	-		0

Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole doll		Statement covers period from $\frac{10/23/2020}{\text{through}}$		CALIFORNIA 460 Page 10 of 17	
ME OF FILER ote4Ku Dua	rte School Board Candidate 2020					I.D. NUM 143131	
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	CUMULATIV CALENDA (JAN. 1 - E	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
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	☐ Support ☐ Oppose	Expenditure Monetary Contribution Nonmonetary Contribution Independent					
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		☐ Monetary Contribution ☐ Nonmonetary					
	☐ Support ☐ Oppose	Contribution Independent Expenditure				٠.	

Schedule E	Amounts may be rounded to whole dollars.					
Payments Made					from	

1431318

Vote4Ku Duarte School Board Candidate 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 meetings and appearances MTG meetings and appearances MTG ordinations meetings and appearances ordinate filling/ballot fees MTG ordinations MTG meetings and appearances MTG ordinations MTG ordinations MTG meetings and appearances MTG ordinations SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TEL t.v. or cable airtime and production costs TEL t.v. or cable airtime and production costs TTC candidate travel, lodging, and meals

FIL candidate filing/ballot fees PHO phone banks
FND fundraising events
FND independent expenditure supporting/opposing others (explain)*
FND independent expenditure supporting/opposing others (expl

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 LD. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
JOHN PATRICK,	ATASCADERO, CA 93422	CNS	SPEECH CONSULTANT	120
DEMOCRACY ENGINE		RFD	RETURNED \$100 PLUS FEE	149.20

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

SUBTOTAL \$ 269.20

Schedule E Summary

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER -

			× .	
Schedule E				SCHEDULE E (CONT
(Continuation Sheet) Payments Made	Amounts may be to whole do		Statement covers period from	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		•	through <u>12/31/2020</u>	Page 12 of 17
NAME OF FILER	•			I.D. NUMBER
Vote4Ku Duarte School Board Candidate 2020				1431318
CODES: If one of the following codes accurately describe	es the payment, y	ou may enter the code.	Otherwise, describe the paymer	nt.
CMP campaign paraphernalia/misc.	MBR member com		RAD radio airtime and product	ion costs
CNS campaign consultants		l appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office expens PET petition circul		SAL campaign workers' salarion TEL t.v. or cable airtime and p	
FIL candidate filing/ballot fees	PHO phone banks		TRC candidate travel, lodging,	
FND fundraising events	POL polling and st		TRS staff/spouse travel, lodging	
IND independent expenditure supporting/opposing others (explain)*		very and messenger services		tees of the same candidate/sponsor
LEG legal defense LIT campaign literature and mailings	PRO professionals PRT print ads	services (legal, accounting)	VOT voter registration WEB information technology co	osts (internet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
				

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					SCHEDOLE	
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be roun to whole dollars.	ded	Statement cov		CALIFORNIA 460	
	•		12/31/2	020		
SEE INSTRUCTIONS ON REVERSE			through	Pag	e_13 of_17	
NAME OF FILER	· ·	μ.	· _ ·	I.D. N	UMBER	
Vote4Ku Duarte School Board Candidate 2020				143	1318	
CODES. If one of the fellowing codes convertely describe	a the neumant wall may	antar the sade. Oth	onuino doporibo th			
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc.	es the payment, you may MBR member communication		RAD radio airtime a			
CNS campaign consultants	MTG meetings and appeara		RFD returned contr	ibutions		
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office expenses PET petition circulating		SAL campaign work	kers' salaries time and production cos	ets	
FIL candidate filing/ballot fees	PHO phone banks		TRC candidate trav	el, lodging, and meals		
FND fundraising events IND independent expenditure supporting/opposing others (explain)*	POL polling and survey rese POS postage, delivery and r		TRS staff/spouse tr	avel, lodging, and meals en committees of the sa	s me candidate/sponsor	
LEG legal defense	PRO professional services (VOT voter registrati	on	•	
LIT campaign literature and mailings	PRT print ads		VVEB Information tec	chnology costs (internet,	e-mail)	
		(a)	(b)	(c)	(d)	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING	AMOUNT INCURRED	AMOUNT PAID THIS PERIOD	OUTSTANDING BALANCE AT CLOSE	
(1		OF THIS PERIOD	THIS PERIOD	(ALSO REPORT ON E)	OF THIS PERIOD	
•						
					-	
					<u> </u>	
* Payments that are contributions or independent expenditures must also be	SUBTOTALS	\$ 0	\$ 0	5 0	\$ 0	
summarized on Schedule D.						
Schedule F Summary						
 Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized) 	Schedule F, Column (b) su accrued expenses under S	btotals for \$100.)	INCU	RRED TOTALS \$	0	
2. Total accrued expenses paid this period. (Include all Scho	edule F. Column (c) subtot	als for payments on				
accrued expenses of \$100 or more, plus total unitemized	payments on accrued exp	enses under \$100.).		PAID TOTALS \$		
3. Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	ter the difference here and			NET \$	0	
					May be a negative number	

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•	·	,					
Schedule F	Amounts may be rounded	,	SCHEDULE F (CON				
(Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement covers period from 10/23/2020	FORM 460				
	•	through <u>12/31/2020</u>	Page of				
NAME OF FILER			I.D. NUMBER				
Vote4Ku Duarte School Board Candidate 2020		•	1431318				
CODES: If one of the following codes accurately describe	es the payment, you may enter the code. (Otherwise, describe the payment.					
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 communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the candidate travel, lodging, and the staff/spouse travel, lodging, a staff/spouse travel, lodging, a transfer between committees voter registration WEB information technology costs	uction costs I meals ind meals of the same candidate/sponsor				

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

	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 PÉRIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
*.						
<u> </u>						·
		SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0

	unts may be ro to whole dollar		Statement covers period from $\frac{7/1/20}{}$ through $\frac{9/24/20}{}$	CALIFORNIA 460 FORM Page 15 of 17 I.D. NUMBER 1431318
NAME OF AGENT OR INDEPENDENT CONTRACTOR		·		1431316
CODES: If one of the following codes accurately describes the payment comparing paraphernalia/misc. 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 * Payments that are contributions or independent expenditures must also be summarized on States.	communications and appearanc penses irculating inks de survey resear delivery and me nal services (leg	es ch ssenger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro candidate travel, lodging, at Staff/spouse travel, lodging, and the salaries staff/spouse travel, lodging, and the salaries salaries salaries and production and the salaries salaries and production and the salaries salaries and production and the salaries salaries and production are travel.	n costs duction costs nd meals and meals es of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DR	DESCRIPTION OF PAYMENT	AMOUNT PAID
			:	
			,	

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

^{*} 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*	! 1		nay be rounded ble dollars.		Statement cover from 10/23/2020	-	CALIFORN FORM	VIA 460
SEE INSTRUCTIONS ON REVERSE					through 12/31/2	020	Page <u>16</u>	of 17
NAME OF FILER				<u> </u> _			I.D. NUMBER	
Vote4Ku Duarte School Board Candidate 202	20						1431318	
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 O FORGIVENES: THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
	-			☐ PAID				CALENDAR YEAR
V				\$	\$	RATE	\$	\$PER ELECTION**
·		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID	···			CALENDAR YEAR
1			;	\$	\$	RATE	\$	\$PER ELECTION**
· .		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0	A STATE OF THE STA	A desired to the second
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary					. 0		,	
Loans made this period(Total Column (b) plus unitemized loan Payments received on loans	s of less than \$100.)				\$			**If Required
(Total Column (c) plus unitemized payr 3. Net change this period. (Subtract Line)	nents of less than \$100.) 2 from Line 1.)				NET \$			
(Enter the net here and on the Summa	ry Page, Column A, Line 7.)						

(May be a negative number)

chedule I liscellaneous Increases to Cash EE INSTRUCTIONS ON REVERSE AME OF FILER	Amounts may be ro to whole dollar		Statement covers period from $\frac{9/24/20}{10/22/20}$ through	CALIFORNIA 460 FORM Page 17 of 17 I.D. NUMBER
AME OF FILER	· · · · · · · · · · · · · · · · · · ·			Page 17 of 17
AME OF FILER	-		through	
AME OF FILER	-		· .	
	-			
7ote4Ku Duarte School Board Candidate 2020				1431318
DATE FULL NAME AND ADDRESS OF SOURCE RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	CRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	-			
	-			
Attach additional information on appropriately labeled continuation sheets.	<u> </u>		SUBTOTAL	\$ 0
chedule I Summary Itemized increases to cash this period.			\$_0	
. Unitemized increases to cash of under \$100 this period			\$ ⁰	. ,
. Total of all interest received this period on loans made to others. (So				
. Total miscellaneous increases to cash this period. (Add Lines 1, 2, a Summary Page, Line 14.)	nd 3. Enter here and	d on the	0	- - FPPC Form 460 (Jan/2016))

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