

**Recipient Committee
Campaign Statement
Cover Page**

2020-3- Termination

COVER PAGE

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CAMPAIGN FINANCE

CALIFORNIA FORM 460
Page 1 of 10
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020794
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Statement covers period
from 10/18/2020
through 12/31/2020

Date of election if applicable:
(Month, Day, Year)
November 3, 2020

SEE INSTRUCTIONS ON REVERSE

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

3. Committee Information

I.D. NUMBER
1428166

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

Caroline Anderson for LCUSD School Board 2020

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
La Canada	CA	91011	3106003027

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

lezchang@yahoo.com

Treasurer(s)

NAME OF TREASURER

Leslie Chang

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
La Canada	CA	91011	3106003027

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

lezchang@yahoo.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

ched schedules is true and complete. I

Executed on 12/20/2020
Date

By Leslie Chang
Signature

Executed on 12/28/2020
Date

By Caroline Anderson
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
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

Caroline Anderson

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

La Canada Unified School District School Board

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

La Canada CA 91011

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
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	-----------------------------------------------------------------------------------

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
-------------------	-----------------------------------------------------------------------------------

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---------------------------------------------------------------------

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---------------------------------------------------------------------

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---------------------------------------------------------------------

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>10</u>
	I.D. NUMBER 1428166

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Caroline Anderson for LCUSD 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	\$ 7,750	\$ 35,738
2. Loans Received..... Schedule B, Line 3	0	0
SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 7,750	\$ 35,738
4. Nonmonetary Contributions..... Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED.....Add Lines 3 + 4	\$ 7,750	\$ 35,738

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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 21,110.98	\$ 34,521.34
7. Loans Made..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 21,110.98	\$ 34,521.34
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0	0
10. Nonmonetary Adjustment..... Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 21,110.98	\$ 34,521.34

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

Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 14,577.64
13. Cash Receipts..... Column A, Line 3 above	7,750
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
15. Cash Payments..... Column A, Line 8 above	22,327.64
16. ENDING CASH BALANCE.....Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0

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.

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ 0
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 0

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
	Page <u>4</u> of <u>10</u>
NAME OF FILER Caroline Anderson for LCUSD School Board 2020	I.D. NUMBER 1428166

SEE INSTRUCTIONS ON REVERSE

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/2020	Jamie Jacobs La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$200	\$200	
10/23/2020	Lauren Morgan La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$100	\$100	
10/23/2020	Angeline Ong La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doctor at Kaiser Permanente	\$100	\$100	
10/24/2020	Christine Harada La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Venture Partner at Ridge Lane LP	\$100	\$100	
10/24/2020	Andy Klemmer La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Author	\$250	\$250	

SUBTOTAL \$ 750

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 7,500
- Amount received this period – unitemized monetary contributions of less than \$100\$ 250
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** 7,750

*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.)

Statement covers period from <u>10/19/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>10</u>

NAME OF FILER Caroline Anderson for LCUSD School Board 2020	I.D. NUMBER 1428166
----------------------------------------------------------------	------------------------

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/2020	Jamie Jacobs La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$200	\$200	
10/23/2020	Lauren Morgan La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$100	\$100	
10/23/2020	Angeline Ong La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doctor at Kaiser	\$100	\$100	
10/24/2020	Christine Harada La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Venture Partner at Ridge Lane LP	\$100	\$100	
10/24/2020	Andy Klemmer La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Author	\$250	\$250	
SUBTOTAL \$ 750						

*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.)

Statement covers period from <u>10/19/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>10</u>

NAME OF FILER Caroline Anderson for LCUSD School Board 2020	I.D. NUMBER 1428166
----------------------------------------------------------------	------------------------

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2020	Brent Woods La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director (American Dad TV Show)	\$100	\$100	
10/24/2020	Melissa Mazin La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$500	\$500	
10/24/2020	George Whitesides La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Space Officer at Virgin Galactic	\$500	\$500	
10/24/2020	Duong Trinh La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$250	
10/24/2020	Heather Cohen Pasadena, CA 91104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100	\$100	
SUBTOTAL \$ 1,450						

*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.)

Statement covers period from <u>10/19/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>10</u>
I.D. NUMBER 1428166	

NAME OF FILER
Caroline Anderson for LCUSD 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2020	Diane Farr La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Actress	\$100	\$100	
10/24/2020	Monique Bonnici La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney at Winston & Strawn LLP	\$200	\$200	
10/24/2020	Jessica Jacobs La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auditor at Mercury Insurance	\$100	\$100	
10/26/2020	Seung Chung La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President at Cashmere Agency	\$100	\$100	
10/26/2020	Octavia Thuss La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$1,000	\$1,000	
SUBTOTAL \$ 1,500						

*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.)

Statement covers period from <u>10/19/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>10</u>
	I.D. NUMBER 1428166

NAME OF FILER
Caroline Anderson for LCUSD 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/28/2020	Neal Brockmeyer La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250	\$1,250	
10/28/2020	Nicole Sharma La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$250	\$250	
10/31/2020	Tracey Nelson La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor at Dilbeck Realtors	\$100	\$100	
		<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 \$ 600						

*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 E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/18/2020	
through	12/31/2020	Page 9 of 10
NAME OF FILER		I.D. NUMBER
Caroline Anderson for LCUSD School Board 2020		1428166

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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
EIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FID 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
Primo Graphics Inc. Burbank, CA 91502	LIT POS	Sent payment via Bank account to company that printed postcard mailers and includes postage	\$11,133.52
Outlook Newspapers La Canada, CA 91011	PRT	Sent payment via Bank account to pay for Ads in local newspaper	\$6,520
Paypal San Jose CA 95131	WEB	fees for receiving online donations	\$167.31

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

SUBTOTAL \$ 17,820.83

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 22,268.89
2. Unitemized payments made this period of under \$100.....	\$ 58.75
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$ 22,327.64

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>10</u>
	I.D. NUMBER 1428166

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Caroline Anderson for LCUSD 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 |
| 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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Marcotte Anderson La Canada, CA 91011	CMP	Reimbursement from bank account to campaign volunteer for misc expenses (GoDaddy, Victory party food/bev)	\$1,938.38
TOSKR, Inc dba GetThru Alameda, CA 94501	WEB	debit card payment to text message service	\$243.84
Hill Street Cafe La Canada, CA 91011	MTG	Election Night gathering - beverages for committee volunteers	\$103.48
La Canada Imports La Canada, CA 91011	MTG	Celebration / thank you to supporters - victory party	\$184.45
La Canada Flintridge Educational Foundation La Canada, CA 91011	CVC	Charitable donation of remaining campaign funds	\$1,977.91

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

SUBTOTAL \$ 4,506.81

2020-3-Termination

REMOVE O.L.

Statement of Organization Recipient Committee

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified OR <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	12 / 22 / 2020

Date Stamp
12-30-20 (1)
 RECEIVED BY
 LOS ANGELES COUNTY
 2021 JAN -4 PM 2:37
 CAMPAIGN FINANCE

CALIFORNIA FORM 410
 For Official Use Only
 020794
 C11311

1. Committee Information				I.D. Number (if applicable)				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Caroline Anderson for LCUSD School Board 2020				NAME OF TREASURER Leslie Chang				STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O. BOX)				CITY La Canada		STATE CA		ZIP CODE 91011		AREA CODE/PHONE 3106003027	
CITY La Canada		STATE CA		ZIP CODE 91011		AREA CODE/PHONE 3106003027		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				CITY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) lezchang@yahoo.com				STATE				ZIP CODE		AREA CODE/PHONE	
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE La Canada Flintridge		NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)			
CITY				STATE		ZIP CODE		AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.											

3. Verification

I have used all reasonable diligence in preparing this statement and certify that the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under

penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under

Executed on 12/28/2020 By _____
DATE

Executed on 12/28/2020 By _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

OR ASSISTANT TREASURER _____

CANDIDATE, OR STATE MEASURE PROPONENT _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT _____

MLV

