## Recipient Committee Campaign Statement



<u> </u>	COVER PAGE
Date Stamp RECEIVED BY SANGELES POLIT	CALIFORNIA 460
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Cover Page		ELES COUNTY	OF ANGELES	<i>,</i>	FORM 1 of 4
SEE INSTRUCTIONS ON REVERSE	from // //		X	M 3: 00	For Official Use Only  015069
1. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		/	
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Use Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Use Complete Part 7)	<ul> <li>□ Preelection Statement</li> <li>☑ Semi-annual Statement</li> <li>□ Termination Statement</li> <li>(Also file a Form 410 Te</li> <li>□ Amendment (Explain be</li> </ul>	mination)	☐ Quarterly St☐ Special Odd	atement -Year Report
s Committee Information	NUMBER 403086	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	<del></del>		
SHIN LIU 4 CERRITOS COLLEGE BOARD, 20°	18	Shin Liu MAILING ADDRESS		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
· · · · · · · · · · · · · · · · · · ·		Cerritos	CA	907031562	2
CITY STATE ZIP COL		NAME OF ASSISTANT TREASURER	R, IF ANY	_	
Cerritos CA 90703  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	562 213 3107	MAILING ADDRESS			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	s		
1. Verification					
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of Executed on Date  Executed on Date	California that the foregoing is true and  By  BySignature of Controll  BySignature Signature Signature	ing Officeholder, Candidate, State Measure Pro- nature of Controlling Officeholder, Candidate, S	rer eponent or Responsible Office		is true and complete. I
Executed onDate	BySigi	nature of Controlling Officeholder, Candidate, S	state Measure Proponent		EDDC Form 460 (lon /2016)

FPPC Form 460 (Jan/2016)

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## Recipient Committee Campaign Statement Cover Page — Part 2

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. Officeholder or Candidate Controlled Committee	e ·	6.	Primarily Formed Ballot	Measure C	ommittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Shin Liu						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUM	MBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	N .	SUPPORT
Cerritos College Board Member, district #5						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP		Identify the controlling officel	older candid	ata or state measure r	proponent if any
Cerritos	CA 90703					ioponent, ii atiy.
			NAME OF OFFICEHOLDER, CAND	IDATE, OR PRO	PONENT	
Related Committees Not Included in this Statem not included in this statement that are controlled by you or are contributions or make expenditures on behalf of your candidacy	primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	NUMBER					
.]						
		7.	Primarily Formed Cand	idate/Office	holder Committee	List names of
NAME OF TREASURER CO	NTROLLED COMMITTEE?		officeholder(s) or candidate(s)	for which this c	committee is primarily fo	ormed.
	YES NO		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HE	LD
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)						SUPPORT OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT
						OPPOSE
COMMITTEE NAME	NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HE	LD _
				,		SUPPORT OPPOSE
NAME OF TREASURER	NTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	YES NO					OPPOSE
OUMINITIEE ADDRESS STREET ADDRESS (NO F.O. BOX)				1		
CITY STATE ZIP CODE	AREA CODE/PHONE		Attac	: h continuation	n sheets if necessary	
			711111	1		

## **Campaign Disclosure Statement** Summary Page

Amounts may be rounded to whole dollars.

<u>1</u>	SUMMARY PAG				
Statement covers period 7/1/2021	CALIFORNIA 460				
through 12/30/2021	Page3 of4				
	I.D. NUMBER				
	1402086				

SEE INSTRUCTIONS ON REVERSE NAME OF FILER SHIN LIU 4 CERRITOS COLLEGE BOARD, 2018 #1403086 1403086 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 0 1. Monetary Contributions...... 'Schedule A, Line 3 7/1 to Date 1/1 through 6/30 1.000 20. Contributions 1,000 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ \_\_\_\_\_ Received 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 1,000 0 Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ \_\_\_\_\_\_ **Expenditures Made Expenditure Limit Summary for State Candidates** 1,000 7. Loans Made...... Schedule H, Line 3 22. C mulative Expenditures Made\* 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 0 Date of Election Total to Date (mm/dd/yy) 0 \$ \_\_ 11. TOTAL EXPENDITURES MADE.......Add Lines 8 + 9 + 10 \$ \_\_\_\_\_ **Current Cash Statement** 5.084 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 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 5.084 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 \$ \_\_\_\_\_ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents...... See instructions on reverse \$ \_\_\_\_ 1,000 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016)

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Schedule B – Part 1 Loans Received	An	nounts may be ro to whole dollar		· · · · · · · · · · · · · · · · · · ·	Statement cov	ers period	SCHE CALIFORN FORM	DULE B - PART
SEE INSTRUCTIONS ON REVERSE				,	through12/	30/2021	Page 4	of4
NAME OF FILER					ſ		I.D. NUMBER	-
SHIN LIU 4 CERRITOS COLLEGE BOA	RD, 2018 #1403086				ţ	-	1403086	
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 *	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Shin Liu Cerritos, CA. 90703	Rio Hondo College Professor		1,000	PAID  \$0  FORGIVEN	s 1,000	% RATE	ş <u>1,000</u>	\$ 1,000 PER ELECTION
† IND COM OTH PTY SCC	L.	\$ <u>0</u>	\$1,000	\$0	2022 DATE DUE	\$0	9/15/201 DATE INCURRED	sN/A
†   IND   COM   OTH   PTY   SCC		\$	s	PAID  S  FORGIVEN  S	\$	%	\$	CALENDAR YEAR  \$  PER ELECTION'  \$
†   IND   COM   OTH   PTY   SCC	,	s	s	PAID  S FORGIVEN  \$	\$DATE DUE	% % \$\$	\$	SS
		SUBTOTALS \$	1,000	\$ 0	\$ 1,000	\$ 0		
Schedule B Summary  1. Loans received this period (Total Column (b) plus unitemized loan	ns of less than \$100.)				0		Contributor Codes	
<ol><li>Loans paid or forgiven this period</li><li>(Total Column (c) plus loans under \$1</li></ol>	00 paid or forgiven.)			\$	<b>-</b>		OM – Recipient C	ommittee PTY or SCC)

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

Enter the net here and on the Summary Page, Column A, Line 2.

(Include loans paid by a third party that are also itemized on Schedule A.)

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(May be a negative number)

(other than PTY or SCC)

OTH - Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee