Recipient Committee							COVER PAG
Campaign Statement Cover Page		:			Date Stamp	F	FORNIA 460
			Statement covers period 7/1/2021	Date of election if applicable: (Month, Day, Year)	LOS ANGELE	C CRE MITY	For Official Use Only
SEE INSTRUCTIONS ON REVERSE		throu	gh <u>12/31/2021</u>		2022 JAN 13	PM 2: 40	
. Type of Recipient Commit	tee: All Committe	es – Complete P	arts 1, 2, 3, and 4.	2. Type of Statement:	URTHAILER		
Officeholder, Candidate Contro State Candidate Election Con Recall (Also Complete Part 5)	illed Committee ommittee	Committe Q Contr	rolled sored	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Amendment (Explain	ent nt Termination)	Quarterly Stat Special Odd-\	ement ⁄ear Report
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	ee mittee		Formed Candidate/ der Committee e Part 7)				
B. Committee Information	:	1.D. NUMBI 1425133		Treasurer(s)		/ ·	
COMMITTEE NAME (OR CANDIDATE'S	NAME IF NO COMM	AITTEE)		NAME OF TREASURER			
Democratic Parents		199	and the supplemental state of the supplement	Jenna Schwartz MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)				Valley Village	STATE CA	ZIP CODE 91607	AREA CODE/PHONE 818-506-8812
CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASE			
Sherman Oaks MAILING ADDRESS (IF DIFFERENT) No	CA O. AND STREET OR	91423 P.O. BOX	917-747-4553	MAILING ADDRESS			
СІТУ	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	erri di			OPTIONAL: FAX / E-MAIL ADD	RESS	· · · · · · · · · · · · · · · · · · ·	
OPTIONAL: FAX/E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADD	RESS	· · · · · · · · · · · · · · · · · · ·	

4.	Verit	fica	tion
<b></b>	veii	ııca	

Executed on 12 24 21	Ву.	ure of Treasurer or Assistant Treasurer
Executed on 12 2 17262	Ву.	Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on 1212TTQT	By.	ng Officeholder, Candidate, State Measure Proponent
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent

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## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
Page 2 of 17

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE		······································			
and the second of the second of the second of						·		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	1-	SUPPORT OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling office	holder, candidate,	or state measure prop	onent, if any.		
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PROPO	DNENT			
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	IF ANY		
COMMITTEE NAME	I.D. NUMBER				····			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	. Primarily Formed Cano officeholder(s) or candidate(s)	for which this comn	nittee is primarily forme	ed.		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	iox)		NAME OF OFFICEHOLDER OR	CANDIDATE OFF	FICE SOUGHT OR HELD	SUPPORT OPPOSE		
CITY STATE ZIP CO			NAME OF OFFICEHOLDER OR	CANDIDATE OFF	FICE SOUGHT OR HELD	SUPPORT OPPOSE		
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE OFF	FICE SOUGHT OR HELD	SUPPORT OPPOSE		
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE OFF	TICE SOUGHT OR HELD	SUPPORT OPPOSE		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E			Atta	ch continuation sh	eets if necessary			

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER **Democratic Parents**  Amounts may be rounded

SUMMARY PAGE

Jiatement	to whole dollars.	Statement covers period from 71/2021	california 460
		through 12/31/2021	Page 3 of 17
			1.D. NUMBER 1425133
	Column A Column TOTAL THIS PERIOD CALENDAR (FROM ATTACHED SCHEDULES) TOTAL TO		ımmary for Candidates the State Primary and

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 General Elections
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	\$\frac{1310}{0}\$ \$\frac{1310}{0}\$ \$\frac{1310}{0}\$ \$\frac{1310}{0}\$	20. Contributions Received \$ \$  21. Expenditures Made \$ \$ \$
Expenditures Made  6. Payments Made  7. Loans Made  8. SUBTOTAL CASH PAYMENTS  9. Accrued Expenses (Unpaid Bills)  10. Nonmonetary Adjustment  11. TOTAL EXPENDITURES MADE  12. Beginning Cash Balance  13. Cash Receipts  14. Miscellaneous Increases to Cash  15. Cash Payments  16. ENDING CASH BALANCE  17. Add Lines 8 + 9 + 10  Schedule F, Line 3  Add Lines 8 + 9 + 10  Current Cash Statement  12. Beginning Cash Balance  13. Cash Receipts  14. Miscellaneous Increases to Cash  15. Cash Payments  16. ENDING CASH BALANCE  17. Add Lines 12 + 13 + 14, then subtract Line 15  18. Schedule E, Line 4  19. Accrued Expenses (Unpaid Bills)  10. Nonmonetary Adjustment  11. Frevious Summary Page, Line 3  12. Column A, Line 3 above  13. Cash Receipts  14. Miscellaneous Increases to Cash  15. Cash Payments  16. ENDING CASH BALANCE  17. Add Lines 12 + 13 + 14, then subtract Line 15  18. Schedule E, Line 4  19. Add Lines 12 + 13 + 14, then subtract Line 15  19. Add Lines 12 + 13 + 14, then subtract Line 15  19. Accrued Expenses  19. Add Lines 12 + 13 + 14, then subtract Line 15  19. Add Lines 12 + 13 + 14, then subtract Line 15  19. Accrued Expenses  19. Add Lines 12 + 13 + 14, then subtract Line 15  19. Accrued Expenses  19. Accrued Expenses  19. Add Lines 12 + 13 + 14, then subtract Line 15  19. Accrued Expenses  19. Add Lines 12 + 13 + 14, then subtract Line 15  19. Accrued Expenses  19. Add Lines 12 + 13 + 14, then subtract Line 15  19. Accrued Expenses  19. Accrued Expenses  19. Add Lines 12 + 13 + 14, then subtract Line 15  19. Accrued Expenses  19. Add Lines 12 + 13 + 14, then subtract Line 15	0 0 1111 \$ 3474.03 100	\$ 3074.69  0 \$ 3074.69  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	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)  \$  *Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED		this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule Monetary	A Contributions Received			its may be rounded whole dollars.	Statement co	vers period		SCHEDULE FORNIA 460 ORM
SEE INSTRUCTIO	NS ON REVERSE				through 12/31/2	021	Page	4 17
NAME OF FILER  Democratic P	arents						1.D. NI 142513	JMBER 33
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP COD CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	E OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYEI (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
			D M H S C C C C C C C C C C C C C C C C C C					
			☐IND ☐COM ☐OTH ☐PTY ☐SCC					
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		ing services of the services o	IND COM OTH PTY SCC					
			□IND □COM □OTH □PTY □SCC					
			18	SUBTOTA	L\$0			
Amount re (Include al	A Summary ceived this period – itemized monetary con I Schedule A subtotals.)	······································		\$ -	100	IND COM OTH	(other	ial ient Committee than PTY or SCC) (e.g., business entity)

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## Schedule A (Continuation Sheet) Monetary Contributions Received Amounts may be rounded to whole dollars. SCHEDULE A (CONT.) Statement covers period CALIFORNIA from 7/1/2021 **FORM** through 12/31/21 I.D. NUMBER NAME OF FILER **Democratic Parents** 1425133

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH				
		□ PTY □ SCC				
	\\.\\\\\\\\	□IND □COM □OTH	s' e			
		□ PTY □ SCC				
		COM COTH				
		□ PTY □ SCC				
		□IND □COM □OTH □PTY □SCC				
		□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 2 Loan Guarantors  SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Democratic Parents		Amounts may be rounded to whole dollars.		from <u>7/1</u>	12/31/2021	Page I.D. NUMBER 1425133	7 of 17
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	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND □COM □OTH □PTY □SCC		LENDER			\$PER ELECTION (IF REQUIRED)	
	□IND □COM □OTH □PTY □SCC		LENDER			\$PER ELECTION (IF REQUIRED)	
	□IND □COM □OTH □PTY □SCC		LENDER			\$ PER ELECTION (IF REQUIRED)	
	□IND □COM □OTH □PTY □SCC		LENDER			\$ PER ELECTION (IF REQUIRED)	
			SUE	STOTAL	B Communication	Enter on Summary Page, Line 17 only.	

Nonmon	e C letary Contributions Received		to whole dollars.		fron	Statement covers p n 7/1/2021	period	FU	
	TIONS ON REVERSE				thro	ugh 12/31/2021		Page	8 of 17
Democratic								1.D. NUME 1425133	
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Compagnical Compagnical South And Compagnical		OTH SCC							
		□IND □COM □OTH □PTY □SCC							
Attach add	litional information on appropriately labeled	l continuation	sheets.	SUBTO	TAL \$				
1. Amount in (Include) 2. Amount in	e C Summary received this period – itemized nonmoneta all Schedule C subtotals.) received this period – unitemized nonmone	etary contribut					OTH	(other the - Other (e Political F	nt Committee an PTY or SCC) g., business entity)
3. Total non (Add Line	nmonetary contributions received this perioes 1 and 2. Enter here and on the Summar	d. ry Page, Colui	mn A, Lines 4 and 10.)	ТОТА	L \$ _0				

Candidates, Measures and Committees  EE INSTRUCTIONS ON REVERSE  JAME OF FILER  Democratic Parents  NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE    Monetary Contribution   Independent Expenditure   Monetary Contribution   Independent	through 12/31/2021  AMOUNT THIS PERIOD	Page I.D. NUM 142513  CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	3
Democratic Parents    Date   Name of Candidate, Office, and District, OR Measure Number or Letter and Jurisdiction, OR Committee   Type of Payment (IF Required)		142513 CUMULATIVE TO DATE CALENDAR YEAR	PER ELECTION TO DATE
DATE  MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE    Monetary Contribution   Nonmonetary Contribution   Independent Expenditure   Monetary Contribution   Nonmonetary Contribution   Nonmonetary Contribution   Nonmonetary Contribution   Nonmonetary Contribution   Nonmonetary Contribution   Independent Expenditure   Monetary Contribution   Independent   I		CALENDAR YEAR	TO DATE
Contribution  Nonmonetary Contribution  Independent Expenditure  Monetary Contribution  Nonmonetary Contribution  Independent Expenditure  Nonmonetary Contribution  Independent Expenditure  Monetary Contribution  Independent Expenditure  Monetary Contribution  Independent Expenditure  Monetary Contribution  Nonmonetary			
Contribution Independent Expenditure  Monetary Contribution Nonmonetary Contribution Independent Expenditure  Monetary Contribution  Independent Expenditure  Nonmonetary Contribution Independent Expenditure  Monetary Contribution Independent Expenditure	The state of the s		the first of the second
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Li Noninonetary			
Contribution			
Support Oppose Expenditure			The State of the second
SUBTOTA	AL \$ 0		
Schedule D Summary			<b>^</b>
. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtota	als.)	\$	,
. Uniternized contributions and independent expenditures made this period of under \$100			,

Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees	Amounts may I to whole d		Statement covers from 7/1/2021 through 12/31/2021		SCHEDULE D (CONT.)  CALIFORNIA 460  FORM  Page 10 of 17	
NAME OF FILER  Democratic Parents				are en la Ma	1.D. NUMBE 1425133	R
NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DATE MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE 1 CALENDAR (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure					
The state of the s	Expenditure  Monetary Contribution  Nonmonetary Contribution  Independent					
□ Support □ Oppose	Expenditure  Monetary Contribution  Nonmonetary Contribution  Independent Expenditure					

Schedule E Payments Made	Amounts may be rounded to whole dollars.		Statement covers period from 7 1 2	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Democratic Parents			through 12   31   21	Page of	
CODES: If one of the following codes accurately des  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearances ses lating	therwise, describe the payment.  RAD radio airtime and production or returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and product TRC candidate travel, lodging, and staff/spouse travel, lodging, and transfer between committees or voter registration WEB information technology costs (in	osts ction costs meals d meals of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
english and the second					
* Payments that are contributions or independent expenditures must a	also be summarized on Scho	edule D.	SUB	TOTAL \$	
Schedule E Summary  1. Itemized payments made this period. (Include all School)  2. Unitemized payments made this period of under \$100	) <u> </u>			\$	
<ul><li>3. Total interest paid this period on loans. (Enter amount</li><li>4. Total payments made this period. (Add Lines 1, 2, and</li></ul>	t from Schedule B, Pa d 3. Enter here and on	rt 1, Column (e).) the Summary Page, Colur	nn A, Line 6.) TOT	AL \$ 111	

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Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may be rounded to whole dollars.	7/1/2021 from	SCHEDULE E (CONT.) LIFORNIA 460 FORM  ge 12 of 17 NUMBER
Democratic Parents  CODES: If one of the following codes accurately decomposition paraphernalia/misc.  CNS campaign consultants.  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND independent expenditure supporting/opposing others (explain legal defense  LTC 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	code. Otherwise, describe the payment.  RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and meal TRS staff/spouse travel, lodging, and meal transfer between committees of the	ls eals e same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

SUBTOTAL \$

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Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement covers period from 7/1/2021		FORM 460
SEE INSTRUCTIONS ON REVERSE		Park Street	through 12/31/20	021	Page 13 of 17
NAME OF FILER Democrtic Parents			·		.D. NUMBER 1425133
CODES: If one of the following codes accurately described 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 communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	ns nces earch nessenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production costs butions kers' salaries time and productio el, lodging, and me avel, lodging, and ren committees of thon	n costs als neals ne same candidate/sponsor
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 PERIOD	(c) AMOUNT PAI THIS PERIOD (ALSO REPORT OF	BALANCE AT CLOSE
			est frage Les		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS		<b>.</b>	<b>1</b>	\$
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total unitemized.)  2. Total accrued expenses paid this period. (Include all Sch	d accrued expenses under S	\$100.)			
<ol> <li>Total accrued expenses paid this period. (Include all Schaccrued expenses of \$100 or more, plus total unitemized</li> <li>Net change this period. (Subtract Line 2 from Line 1. Er on the Summary Page, Column A, Line 9.)</li> </ol>	nter the difference here and				
					May be a negative number FPPC Form 460 (Jan/2016)) @fppc.ca.gov (866/275-3772)

Schedule G	
Payments Made by an Agent or Indep	endent
Contractor (on Behalf of This Commit	ttee)

Amounts may be rounded to whole dollars.

	SCHEDULE G				
Statement covers period from 7/1/2021	CALIFORNIA 460				
through <u>12/31/2021</u>	Page of 17				
	I.D. NUMBER				
	1425133				

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Deomcratic Parents** 

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes 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 candidate filing/ballot fees

FND fundraising events independent expenditure supporting/opposing others (explain)\*

LEG legal defense

campaign literature and mailings LIT

MBR member communications

MTG meetings and appearances OFC office expenses PET petition circulating

PHO phone banks

POL polling and survey research

PRT print ads

POS postage, delivery and messenger services professional services (legal, accounting)

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
<del>na planta de la composição de la compos</del>			+ .
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es de tradições de tradições de tradições de tradições de tradições de tradições de la que tradições de la dec Tital de gital o gradições			1 1 NA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 0

<sup>\*</sup> 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
Schedule H Loans Made to Others*	Amounts may be rounded to whole dollars.			Statement covers period from 7/1/2021		CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through12/31/20	021	Page 15	of <u>17</u>
NAME OF FILER					<del></del>		I.D. NUMBER	
Democratic Parents							1425133	
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	BALANCE AT	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE LOANS TO DATE
				PAID				CALENDAR YEAR
			March State	\$	s	%	s	s
				FORGIVEN		RATE		PER ELECTION**
		\$	\$	\$		\$		\$
					DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
en al la companya di seriesa di Arriande de Carlos de Carlos de Carlos de Carlos de Carlos de Carlos de Carlos La companya di Carlos de Carlo La companya de Carlos de	e e e e e e e e e e e e e e e e e e e	**************************************	\$	\$	DATE DUE	. s	DATE INCURRED	\$
*Loans that are contributions to another candidate o also be summarized on Schedule D. Loans forgiver reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$	Programme of the control of the cont	
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary				•	. 0			
Loans made this period  (Total Column (b) plus unitemized loans  Company received as least	of less than \$100.)				•			**If Required
Payments received on loans  (Total Column (c) plus unitemized paym     Net change this period. (Subtract Line 2)	ents of less than \$100.)							
(Enter the net here and on the Summar					······································		a de a mada de ha	

(May be a negative number)

Schedule I Miscellaneous Increases to Cash		Amounts may be to whole doll	rounded ars.	Statement covers period from 7/1/2021	CALIFORNIA 460	
				through 12/31/2021	Page	
SEE INSTRUCTION NAME OF FILER				· · · · · · · · · · · · · · · · · · ·	I.D. NUMBER	
Democratic Par	rents				425133	
DATE RECEIVED	FULL NAME AND ADDE (IF COMMITTEE, ALSO E		DES	CRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
		MNLEQUES TO SELECT THE				
Attach addit	ional information on appropriately labeled co	ontinuation sheets.		SUBTOTAL		
Schedule I 1. Itemized inc	Summary creases to cash this period			<b>\$</b> "_all_all_all_all_all_all_all_all_all_al		
2. Unitemized	increases to cash of under \$100 this pe	eriod.		\$ <u></u>	managa, a a ang managa	
3. Total of all i	nterest received this period on loans ma	ade to others. (Schedule H, Column	(e).)	\$		
4. Total misce	llaneous increases to cash this period. Page, Line 14.)	(Add Lines 1, 2, and 3. Enter here a	nd on the	. TOTAL \$	FPPC Form 460 (Jan/2016)) e@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	