## Recipient Committee Campaign Statement Cover Page

## **AMENDMENT**

Cover Page	:	9	LOS ANGELES COUNTY			
EEE INSTRUCTIONS ON REVERSE	Statement covers period from 7 - 1 / 2020 through 12-31-2020	Date of election if applicable: (Month, Day, Year)	Pa	35 For Official Use Only		
. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:	No.			
State Candidate Election Committee  Recall (Also Complete Part 5)  General Purpose Committee  Sponsored  Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored complete Part 6) rimarily Formed Candidate/ fficeholder Committee complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)	Statement dd-Year Report		
Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	NUMBER 19722	Treasurer(s)	S DAU	12		
Compron UNIFIED Scho	AREAD 2020	MAI	3 17 AU	<u> </u>		
STATE ZIP COD	E AREA CODE/PHONE	CITY COM OTO	ATTE COLDE	310-995-917		
	220 310-975.9506	MAILING ADDRESS	, a ani			
OPTIONAL: FAX JE-MAIL ADDRESS  CALD 2 CD @ AUL, CO	AREA CODE/PHONE 310-995-9506	OPTIONAL: FAX / E-MAIL ADDRES	STATE ZIP CODE	AREA CODE/PHONE		
. Verification	2 000	-				
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjucy under the laws of the State of C	g this statement and to t California that the forego		lule	s is true and complete. I		
Executed on Sate	. ву —		_			
Executed on S S Date	Ву		_			
Executed onDate	By	gnature of Controlling Officeholder, Candidate, S	itate Measure Proponent			
Executed onDate	By	gnature of Controlling Officeholder, Candidate, S	itate Measure Proponent	FPPC Form 460 (Jan/2016)		

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

CALIFORNIA

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA 460

Statement covers period

Summary Page	1	from	
SEE INSTRUCTIONS ON REVERSE	, 1	thro	ugh 12-31-2020 Page of
NAME OF FILER COVERNITIES TO DESLECT CITAL COMPTON UNIFIED SCHOOL DIS	T. AREAD	2020	1.D. NUMBER 1419722
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHED	<b>.</b>	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	-6-	\$\frac{11,6500}{12,380.8}\$ \$\frac{24,030.8}{50.87}\$	2
Expenditures Made  6. Payments Made	\$ 70 1	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	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)  \$
Current Cash Statement  12. Beginning Cash Balance	s 15, 180 s 5, 180	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 this is the first report being additional to the subtracted from the su	m i. If
17. LOAN GUARANTEES RECEIVED	\$	filed for this calendar year only carry over the amou	ints
Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 12,380	from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.gov

	Δm	ounts may be ro	unded				SCHE	DULE B - PART 1
Schedule B - Part 1	to whole dollars.			Statement covers period from $7 - (-2020)$		CALIFORNIA 460		
Loans Received					•		FORM	
SEE INSTRUCTIONS ON REVERSE					through 12-3	31-2020	Page 3	of
NAME OF FILER COMMITTES	rollesison CHI	Heles 2	A3715				I.D. NUMBER	
COMPTON WHIFIED S	chool Dist.	ARRA T	20	20		_	14197	122
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
CHARLES TOAVIS	PETILED	ว		PAID >	s\Z180187	- 0 \ RATE	s	calendar year \$12,380,8
COMPTON CA. 90220		.12380.8	5	FORGIVEN	DATE DUE	s	DATE INCURRED	PER ELECTION**
				☐ PAID				CALENDAR YEAR
				\$  FORGIVEN	\$	% RATE	\$	PER ELECTION**
<sup>†</sup> □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
		t I		\$   FORGIVEN	\$	RATE	\$	PER ELECTION**
<sup>†</sup> □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$		S	\$	\$		
Schedule B Summary  (Enter (e) on Schedule E, Line 3)								
1. Loans received this period								
, , , , , , , , , , , , , , , , , , , ,					-0	1	Contributor Codes ID – Individual	)
2. Loans paid or forgiven this period								

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

\*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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PTY - Political Party

SCC - Small Contributor Committee

•	Amounts may be rounded to whole dollars.			SCHEDULE E			
Schedule E <sup>*</sup> , Payments Made				Statement covers period from 7-1-2020	CALIFORNIA 460 FORM		
SEE INSTRUCTIONS ON REVERSE				through 12-31-2020	Page of		
NAME OF FILER COMMITTER TO RESISCE COMPTON INITED SChool		REAL	) 202	O	1.D. NUMBER 1419722		
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 come meetings and OFC office expensions petition circulary phone banks POL polling and suppostage, deliver professional suppost print ads	munications appearance es ating urvey researc very and mes	s h senger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, a	uction costs d meals and meals s of the same candidate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (	DR DES	SCRIPTION OF PAYMENT	AMOUNT PAID		
NONS					0		
* Payments that are contributions or independent expenditures must also	be summarized on Sche	dule D.		SU	BTOTAL \$		
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedu	ule E subtotals.)				\$		

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