

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

1/29/2021 (1)

COVER PAGE

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2021 FEB -2 AM 8:56 CAMPAIGN FINANCE	CALIFORNIA 2001/02 FORM 460
	Page <u>1</u> of <u>5</u>
	For Official Use Only 014182

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>7/1/20</u> through <u>12/31/20</u>	Date of election if applicable (Month, Day, Year) <u>Nov 6, 2018</u>
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1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Primarily Formed |
| <input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> Sponsored | <input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee
<i>(Also Complete Part 7)</i> |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |
- 06122**

3. Committee Information

I.D. NUMBER
1238888

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
**Committee to Elect Cindy Ruiz for Walnut Unified Schools Board Trustee
2013**

STREET ADDRESS (NO P.O. BOX)

CITY West Covina	STATE CA	ZIP CODE 91792	AREA CODE/PHONE 909-598-6057
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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

Treasurer(s)

NAME OF TREASURER

Jerry Chang

MAILING ADDRESS

CITY Walnut	STATE CA	ZIP CODE 91789	AREA CODE/PHONE 909-598-8864
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NAME OF ASSISTANT TREASURER, IF ANY

Linda Chang

MAILING ADDRESS

CITY Walnut	STATE CA	ZIP CODE 91789	AREA CODE/PHONE 909-598-8864
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OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief, the information furnished herein and 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 correct.

attached schedules is true and complete. I

Executed on 1/26/21
Date

By _____

Executed on 1/28/2021
Date

By _____
Signature

Signature of Sponsor

Executed on _____
Date

By _____

Executed on _____
Date

By _____

Signature of Controlling Officerholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Cindy Ruiz

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Walnut Valley Unified Schools Board of Trustees

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
West Covina, CA 91792

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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
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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
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7. Primarily Formed 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="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>7/1/20</u> through <u>12/31/20</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>5</u>
	I.D. NUMBER 1238888

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Cindy Ruiz for Walnut Unified Schools Board of Trustee

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>500.00</u>	\$ <u>500.00</u>
2. Loans Received <i>Schedule B, Line 3</i>	\$ <u>-500.00</u>	\$ <u>3325.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>0</u>	\$ <u>3825.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>0</u>	\$ <u>3825.00</u>

**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 <i>Schedule E, Line 4</i>	\$ <u>0</u>	\$ <u>50.00</u>
7. Loans Made <i>Schedule H, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>0</u>	\$ <u>50.00</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>0</u>	\$ <u>50.00</u>

**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

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>439.57</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	\$ <u>500.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	\$ <u>0</u>
15. Cash Payments <i>Column A, Line 8 above</i>	\$ <u>500.00</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>439.57</u>

If this is a termination statement, Line 16 must be zero.

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).

17. LOAN GUARANTEES RECEIVED *Schedule B, Part 2* \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents <i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>3325.00</u>

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>7/1/20</u>	CALIFORNIA FORM 460
through <u>12/31/20</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Cindy Ruiz for Walnut Unified Schools Board of Trustee

I.D. NUMBER
1238888

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/20	Chunming Hsaio Irvine Calif ornia 92602	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Real Estate Investment Ancer Holding LLC	500.00	500.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				

SUBTOTAL \$

Schedule A Summary

1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.)	\$	500.00
2. Amount received this period – unitemized contributions of less than \$100	\$	0
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	500.00

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule B – Part 1
Loans Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>7/1/20</u> through <u>12/31/20</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Cindy Ruiz for Walnut Unified Schools Board of Trustee

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*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Cindy Ruiz West Covina, CA 91792 † <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Real Estate Agent R/E Max 100	\$ 3825.00	\$ 0	<input checked="" type="checkbox"/> PAID \$ 500.00 <input type="checkbox"/> FORGIVEN \$ 0	\$ 3325.00 DATE DUE	0 RATE	\$ 9165.00 Various DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$			0 \$	500.00 \$	3325.00 \$	0		

Schedule B Summary

1. Loans received this period \$ 0
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period \$ 500.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) **NET \$ -500.00**
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

(Enter (e) on
Schedule E, Line 3)

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

† Contributor Codes
IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee