Recipient Committee Campaign Statement Cover Page	Type or print in ink.		Date Stamp 건강 FEB	·	CALIFORNIA 460 FORM of 3
Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from 12-4-20/2 through 1-30-20/3	Date of election if applicable: (Month, Day, Year) 3/5/2013	B 81 89:19AH	CITY CLERK	For Official Use Only
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Complete Parts 1, 2, 3, and 4. 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 T	ermination)	☐ Spec	terly Statement ial Odd-Year Report Ilemental Preelection ment - Attach Form 495
A I HOUNG CA 9.	CODE AREA CODE/PHONE 6/00/ 624 345-1297	Treasurer(s) NAME OF TREASURER MAILING APPRESS CITY MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADD	STAT		ODE AREA CODE/PHONE 19/ 626 345/29 ODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califor Executed on	ByBy	Signature of Controlling Officeholder, Candidate Signature of Controlling Officeholder, Candidate Signature of Controlling Officeholder, Candidate	nt Treasurer Proponent or Responsible Of State Measure Proponent	·	

ponent FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

COVER PAGE

5.	Officeholder or Candidate Controlled Committee		6.	. Primarily Formed Ballot Measure Committee						
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE						
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) W.D. BOAND OF EDUCATION SLOTI JISTA ICI / RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP W. T.			BALLOT NO. OR LETTER	JURISDICTION			SUPPORT OPPOSE		
				Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT						
	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.			OFFICE SOUGHT OR HELD			DISTRICT NO. IF ANY			
	COMMITTEE NAME	I.D. NUMBER								
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.						
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		;	NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUG	BORTED DISTI	SUPPORT OPPOSE			
	CITY STATE ZIP CO	DDE AREA CODE/PHONE	(NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	SHT OR HELD	SUPPORT OPPOSE		
	COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE		
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE		
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO					<u> </u>				
	CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attac	ch continuation	on sheets if n	necessary			

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 12-4-20/2 CALIFORNIA 460 FORM 460 through 1-30-20/3 Page 3 of 3

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Column A Column B **Calendar Year Summary for Candidates** Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 2. Loans Received Schedule B, Line 3 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 4. Nonmonetary Contributions Schedule C. Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** Candidates 6. Payments Made Schedule E. Line 4 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous If this is a termination statement. Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)