

Recipient Committee Campaign Statement over Page

CALIFORNIA FORM 460

Page 1 of 10

For Official Use Only

RECEIVED 23 JAN 30 3 55

Statement covers period from October 23, 2022 through December 31, 2022

Date of election if applicable: November 8, 2022

Date Stamp

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report

Committee Information

I.D. NUMBER 1449256

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Yara Wolff for City Council 2022

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Edgar Wolff

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Verify

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained hereon 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.

Executed on 1/30/23
Executed on 1/30/23
Executed on
Executed on

By
By
By
By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Yara Wolff

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

West Covina City Council District 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 Candidate/Officeholder 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="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>October 23, 2022</u>	CALIFORNIA FORM 460
through <u>December 31, 2022</u>	
Page <u>3</u> of <u>10</u>	
I.D. NUMBER <u>1449256</u>	

INSTRUCTIONS ON REVERSE
NAME OF FILER

Yara Wolff for City Council 2022

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions..... Schedule A, Line 3	\$ <u>6,297.00</u>	\$ <u>19,129.00</u>
Loans Received..... Schedule B, Line 3	<u>- 1,200.00</u>	<u>0</u>
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>5,097.00</u>	\$ <u>19,129.00</u>
Nonmonetary Contributions..... Schedule C, Line 3	<u>0</u>	<u>0</u>
TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>5,097.00</u>	\$ <u>19,129.00</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
Payments Made..... Schedule E, Line 4	\$ <u>5,766.97</u>	\$ <u>18,664.28</u>
Loans Made..... Schedule H, Line 3	<u>0</u>	<u>0</u>
SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>5,766.97</u>	\$ <u>18,664.28</u>
Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	<u>- 2,698.62</u>	<u>0</u>
Nonmonetary Adjustment..... Schedule C, Line 3	<u>0</u>	<u>0</u>
TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>3,068.35</u>	\$ <u>18,664.28</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
<u> / / </u>	\$ _____
<u> / / </u>	\$ _____

Current Cash Statement

Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>1,134.69</u>
Cash Receipts..... Column A, Line 3 above	<u>5,097.00</u>
Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>50.00</u>
Cash Payments..... Column A, Line 8 above	<u>5,766.97</u>
ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>514.72</u>

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

LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

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

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).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>October 23, 2022</u>	CALIFORNIA FORM 460
through <u>December 31, 2022</u>	
Page <u>4</u> of <u>10</u>	I.D. NUMBER <u>1449256</u>

INSTRUCTIONS ON REVERSE

NAME OF FILER

Yara Wolff for City Council 2022

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)
10/28	Angel Chu [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Yamri Education Center	\$ 500.00	\$ 500.00	
10/25	Ivy Tran [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant H&T Seafood, Inc.	\$ 600.00	\$ 600.00	
10/27	Tran us Construction, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 600.00	\$ 600.00	
10/25	Anthony Duarte [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager LT Mgt-Group	\$ 600.00	\$ 600.00	
10/25	Shao King Max Young [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager LT Mgt-Group	\$ 600.00	\$ 600.00	

SUBTOTAL \$ 2,900.00

Schedule A Summary

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) \$ 6,000.00

Amount received this period – unitemized monetary contributions of less than \$100 \$ 297.00

Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$ 6,297.00**

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>October 23, 2020</u> through <u>December 31, 2020</u>	CALIFORNIA FORM 460
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NAME OF FILER: Yara Wolff for City Council 2022

I.D. NUMBER: 1449256

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)
10/27	Jennifer Wang [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Office Asst. LT Mgt Group.	\$ 600.00	\$ 600.00	
10/26	Shawni Wang [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director LT Mgt Group.	\$ 600.00	\$ 600.00	
10/28	Ching Po Adam Shiu [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Media Coordinator 8stan Media	\$ 600.00	\$ 600.00	
10/26	Chi Keung Na [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant LT Mgt Group	\$ 600.00	\$ 600.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 2,400.00

Contributor Codes
 ID - Individual
 OM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>October 23, 2022</u>	CALIFORNIA FORM 460
through <u>December 31, 2022</u>	
Page <u>6</u> of <u>10</u>	I.D. NUMBER <u>1449256</u>

NAME OF FILER

Yara Wolff for City Council 2022

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)
<u>11/2</u>	<u>Darro Castellanos</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$500.00</u>	<u>\$500.00</u>	
<u>11/2</u>	<u>Karen Yu</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$200.00</u>	<u>\$200.00</u>	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				<u>700.00</u>		

*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 1
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>October 23, 2022</u> through <u>December 31, 2022</u>	CALIFORNIA FORM 460
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INSTRUCTIONS ON REVERSE

NAME OF FILER

Yara Wolff for City Council 2022

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	
									CALENDAR YEAR
<u>Edgar Wolff</u> [REDACTED]	<u>IT support OMM</u>	\$ <u>1,200.00</u>	\$ <u>0</u>	<input checked="" type="checkbox"/> PAID \$ <u>1,200</u> <input type="checkbox"/> FORGIVEN	\$ <u>0</u> DATE DUE	% RATE	\$ <u>3,000.00</u> <u>7/14/22</u> DATE INCURRED	\$ PER ELECTION**	
IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN	\$ _____ DATE DUE	% RATE	\$ _____ DATE INCURRED	\$ PER ELECTION**	
IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN	\$ _____ DATE DUE	% RATE	\$ _____ DATE INCURRED	\$ PER ELECTION**	
SUBTOTALS \$							\$ <u>1,200.00</u>	\$ _____	

Schedule B Summary

Loans received this period \$ 0
 (Total Column (b) plus unitemized loans of less than \$100.)
 Loans paid or forgiven this period \$ 1,200.00
 (Total Column (c) plus loans under \$100 paid or forgiven.)
 (Include loans paid by a third party that are also itemized on Schedule A.)
 Net change this period. (Subtract Line 2 from Line 1.) NET \$ -1,200.00
 Enter the net here and on the Summary Page, Column A, Line 2.

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

†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

(May be a negative number)

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>October 23, 2022</u> through <u>December 31, 2022</u>	CALIFORNIA FORM 460
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INSTRUCTIONS ON REVERSE
SIDE OF FILER

Yara Wolff for City Council 2022

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| P campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| S campaign consultants | MTG meetings and appearances | RFD returned contributions |
| 3 contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| C civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| D fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| 1 independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| 3 legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>press print</u> [REDACTED]	<u>LIT</u>		<u>\$2,698.62</u>
<u>Target</u> [REDACTED]	<u>CVG</u>		<u>\$ 251.84</u>
<u>press print</u> [REDACTED]	<u>LIT</u>		<u>\$2,698.62</u>

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

SUBTOTAL \$ 5,648.46

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.) \$ 5,648.46
 Unitemized payments made this period of under \$100..... \$ 118.51
 Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ 0
 Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$ 5,766.97**

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

Statement covers period from <u>October 23, 2022</u> through <u>December 31, 2022</u>	CALIFORNIA FORM 460
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I.D. NUMBER <u>1449256</u>	


INSTRUCTIONS ON REVERSE

NAME OF FILER

Vera Wolff for City Council 2022

INSTRUCTIONS: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| P campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| S campaign consultants | MTG meetings and appearances | RFD returned contributions |
| 3 contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| C civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| D fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| 3 legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
<u>PRESS PRINT</u> 	<u>LIT</u>	<u>\$2,698.62</u>	<u>\$2,698.62</u>	<u>\$5,397.24</u>	<u>\$0</u>

Payments that are contributions or independent expenditures must also be itemized on Schedule D.

SUBTOTALS \$ 2,698.62 \$ 0 \$ 5,397.24 \$ 0

Schedule F Summary

Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS** \$ 2,698.62

Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS** \$ 5,397.24

Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET** \$ -2,698.62

May be a negative number

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period from <u>October 23, 2022</u> through <u>December 31, 2022</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yara Wolff for City Council 2022

I.D. NUMBER

1449259

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

Itemized increases to cash this period.	\$ <u>0</u>
Unitemized increases to cash of under \$100 this period.	\$ <u>50.00</u>
Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ <u>0</u>
Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ <u>50.00</u>