

**Recipient Committee
Campaign Statement
Cover Page**

1/31/23 (3) 02183
COVER PAGE

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CAMPAIGN FINANCE
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CALIFORNIA FORM 460
Page _____ of _____
For Official Use Only

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

Date of election if applicable:
(Month, Day, Year)
November 05, 2015

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(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- 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 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1379746

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Cathi Eredia for EMCS D Board 2015

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
El Monte CA 91731 626-523-3579

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

caeredia@mac.com

Treasurer(s)

NAME OF TREASURER

Catherine (Cathi) A. Eredia

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
El Monte CA 91731 626-523-3579

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

caeredia@mac.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to certify under penalty of perjury under the laws of the State of California that the foregoing

information reported on the attached schedules is true and complete. I

Executed on January 29, 2023
Date

By _____

Executed on January 29, 2023
Date

By _____

Signature of Sponsor

Executed on _____
Date

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

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**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

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

**CALIFORNIA
FORM 460**

Page 1 of 2

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mathi Eredia for EMCS D Board 2015

I.D. NUMBER

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions..... Schedule A, Line 3	\$ 0	\$ 0
Loans Received..... Schedule B, Line 3	0	0
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0	\$ 0
Nonmonetary Contributions..... Schedule C, Line 3	0	0
TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0	\$ 0

**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	\$ 0	\$ 0
Loans Made..... Schedule H, Line 3	0	0
SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 0	\$ 0
Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0	0
0. Nonmonetary Adjustment..... Schedule C, Line 3	0	0
1. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 0	\$ 0

**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

2. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 0
3. Cash Receipts..... Column A, Line 3 above	0
4. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
5. Cash Payments..... Column A, Line 8 above	0
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0

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).

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

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

Cash Equivalents and Outstanding Debts

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

1/31/23 (3) 0218-3

Statement of Organization Recipient Committee

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2023 FEB -2 PM 12:43 CAMPAIGN FINANCE

CALIFORNIA FORM 410

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Statement Type: [] Initial, [] Amendment, [x] Termination - See Part 5. Date of termination: 01 / 29 / 2023

1. Committee Information: Cathi Eredia for EMCS Board 2015, I.D. Number 1379746. 2. Treasurer and Other Principal Officers: Catherine (Cathi) A. Eredia, El Monte, CA 91731, 626-523-3579.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State. Executed on January 29, 2023 By [Signature] ASSISTANT TREASURER

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