

**Recipient Committee
Campaign Statement
Cover Page**

2/1/2021 OC 5/21
COVER PAGE

Date Stamp
**RECEIVED BY
LOS ANGELES COUNTY
2021 FEB -1 PM 4:08
CAMPAIGN FINANCE**

CALIFORNIA FORM **460**

Page 1 of 3

For Official Use Only
**020 039
C10812**

Statement covers period
from 07/01/2020
through 12/31/2020

Date of election if applicable:
(Month, Day, Year)
11/06/2018

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
1398296

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
GUTIERREZ FOR SCHOOL BOARD 2018

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
MONTEBELLO CA 90640 (323)246-0852

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
KELLY ARGENAL

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
BUENA PARK CA 90620

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the fo

Executed on 1/25/2020 Date _____ B _____

Executed on 1/25/2020 Date _____ B _____
ar of Sponsor

Executed on _____ Date _____ B _____

Executed on _____ Date _____ By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
JENNIFER I GUTIERREZ

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MONTEBELLO UNI SCHOOL BOARD DIST GOVERNING BOARD MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
MONTEBEL CA 90640

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="checkbox"/> YES <input type="checkbox"/> 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="checkbox"/> YES <input type="checkbox"/> NO
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
----------------------	--------------	---

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

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
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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>07/01/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>3</u>
I.D. NUMBER 1396296	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GUTIERREZ FOR SCHOOL BOARD 2018

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 0	\$ 0
2. Loans Received Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0	\$ 0
4. Nonmonetary Contributions Schedule C, Line 3	0	0
5. 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	\$ 0	\$ 0
21. Expenditures Made	\$ 0	\$ 0

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ 0	\$ 0
7. Loans Made Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 0	\$ 0
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0	0
10. Nonmonetary Adjustment Schedule C, Line 3	0	0
11. 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
____/____/____	\$ 0
____/____/____	\$ 0

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 5.38
13. Cash Receipts Column A, Line 3 above	0
14. Miscellaneous Increases to Cash Schedule I, Line 4	0
15. Cash Payments Column A, Line 8 above	0
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 5.38

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

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

Cash Equivalents and Outstanding Debts

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

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.

5121

Statement of Organization Recipient Committee

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	12 / 28 / 20

① 01/11/2021
RECEIVED BY
LOS ANGELES COUNTY
2021 JAN 13 PM 2:54
CAMPAIGN FINANCE

CALIFORNIA FORM 410
For Official Use Only
020039
C10812

1. Committee Information				I.D. Number 1396296 <small>(if applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE GUTIERREZ FOR SCHOOL BOARD 2018								NAME OF TREASURER KELLY ARGENAL			
STREET ADDRESS (NO P.O. BOX)								STREET ADDRESS (NO P.O. BOX)			
CITY STATE ZIP CODE AREA CODE/PHONE MONTEBELLO CA 90640 (323)246-0852								CITY STATE ZIP CODE AREA CODE/PHONE BUENA PARK CA 90620 (714)683-3016			
FULL MAILING ADDRESS (IF DIFFERENT)								NAME OF ASSISTANT TREASURER, IF ANY N/A			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) JENNIFER4MUSD@GMAIL.COM								STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE LOS ANGELES				JURISDICTION WHERE COMMITTEE IS ACTIVE LOS ANGELES COUNTY				CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.								NAME OF PRINCIPAL OFFICER(S) N/A			
								STREET ADDRESS (NO P.O. BOX)			
								CITY STATE ZIP CODE AREA CODE/PHONE			

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 of California that the information provided is true and correct.

Executed on	<u>12/28/2020</u>	By	_____
	<small>DATE</small>		TREASURER
Executed on	<u>12/25/2020</u>	By	_____
	<small>DATE</small>		FOR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	<small>DATE</small>		FOR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	<small>DATE</small>		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT