**Recipient Committee Campaign Statement** Cover Page

RECEIVED BY CALIFORNIA FORM (Government Code Sections 84200-84216.5) Statement covers period Date of election if applicable: CAMPAIGN FINANCE For Official Use Only (Month, Day, Year) 01/01/2021 SEE INSTRUCTIONS ON REVERSE 06/30/2021 through \_ 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. X Officeholder, Candidate Controlled Committee Preelection Statement Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Committee X Semi-annual Statement Special Odd-Year Report O Controlled ○ Recall Termination Statement Supplemental Preelection (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) Statement - Attach Form 495 (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1379206 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Julia Ruedas for El Monte City School District 2018 Yolanda Miranda MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY ZIP CODE STATE Covina 91722 CA CITY AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY STATE ZIP CODE (626) 235-8411 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY AREA CODE/PHONE CITY ZIP CODE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS

AREA CODE/PHONE (626) 915-7635 AREA CODE/PHONE ruedas4schoolboard@gmail.com 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to d schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is 07/20/2021 Executed on . 07/20/2021 Executed on . of Sponsor Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on \_ Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (Jan/2016)

**COVERPAGE** 

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

COVER PAGE - PART 2						
	ORNIA ORM	4	160			
Page _	2	of_	12			

NAME OF OFFICEHOLDER OR CANDIDATE			NAM	ME OF BALLOT MEASURE				
Julia Ruedas								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLI	CABLE)	BAL	LOT NO. OR LETTER	JURISDICTI	ON	1	SUPPORT
Board of Education El Monte City School								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY ST	ATE ZIP	lde	ntify the controlling of	fficeholder, ca	ndidate, or s	tate measure	proponent, if an
	El Monte C	A 91731	NAM	ME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in this not included in this statement that are controlled by y contributions or make expenditures on behalf of you	ou or are primarily for		OFF	ICE SOUGHT OR HELD			DISTRICT NO	IF ANY
COMMITTEE NAME	I.D. NUMBER		-					
	I.D. NUMBER							
	I.D. NUMBER	MITTEE?		marily Formed Car				
COMMITTEE NAME	CONTROLLED COM	MMITTEE?	offi	ceholder(s) or candidate(	s) for which th	is committee is	s primarily for	
COMMITTEE NAME	CONTROLLED COM		offi		s) for which th	is committee is		
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.	CONTROLLED CON		NAM	ceholder(s) or candidate(	(s) for which th	OFFICE SOU	s primarily for	med.
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.	CONTROLLED CON	] NO	NAM NAM	ceholder(s) or candidate(	CANDIDATE  CANDIDATE	OFFICE SOU	S primarily for	SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.  CITY STATE 2	CONTROLLED CON YES  D. BOX)  IP CODE AREA	] NO	NAM NAM	ceholder(s) or candidate(	CANDIDATE  CANDIDATE	OFFICE SOU	S primarily for	SUPPORT SUPPORT
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.  CITY STATE 2	CONTROLLED CON  YES  O. BOX)  IP CODE AREA  I.D. NUMBER  CONTROLLED COM	CODE/PHONE	NAM NAM	ceholder(s) or candidate(	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOU	S primarily for	SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT OPPOSE
COMMITTEE NAME  NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.  CITY STATE 2  COMMITTEE NAME	CONTROLLED CON  YES  D. BOX)  IP CODE AREA  I.D. NUMBER  CONTROLLED CON  YES	CODE/PHONE	NAM NAM	ME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE						
LIFORNIA	460					

Statement covers period CA 01/01/2021 from 06/30/2021 through I.D. NUMBER 1379206

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Julia Ruedas for El Monte City School District 2018

Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions Schedule A, Line 3	\$ 0.00	\$	0.00	General Elections
2. Loans Received Schedule B, Line 3	1,040.00		20,084.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 1,040.00	\$	20,084.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3	0.00		0.00	04 5
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 1,040.00	\$	20,084.00	21. Expenditures
Expenditures Made				Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 748.00	\$	748.00	Candidates
7. Loans Made Schedule H, Line 3	0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7		\$	748.00	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3			663.35	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$ 533.00	\$	1,411.35	\$
Current Cash Statement				\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	То	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	1,040.00		ounts in Column A to the responding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	from	m Column B of your last	*Amounts in this section may be different from amount reported in Column B.
15. Cash Payments Column A, Line 8 above	748.00		ort. Some amounts in lumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 307.37	figu	ures that should be otracted from previous	
If this is a termination statement, Line 16 must be zero.		per	riod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	for	this calendar year, only	
Cash Equivalents and Outstanding Debts		from	m Lines 2, 7, and 9 (if y).	
18. Cash Equivalents See instructions on reverse	\$ 0.00			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 20,747.35			
				FPPC Form 460 (J FPPC Advice: advice@fppc.ca.gov (866/2

Schedule B – Part 1 Loans Received	Am	ounts may be re to whole dolla			Statement cov	ers period	FORM 460		
SEE INSTRUCTIONS ON REVERSE	through06/30/2021						Page 4	of	
NAME OF FILER							I.D. NUMBER		
Julia Ruedas for El Monte City School	District 2018						1379206		
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Julia Ruedas El Monte, CA 91731	Teacher Botello Family Child Care	\$ 204.00	\$ 0.00	\$ 0.00	\$204.00		\$	\$,040_00 PER ELECTION**	
TIND □ COM □ OTH □ PTY □ SCC		7			DATE DUE	*	DATE INCURRED		
Julia Ruedas El Monte, CA 91731 This is a loan	Teacher Botello Family Child Care	\$_2,500.00	\$0.00	\$			\$ -2,500_00 08/10/2018 DATE INCURRED	\$O40_00 PER ELECTION***	
T⊠ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC Julia Ruedas	Teacher			PAID	DATE DUE		DATE INCORRED	CALENDAR YEAR	
El Monte, CA 91731	Botello Family Child Care			\$O_O	\$_7,200.00	—0_00% RATE	\$_7,200_00	\$	
<sup>†</sup> ⊠ IND □ COM □ OTH □ PTY □ SCC		\$ _7,200_00	\$0.00	\$0_0	DATE DUE	\$0_0	09/19/2018 DATE INCURRED	\$	
		SUBTOTALS S	0.00	\$ 0.0	9,904.00	\$ 0.00	10.35		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)			
Loans received this period				\$	1,040.00				
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha  3. Net change this period. (Subtract Line Enter the net here and on the Summan	0 paid or forgiven.) It are also itemized on Scheo	dule A.)		NET \$	0.00  1,040.00  May be a negative number)	IN CC	TH - Other (e.g., TY - Political Part	ommittee PTY or SCC) , business entity)	
*Amounts forgiven or paid by another party also ** If required.	must be reported on Schedule A.	7					EPPC F	Form 460 (Jan/20	

01 11 5 5 11/0-4						SCHEDULE B	-PART 1 (CONT.)	
Schedule B – Part 1 (Continua Loans Received	ounts may be re to whole dolla			Statement cov	rers period	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE through 06/30/2021							Page 5	of12
NAME OF FILER							I.D. NUMBER	
Julia Ruedas for El Monte City School	District 2018						1379206	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Julia Ruedas	Teacher Botello Family Child			PAID				CALENDAR YEAR
El Monte, CA 91731 Loan	Care			\$0_00	\$ _6,500_00	0_00% RATE	\$ .6,500.00	\$1,040.00 PER ELECTION**
<sup>†</sup> ⊠ IND □ COM □ OTH □ PTY □ SCC		\$ 6,500.00	\$0.00	s0_0	DATE DUE	\$0.00	10/09/2018 DATE INCURRED	\$
Julia Ruedas El Monte, CA 91731	Teacher Botello Family Child Care			\$ 0.00   FORGIVEN	\$530.00	O 0.0%	\$530_00	\$ 1,040,00 PER ELECTION*
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$530.00	\$0.00	\$0,00	DATE DUE	\$0,00	DATE INCURRED	\$
Julia Ruedas El Monte, CA 91731	Teacher Botello Family Child Care			PAID  \$	\$28000	O 0.0%	\$280_00	\$1,040_00 PER ELECTION*
$^{\dagger}$ □ IND $_{\Box}$ COM $_{\Box}$ OTH $_{\Box}$ PTY $_{\Box}$ SCC		\$280_00	\$0.00	\$0_0	DATE DUE	\$0_0	DATE INCURRED	2
Julia Ruedas El Monte, CA 91731	Teacher Botello Family Child Care			\$0_00	\$60,00	0_0%	\$60_00	S_1,040_00 PERELECTION*
<sup>†</sup> ⊠ IND □ COM □ OTH □ PTY □ SCC		\$60_00	\$00		DATE DUE	\$0.00	01/07/2020 DATE INCURRED	\$\$

SUBTOTALS \$

0.00\$

7,370.00\$

0.00\$

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

†Contributor Codes

IND - Individual

0.00

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 (CONT.) Schedule B - Part 1 (Continuation Sheet) Statement covers period Amounts may be rounded **CALIFORNIA** Loans Received to whole dollars. **FORM** 01/01/2021 06/30/2021 Page 6 of 12 through \_ SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1379206 Julia Ruedas for El Monte City School District 2018 (c) IF AN INDIVIDUAL, ENTER OUTSTANDING FULL NAME, STREET ADDRESS AND ZIP CODE OUTSTANDING AMOUNT INTEREST **ORIGINAL** CUMULATIVE AMOUNT PAID OCCUPATION AND EMPLOYER BALANCEAT BALANCE CONTRIBUTIONS OF LENDER RECEIVED THIS PAID THIS AMOUNT OF OR FORGIVEN (IF SELF-EMPLOYED, ENTER **BEGINNING THIS** CLOSE OF THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PERIOD PERIOD LOAN TODATE THIS PERIOD NAME OF BUSINESS) PERIOD PERIOD Julia Ruedas CALENDAR YEAR PAID Botello Family Child El Monte, CA 91731 Care \$ 1.040.00 \$ 1.530.00 \$ 0.00 \$ 1,530,00 0.00% RATE FORGIVEN PER ELECTION \*\* 07/03/2020 \$ \_1\_530\_00 0.00 \$\_\_\_0.00 DATE DUE DATE INCURRED TX IND ☐ COM ☐ OTH ☐ PTY ☐ SCC Julia Ruedas Teacher CALENDAR YEAR ☐ PAID Botello Family Child El Monte, CA 91731 Care \$\_\_\_0.00 200.00 0.00% \$ 200.00 \$ 1,040,00 RATE FORGIVEN PER ELECTION \*\* 07/29/2020 0.00 \$ 0.00 DATE DUE DATE INCURRED TIND COM OTH PTY SCC Julia Ruedas Teacher CALENDAR YEAR PAID Botello Family Child El Monte, CA 91731 Care \$ 1,040.00 0.00 40.00 0.00% \$ 40.00 PER ELECTION \*\* FORGIVEN 11/30/2020 40.00 DATE DUE DATE INCURRED TIND COM OTH PTY SCC PAID Julia Ruedas CALENDAR YEAR Botello Family Child Care El Monte, CA 91731 \$ 1.040.00 5 0.00 50.00 0.00% \$ \_\_\_\_50.00 RATE FORGIVEN PER ELECTION \*\*

0.00

SUBTOTALS \$

50.00 \$\_

50.00\$

0 00

0.00\$

DATE DUE

1,820.00\$

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

†Contributor Codes

01/05/2021

DATE INCURRED

IND - Individual

0.00

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

IND COM OTH PTY SCC

							SCHEDULE B	-PART 1 (CONT.)
Schedule B – Part 1 (Continua Loans Received	tion Sheet) Am	ounts may be re to whole dollar			Statement cov	ers period	CALIFORN FORM	<sup>IA</sup> 460
SEE INSTRUCTIONS ON REVERSE					through 06/3	0/2021	Page 7	of12
NAME OF FILER							I.D. NUMBER	
Julia Ruedas for El Monte City School	District 2018						1379206	
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Julia Ruedas	Teacher Botello Family Child			PAID				CALENDAR YEAR
El Monte, CA 91731	Care			\$0_0 □ FORGIVEN	\$270_00	0.00%	\$ 270.00	\$
<sup>†</sup> ⊠ IND □ COM □ OTH □ PTY □ SCC		\$0.00	\$270.00	\$0_0	DATE DUE	s0_00	01/28/2021 DATE INCURRED	\$
Julia Ruedas El Monte, CA 91731	Teacher Botello Family Child Care			\$O_OO	\$320.00	00% RATE	\$320_00	\$ 1,040.00 PER ELECTION*
TEND COM OTH PTY SCC		\$0.00	\$320_00	\$0.00	DATE DUE	\$0.00	03/31/2021 DATE INCURRED	\$
Julia Ruedas El Monte, CA 91731	Teacher Botello Family Child Care			PAID \$	\$200_00	000% RATE	\$0000 05/20/2021	S 1,040 00 PER ELECTION **
<sup>†</sup> ⊠ IND □ COM □ OTH □ PTY □ SCC		\$0.00	\$	\$0.00	DATE DUE	\$0.00	DATE INCURRED	\$
Julia Ruedas	Teacher Botello Family Child			PAID				CALENDAR YEAR
El Monte, CA 91731	Care			FORGIVEN	\$200_00	0_0% RATE	\$ 200.00	\$
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$0_0	\$200.00	\$0.00	DATE DUE	\$0_0	05/25/2021 DATE INCURRED	s

SUBTOTALS \$

990.00\$

0.00\$

990.00\$

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

†Contributor Codes

IND - Individual

0.00

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

								SCHEDULE
Schedule E Payments Made	ents Made Amounts may be rounded				ent covers period		ORNIA 460	
i ajinonio maao	to whole d	oliars.		fro	from01/01/2021			RIVI
SEE INSTRUCTIONS ON REVERSE				thr	ough _	06/30/2021	_ Page _	8 of 12
NAME OF FILER							I.D. NU	MBER
Julia Ruedas for El Monte City School District 2018							13792	0.6
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munication d appearances ses lating survey reservery and	ns nces	RAD RFD SAL TEL TRC TRS	radio return camp t.v. or candi staff/s transi	airtime and production ned contributions aign workers' salarie cable airtime and produce travel, lodging, a spouse travel, lodging, a	es roduction cos and meals g, and meals ees of the sa	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	ON OF PA	NYMENT		AMOUNT PAID
Yolanda Mirand & Associates		PRO						50.0
Covina, CA 91722								
Yolanda Mirand & Associates		PRO						200.0
Covina, CA 91722								
Yolanda Mirand & Associates		PRO			_			250.0
Covina, CA 91722								
* Payments that are contributions or independent expenditures r	must also be summ	arized on	Schedule D.			s	SUBTOTAL	\$ 500.0
Schedule E Summary								
1. Itemized payments made this period. (Include all Schedule	E subtotals.)						\$	550.00
2. Unitemized payments made this period of under \$100	•••••						\$_	198.00
3. Total interest paid this period on loans. (Enter amount from $% \left\{ 1\right\} =\left\{ 1\right\} =\left\{$	Schedule B, Part	1, Colum	n (e).)				\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. E	nter here and on th	ne Sumn	nary Page, Colur	mn A, Line 6	5.)	т	OTAL \$_	748.00

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (C	CONT.
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(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period  from01/01/2021	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through06/30/2021	Page9 of12
NAME OF FILER			I.D. NUMBER
Julia Ruedas for El Monte City School Distr	ict 2018		1379206

Julia Ruedas for El Monte City School District 2018				1379206
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearances ses lating	RAD radio airlime and production cost returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and product race candidate travel, lodging, and most staff/spouse travel, lodging, and	tion costs neals d meals f the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Yolanda Mirand & Associates Covina, CA 91722		PRO		50.00

Totalida Intalia a Ilosociaces	PRO	
Covina, CA 91722		
		!

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

50.00

					3	SCHEDULE F
Schedule F Accrued Expenses (Unpaid Bills)		Amounts may be rounded to whole dollars.	froi	Statement covers period m01/01/2021	CALIFORNIA FORM	460
SEE INSTRUCTIONS ON REVERSE			thre	ough06/30/2021	Page10	of
NAME OF FILER					I.D. NUMBER	
Julia Ruedas for El Monte City School District 2018					1379206	
CODES: If one of the following codes accurately describ	es the	payment, you may enter the code. Oth	nerwis	e, describe the payment.		
CMP campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production of	osts	
CNS campaign consultants	MTG	meetings and appearances	RFD	returned contributions		
CTB contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries		
CVC civic donations	PET	petition circulating	TEL	t.v. or cable airtime and produ		
FIL candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and		
FND fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, ar		
IND independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees	of the same candid	ate/sponsor
LEG legal defense	PRO	professional services (legal, accounting)	VOT	voter registration		
LIT 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
Yolanda Mirand & Associates	FRO	50.00	0.00	50.00	0.00
Covina, CA 91722					
Yolanda Mirand & Associates Covina, CA 91722	PRO	250.00	0.00	250.00	0.00
Yolanda Mirand & Associates	FRO	250.00	0.00	250.00	0.00
Covina, CA 91722					
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	550.00\$	0.00	550.00\$	0.00

## Schedule F Summary

1	. 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.)	RRED TOTALS \$	335.00
2	2. 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 \$	550.00
3	8. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$	-215.00

## Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

 Statement covers period
 CALIFORNIA FORM
 460

 through \_\_06/30/2021
 Page \_\_11 \_\_ of \_\_12 \_\_

 I.D. NUMBER

1379206

NAME OF FILER

Julia Ruedas for El Monte City School District 2018

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

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

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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	
Yolanda Mirand & Associates Covina, CA 91722	PRO	50.00	0.00	0.00	50.00	
Yolanda Mirand & Associates Covina, CA 91722	POS	1.45	0.00	0.00	1.45	
Yolanda Mirand & Associates Covina, CA 91722	POS	1.90	0.00	0.00	1.90	
Yolanda Mirand & Associates Covina, CA 91722	PRO	150.00	0.00	0.00	150.00	
	SUBTOTALS	\$ 203.35	0.00\$	0.00	203.35	

## Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

 Statement covers period from
 CALIFORNIA FORM
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 through
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NAME OF FILER

Julia Ruedas for El Monte City School District 2018

I.D. NUMBER

1379206

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

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

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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
Netfile	PRO	125.00	0.00	0.00	125.00
Mariposa, CA 95338					
Yolanda Mirand & Associates	PRO	0.00	210.00	0.00	210.00
Covina, CA 91722					
Netfile	PRO	0.00	125.00	0.00	125.00
Mariposa, CA 95338					
	SUBTOTALS S	125.00	335.00\$	0.00	460.00