Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)					Date Stamp RECE LOS ANGE	IVEII	ALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	5,	from .	01 /01/2021	Date of election if applicable: (Month, Day, Year)	2021 JUL 2 CAMPAIG		
1. Type of Recipient Committee Sofficeholder, Candidate Controlled of State Candidate Election Commit (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Committee ttee	Primarily I Committee Control Spons (Also Comple	Formed Ballot Measure e elled cored to Part 6) Formed Candidate/ der Committee	2. Type of Statement: ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Ter ☐ Amendment (Explain bel		Supplemen	Statement dd-Year Report ntal Preelection - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME Hugo Rojas for Water Board 2		1.D. NUMBE 1424030 TEE)		Treasurer(s) NAME OF TREASURER Hugo Rojas MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)				CITY Hawthorne	STATE	ZIP CODE 90250	AREA CODE/PHONE (213) 489-4792
CITY	STATE Z	IP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	R, IF ANY		
Long Beach	CA	90802	(213) 489-4792	David Gould			
MAILING ADDRESS (IF DIFFERENT) NO. A	ND STREET OR	P.O. BOX		MAILING ADDRESS			
CITY	STATE Z	IP CODE	AREA CODE/PHONE	CITY Long Beach	STATE CA	ZIP CODE 90802	AREA CODE/PHONE (213) 489-4792
OPTIONAL: FAX / E-MAIL ADDRESS (213) 489-4818 / dlgould@goul	dorellana.co	m		OPTIONAL: FAX / E-MAIL ADDRE	SS		
4. Verification I have used all reasonable diligence in prunder penalty of perjury under the laws of	f the State of Ca			Signature of Controlling Officeholder, Candidate, Stat	te Measure Proponent	d schedules is	true and complete. I certify
Date				Signature of Controlling Officeholder, Candidate, State	te Measure Proponent		FPPC Form 460 (Jan/2016

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460

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Officeholder or Candidate Controlled Committee				6.	6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Hugo Rojas									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APP	LICABL	E)		BALLOT NO, OR LETTER	JURISDICTIO	NC		SUPPORT
Water Board West Basin Municipal District	5								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY S	STATE	ZIP		Identify the controlling of	ficeholder ca	ndidate, or sta	ate measure n	roponent. If any
	Hawthorne	CA	90250		NAME OF OFFICEHOLDER, CA			ate incusore p	
Related Committees Not Included in this S not included in this statement that are controlled by yo contributions or make expenditures on behalf of your of	u or are primarily fo	,			OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER								
NAME OF TREASURER	CONTROLLED CO	OMMITT		7.	Primarily Formed Can officeholder(s) or candidate(
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	. BOX)				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIF	CODE ARE	EA COD	E/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER		OM D			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	. BOX)								
CITY STATE ZIF	CODE ARE	EA COD	E/PHONE		Atta	ch continuati	on sheets if n	necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statem	ent covers period	CALIFORNIA 460
from	01/01/2021	FORM TOO
through _	06/30/2021	Page3 of9
		I.D. NUMBER
		1424030

Hugo Rojas for Water Board 2020 Column A Calendar Year Summary for Candidates Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running In Both the State Primary and (FROM ATTACHED SCHEDULES) TOTALTODATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 0.00 100.00 2. Loans Received Schedule B. Line 3 20. Contributions 100.00 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 \$ 0.00 Received 0.00 0.00 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made 0.00 100.00 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$ Expenditures Made **Expenditure Limit Summary for State** Candidates \$ 1,650.00 7. Loans Made Schedule H. Line 3 0.00 0.00 22. Cumulative Expenditures Made* 1,650.00 (If Subject to Voluntary Expenditure Limit) -750.00 3,850.00 Date of Election Total to Date (mm/dd/yy) 5,500.00 Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 541.32 To calculate Column B. add 0.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 1,423.99 from Column B of your last reported in Column B. report. Some amounts in 1,650.00 Column A may be negative 315.31 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 \$ _____ 0.00 carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 FPPC Form 460 (Jan/2016)

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

							SCHE	DULE B-PART 1
Schedule B – Part 1 Loans Received	Ame	ounts may be re to whole dollar			Statement cov	ers period	CALIFORN	THE RESERVE OF THE PERSON NAMED IN
CEE INCTRINCTIONS ON DEVEROE					through06/3	0/2021	Page 4	of _ 9
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					tinough		I.D. NUMBER	·
Hugo Rojas for Water Board 2020							1424030	
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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVER THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Hugo II Roias Hawthorne, CA 90250	Board Member Centinela Valley Union High School District	\$ 100.00	\$0.00	\$ PAID \$ 0_00 □ FORGIVEN	\$	0_0% RATE	\$100_00 01/09/2020	SO_OO PER ELECTION**
™ IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	s	\$	\$DATE DUE	%	\$DATE INCURRED	\$ PER ELECTION *
[†] □ IND □ COM □ OTH □ PTY □ SCC		s	\$	PAID S FORGIVEN \$	DATE DUE	RATE \$	\$DATE INCURRED	\$PER ELECTION*
		SUBTOTALS \$	0.00	0.0	0\$ 100.00	\$ 0.00		
Schedule B Summary 1. Loans received this period				\$	0.00	(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized load 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party the	00 paid or forgiven.) at are also itemized on Scheo	dule A.)			0.00	IN CC	TH - Other (e.g., TY - Political Part	ommittee PTY or SCC) business entity)
Net change this period. (Subtract Lin Enter the net here and on the Summa	ne 2 from Line 1.) ry Page, Column A, Line 2.		••••••	NET \$	0.00 May be a negative number)	(SC	CC-Small Contril	outor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

** If required.

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

Schedule E
Payments Made

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Stateme	ent covers period	CALIFORNIA 160
from	01/01/2021	FORM 400
through _	06/30/2021	Page _5 of _9
		I.D. NUMBER
		1424030

SCHED ILE E

Hugo Rojas for Water Board 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances RFD returned contributions contribution (explain nonmonetary)* office expenses CTB SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals PHO FND fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT WEB information technology costs (internet, e-mail) print ads NAME AND ADDRESS OF PAYEE AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT Gould & Orellana, LLC 150.00 PRO Long Beach, CA 90802 Gould & Orellana, LLC 150.00 PRO Long Beach, CA 90802 150.00 Gould & Orellana, LLC PRO Long Beach, CA 90802 Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 450.00

Schedule E Summary

Itemized payments made this period, (Include all Schedule E subtotals.)	\$1,	650.00
2. Unitemized payments made this period of under \$100	\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	1,	650.00

Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

Staten	nent covers period	CALIFORNIA 160
from	01/01/2021	FORM TOU
through_	06/30/2021	Page 6 of 9
		I.D. NUMBER
		1 40 40 00

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Hugo Rojas for Water Board 2020 1424030

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants meetings and appearances returned contributions MTG CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor IND POS postage, delivery and messenger services TSF LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings LIT PRT print ads 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
Gould & Orellana, LLC Long Beach, CA 90802	PRO		150.00
Gould & Orellana, LLC Long Beach, CA 90802	PRO		150.00
FAMILIES FIRST EDUCATION VOTER GUIDE (ID# 1398433) Long Beach, CA 90802	LIT	Slate Mailer	500.00
LATINO FAMILY VOTER GUIDE (ID# 1386464) Long Beach, CA 90802	LIT	Slate Mailer	250.00
Gould & Orellana, LLC Long Beach, CA 90802	PRO		150.00
* Comments that are an Albertal			UPTOTAL \$ 1 000 00

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

SUBTOTAL \$

1,200.00

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Schedule	F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** 01/01/2021 through 06/30/2021 I.D. NUMBER

1424030

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hugo Rojas for Water Board 2020

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

CMP campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* CTB CVC civic donations PET FIL candidate filing/ballot fees PHO POL

FND fundraising events independent expenditure supporting/opposing others (explain)* ND legal defense LEG

campaign literature and mailings UT

MBR member communications MTG meetings and appearances OFC office expenses petition circulating

phone banks polling and survey research postage, delivery and messenger services

professional services (legal, accounting) PRT print ads

RAD radio airtime and production costs

returned contributions SAL campaign workers' salaries

t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

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
FAMILIES FIRST EDUCATION VOTER GUIDE (ID# 1398433) Long Beach, CA 90802	LIT Slate Mailer	500.00	0.00	500.00	0.0
LATINO FAMILY VOTER GUIDE (ID# 1386464) Long Beach, CA 90802	LIT Slate Mailer	500.00	0.00	250.00	250.0
CALIFORNIA FAMILIES VOTE GREEN (ID# 140855) Long Beach, CA 90802	LIT Slate Mailer	1,500.00	0.00	0.00	1,500.0
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	2,500.00\$	0.00\$	750.00\$	1,750.00

Schedule F Summary

- 1, Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for
- 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 \$_
- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

750.00

0.00

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

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** 01/01/2021 from through 06/30/2021 Page 8 of _ 9 I.D. NUMBER

1424030

NAME OF FILER

Hugo Rojas for Water Board 2020

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

OMP campaign paraphemalia/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 t.v. or cable airtime and production costs candidate filing/ballot fees candidate travel, lodging, and meals FIL PHO phone banks TRC staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TRS transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF ND LEG legal defense PRO professional services (legal, accounting) VOT voter registration ш campaign literature and mailings PRI print ads WEB information technology costs (internet, e-mail)

^{*} 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
YOUR COMMUNITY VOTER GUIDE (ID# 1408057) Long Beach, CA 90802	LIT Slate Mailer	1,500.00	0.00	0.00	1,500.00
CampaignRep. Los Angeles, CA 90066	WEB	600.00	0.00	0.00	600.00
	SUBTOTALS	2,100.00\$	0.00\$	0.00	2,100.00

Schedule	Í						SCHEDULE
Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.		Statement covers period		CALIFOR FORM	
							W
SEE INSTRUCTION	NS ON REVERSE				through06/30/2021		of9
NAME OF FILER						I.D. NUMBER	
Hugo Rojas f	or Water Board 2020					1424030	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		DES	SCRIPTION OF F	RECEIPT		OUNT OF ASE TO CASH
03/10/2021	County of Los Angeles	Mi	sc-Refunds				1,423.99
	Los Angeles, CA 90012						
		1					
		1					
						-	
Attach additional information on appropriately labeled continuation sheets.						L \$	1,423.99
Schedule I	Summary						
1. Itemized increases to cash this period						99	
2. Unitemized increases to cash of under \$100 this period.						00	
					00		
	ellaneous increases to cash this period. (Add Lines 1, 2, and						
	Page, Line 14.)			TOTAL	\$1,423.9	99	