· San			572Z COVER PAG
Recipient Committee Campaign Statement Cover Page		FECEIVED I	CALIFORNIA 460
	Statement covers period	Date of election if applicable: / MGELES C	
	from 1/1/22	(Month, Day, Year) 2022 DCT 27 AM	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>6/</u> 30/2022	November 8, 2022 CAMPAIGN FIN	
1. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	
State Candidate Election Committee Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Quarterly Statement Special Odd-Year Report
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 1)		· · · · · · · · · · · · · · · · · · ·
3. Committee information	I.D. NUMBER 1440375	Treasurer(s)	7
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE		NAME OF TREASURER	
Glendora Forward		Marco A. Villa MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS (NO P.O. BOX)			TATE ZIP CODE AREA CODE/PHONE A 91741 626-224-2614
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	A. 51741 020-224-2014
Glendora CA 9174 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS	
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	TATE ZIP CODE AREA CODE/PHONE
Glendora CA 9174			
OPTIONAL: FAX / E-MAIL ADDRESS	* • • •	OPTIONAL; FAX / E-MAIL ADDRESS	
4. Verification			
I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of		ontained herein and in the	e attached schedules is true and complete.
Executed on 10/26/2022	· B	r Assistant Treasurer	
Executed on	By Signature of Contro	Dina Officaboldar Candidate State Messure Present or Research	a Officer of Scopsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_

Executed on \_

Date

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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Officeholder or Candidate Controlled Commi	ittee	6.	Primarily Formed Ballo	t Measure (	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE N/A			NAME OF BALLOT MEASURE N/A				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	DN		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	TY STATE ZIP		Identify the controlling office			easure propo	nent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD		DI	STRICT NO. II	ANY
COMMITTEE NAME N/A	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	lidate/Office for which this	eholder Comi committee is prin	mittee List	names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I			NAME OF OFFICEHOLDER OR N/A	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	E OFFICE SOUGHT OR HE		SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C			Atta	ch continuatio	on sheets if nece	essary	

Campaign	Disclosure	Statement
Summary	Page	

Amounts may be rounded to whole dollars.

Statement covers period from 1/1/2022 CALIFORNIA FORM 460

through 6/30/2022 Page 3 of 17

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1440375 Marco A. Villa **Calendar Year Summary for Candidates** Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 2,795 2,795 1/1 through 6/30 7/1 to Date 0 20. Contributions 2.795 2,795 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 Received Nonmonetary Contributions...... Schedule C. Line 3 21. Expenditures \$ 356.35 Made 2,795 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 356.35 356.35 6. Payments Made...... Schedule E. Line 4 **Candidates** 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made\* 356.35 356.35 SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (if Subject to Voluntary Expenditure Limit) Total to Date Date of Election (mm/dd/yy) 356.35 356.35 \$ 356.35 **Current Cash Statement** 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 To calculate Column B. 2.795 add amounts in Column 13. Cash Receipts ...... Column A, Line 3 above A to the corresponding \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 356.35 15. Cash Payments ...... Column A, Line 8 above amounts in Column A may 2438.65 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. 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 **Cash Equivalents and Outstanding Debts** any). 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule Monetary	e A y Contributions Received		nts may be rounded whole dollars.	Statement cov	ers period	CALIFORNIA 460		
SEE INSTRUCT	IONS ON REVERSE			through <u>6/30/22</u>	·	Page	e 4 of	
NAME OF FILER						1.D. N 14403	UMBER 375	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
4/19/22	Helen Glaze Glendora CA 91741	IND COM OTH PTY SCC	Self employed - Marriage Family Therapist	515	515			
4/25/22 8/12/22	Marco Villa Glendora CA 91741	☑IND □COM □OTH □PTY □SCC	Business Operations Manager - Caltech	600	600			
5/1/22	John Mullholland Glendora, CA 91741	IND COM OTH SCC	Retired, self-employed social worker	100	100			
5/7/22	Ralph Katrina Glendora, CA 91741	IND COM OTH PTY SCC	Attorney - Pillsbury	500	500			
5/13/22	Emmanuel Mitsinikos Glendora, CA 91741	IND COM OTH PTY	Physician - City of Hope Medical Group	100	100			
			SUBTOTAL	\$ 1,815				
1. Amount re (Include a	A Summary ecceived this period – itemized monetary contribution ill Schedule A subtotals.) ecceived this period – unitemized monetary contribut				OT PT	other) H – Other Y – Politic	ual bient Committee r than PTY or SCC) (e.g., business entity)	
	etary contributions received this period.	Column A Line 1	TOTAL \$ <sup>2</sup> ,	795	_	EDI	PC Form 460 (lan/2016)	

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole o	dollars.	Statement cover from 1/1/2022 through 6/30/22	ers period	CALIFORNIA 460 FORM of 17	
NAME OF FILER	of Glendora Forward AZ			inough		1.D. NU 14403	IMBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
5/16/22	William O'Brien Glendora, CA 91741	IND COM OTH PTY	Marketing Director - Keurig/Dr. Pepper	100	100		
	-	□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				,	
			SUBTOTAL	\$ 100			

\*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

FPPC Form 460	(Jan/2016))
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www	fppc.ca.gov

Schedule B – Part 1 Loans Received	Am	ounts may be ro to whole dollar		Γ	Statement cov	ers period	CALIFORNIA 460		
Louis (Coolvod					from <u>1/1/22</u>		FORM		
SEE INSTRUCTIONS ON REVERSE					through 6/30/22		Page <u>6</u>	of <u>17</u>	
NAME OF FILER				·			I.D. NUMBER		
Marco A. Villa	•						1440375		
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	RECEIVED THIS	AMOUNT PAIL OR FORGIVE THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE	
				PAID				CALENDAR YEAR	
				\$	. \$	%	\$	\$	
				FORGIVEN		RATE		PER ELECTION	
†   IND   COM   OTH   PTY   SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
			<del> </del>	PAID				CALENDAR YEAR	
				\$	. s	%	\$	s	
				FORGIVEN		RATE		PER ELECTION	
				s	.	\$		\$	
†□IND □ COM □ OTH □ PTY □ SCC		3	\$		DATE DUE		DATE INCURRED		
		-		PAID				CALENDAR YEAR	
				\$	. \$	% RATE	\$	\$	
				FORGIVEN		Note		PER ELECTION	
†□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS :	\$ 0	<b>\$</b> 0	<b>\$</b> 0	<b>\$</b> 0			
Schedule B Summary		<del></del>				(Enter (e) on Scho	edule E, Line 3)	<del></del>	
•				_ 0					
<ol> <li>Loans received this period         (Total Column (b) plus unitemized loar</li> </ol>	ns of less than \$100 \				<del></del>	,			
<ol> <li>Loans paid or forgiven this period</li> </ol>				\$ <u>0</u>			†Contributor Codes IND – Individual	3	
(Total Column (c) plus loans under \$10	00 paid or forgiven.)						COM - Recipient C		
(Include loans paid by a third party tha				0				PTY or SCC)	
<ol><li>Net change this period. (Subtract Lin Enter the net here and on the Summa</li></ol>				NEI \$			OTH – Other (e.g., PTY – Political Par		
Elici die net here and on the Sulfilla	ry r age, Column A, Line 2.						SCC - Small Contr		
				(1)	May be a negative number)			<del>7 / </del>	

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

\*\* If required.

SCH	IEDUI	.EB-	PART

Schedule B – Part 2 Loan Guarantors	to whole deliate			RNIA 460			
SEE INSTRUCTIONS ON REVERSE				through	6/30/22	Page 7	of
NAME OF FILER						1.D. NUMBER 1440375	₹
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)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND □COM		LENDER			CALENDAR YEAR	
	□OTH □PTY □SCC	•	DATE			PER ELECTION (IF REQUIRED)	
	□IND □COM		LENDER			CALENDAR YEAR	
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
			LENDER			\$CALENDAR YEAR	
	□IND □COM	•	ELNDER			\$	
	□OTH □PTY □scc	•	DATE			PER ELECTION (IF REQUIRED)	
	□IND		LENDER			CALENDAR YEAR	
	□COM □OTH □PTY		DATE			PER ELECTION (IF REQUIRED)	
	□scc					\$Enter on	
			SUI	BTOTAL	\$0	Summary Page, Line 17 only.	, X

Schedule C		Amounts may be rounded						SCHEDULE C		
	etary Contributions Received		to whole dollars.	Statement covers period from 1/1/22			eriod			
SEE INSTRUCT	IONS ON REVERSE				thro	ugh <u>6/30/22</u>		Page 8	of <u>17</u>	
NAME OF FILER					<u> </u>			1.D. NUM 144037	BER	
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEN	LATIVE TO DATE DAR YEAR - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC	·							
		OTH SCC								
		□IND □COM □OTH □PTY □SCC								
Attach addit	ional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL S	0				
1. Amount re (Include a 2. Amount re	C Summary ecceived this period – itemized nonmonetar Il Schedule C subtotals.) ecceived this period – unitemized nonmone monetary contributions received this period	tary contributi					— IN CC	other th TH – Other (e TY – Political	nt Committee an PTY or SCC) g., business entity)	
	s 1 and 2. Enter here and on the Summar		nn A, Lines 4 and 10.)	ТОТА	AL \$ _				orm 460 (Jan/2016))	
						FPPC A	avice: adv	/Ice@tobc.ca	.gov (866/275-3772)	

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Supporti	y of Expenditures ng/Opposing Other tes, Measures and Committees	Amounts may be ro to whole dollar		Statement cover	rs period	CALIFORNIA 460		
	IONS ON REVERSE			through 6/30/22		Page 9 1.D. NUME 144037		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		Monetary Contribution Nonmonetary Contribution Independent					-	
	Support Dppose	Expenditure  Monetary Contribution  Nonmonetary Contribution  Independent						
	Support Oppose	Expenditure  Monetary Contribution  Nonmonetary Contribution					·	
	☐ Support ☐ Oppose	Independent Expenditure						
			SUBTOTAL	\$ 0				
	D Summary contributions and independent expenditures made	de this period. (Include	all Schodulo D subtotale )			<b>e</b> 0		
2. Unitemize	ed contributions and independent expenditures n	nade this period of unde	er \$100			\$ <u>-</u>		
3. Total cont	tributions and independent expenditures made th	nis period. (Add Lines 1	and 2. Do not enter on t	he Summary Page	e.) TO1	AL \$ 0	<del></del>	

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees  NAME OF FILER Marco Villa		to whole d	Amounts may be rounded to whole dollars.  Statement confrom 1/1/22 through 6/30/22			SCHEDULE D (CONTINUE OF CONTINUE OF CONTIN	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTR MEASURE NUMBER OR LETTER AND JURISI OR COMMITTEE		DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - I	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution Nonmonetary Contribution	-				
	☐ Support ☐ Oppose	Independent Expenditure  Monetary Contribution  Nonmonetary Contribution					
	☐ Support ☐ Oppose	independent Expenditure  Monetary Contribution  Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure  Monetary Contribution  Nonmonetary Contribution					
<del>Dalak <u>(</u> </del>	☐ Support ☐ Oppose	Independent Expenditure	SUBTOTAL	<b>\$</b> 0	18 Jun 48 19 Jun 18 Jun		
=1						EDDC I	Form 460 (Jan/2016))

Schedule E Payments Made	Amounts may be rounded to whole dollars.			Statement covers period from 1/1/22	FO	SCHEDULE FORNIA 460	
NAME OF FILER BETTEN DOTA FORWARD					through <u>6/30/22</u>	1.D. NUI	MBER
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	munication di appearances ating urvey reseavery and me	s œs	Other	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, an staff/spouse travel, lodging, TSF transfer between committee voter registration WEB information technology costs	luction cost d meals and meals s of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Sticker Mule		PRT					251
Amsterdam, NY 12010							
				,			
* Payments that are contributions or independent expenditures must also be s	summarized on Sche	dule D.			SU	BTOTAL	\$ 251.00
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule B	,					\$	251.00
2. Unitemized payments made this period of under \$100						\$	105.35
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Par	t 1, Colui	nn (e).)			\$ <u>0</u>	
4. Total payments made this period. (Add Lines 1, 2, and 3, En					line 6) TO	TAI \$ 3	356.35

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Marco Villa	Amounts may be rounded to whole dollars.  Statement covers period  6/1/22  from  through 6/30/22				of 17	
CODES: If one of the following codes accurately describ  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 cor MTG meetings an OFC office expen PET petition circu PHO phone bank POL polling and s POS postage, del	nmunications ad appearances ses alating s	enger services	RAD radio airtime and production returned contributions SAL campaign workers' salarie t.v. or cable airtime and pro TRC candidate travel, lodging, staff/spouse travel, lodging, transfer between committee voter registration WEB information technology con	on costs s oduction costs and meals g, and meals ees of the same	·
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OF	R DES	SCRIPTION OF PAYMENT		AMOUNT PAID
		-		,		
	-					
* Payments that are contributions or independent expenditures must also be	oe summarized on Sch	edule D.			SUBTOTAL \$	
				FPPC Advice: a		orm 460 (Jan/2016) a.gov (866/275-3772)

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Schedule F Accrued Expenses (Unpaid Bills) Accrued Expenses (Unpaid Bills)		Statement cover	ers period	california 460			
OFF INCTINICATIONS ON DEVERSE			through <u>6/30/22</u>		Page 13	of 17	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	· · · · · · · · · · · · · · · · · · ·				I.D. NUMBER		
NAME OF TILER					1440375		
CODES: If one of the following codes accurately describ	es the payment, you may	enter the code. Oth	nerwise, describe th	e payment.			
CMP campaign paraphernalia/misc.	MBR member communicatio		RAD radio airtime a		osts		
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and appeara OFC office expenses	SAL campaign work					
CVC civic donations	PET petition circulating		TEL t.v. or cable air	time and produc	ction costs		
FIL candidate filing/ballot fees FND fundraising events	PHO phone banks POL polling and survey rese	TRS staff/spouse tra	avel, lodging, ar	nd meals			
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and r	messenger services	TSF transfer between VOT voter registration		of the same cand	lidate/sponsor	
LEG legal defense LIT campaign literature and mailings	PRO professional services ( PRT print ads	legal, accounting)			costs (internet, e-mail)		
NAME AND ADDRESS OF ODERSTOR	CODE OR	(a)	(b)	(c) AMOUNT	PAID	(d) OUTSTANDING	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	THIS PER	IOD BAL	ANCE AT CLOSE THIS PERIOD	
				1			
				<u> </u>			
				ļ.			
				<u> </u>		·	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	<b>\$</b> 0	<b>\$</b> 0	\$ 0 	<b>\$</b> 0	·	
Schedule F Summary							
<ol> <li>Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total unitemized</li> </ol>	Schedule F, Column (b) su l accrued expenses under :	btotals for \$100.)	INCU	RRED TOT	ALS \$		
<ol><li>Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total uniternized</li></ol>	nedule F, Column (c) subto payments on accrued exp	tals for payments on enses under \$100.).		PAID TOT	ALS \$		
3. Net change this period. (Subtract Line 2 from Line 1. Er on the Summary Page, Column A, Line 9.)	nter the difference here and	i			NET \$		
					May be a	negative number 1 460 (Jan/2016) 1 (866/375-3773	

Sahadula E	Amounts may be rounded		SCHEDULE F (CON				
Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement covers period from 1/1/22 through 6/30/22	CALIFORNIA <b>460</b> FORM of 17				
NAME OF FILER  Marco Villa			I.D. NUMBER 1440375				
CODES: If one of the following codes accurately des	cribes the payment, you may enter the code	e. Otherwise, describe the payment.					

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

CVC civic don

FIL candidate filing/ballot fees

FID fundraising events

FIL candidate filing/ballot fees

FID fundraising events

FID petition circulating

FID phone banks

FIC candidate travel, lodging, and meals

FID polling and survey research

FIC candidate travel, lodging, and meals

FND fundraising events

IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

POL polling and survey research

POS postage, delivery and messenger services

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

LIT

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
	SUBTOTALS S	s 0	<b>\$</b> 0	<b>\$</b> 0	<b>\$</b> 0

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

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)  Amounts may be rounded to whole dollars.			froi		CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				thr	ough <u>6/30/22</u>	Page 15	of
NAME OF FILER		•	·	· · · · · · · · · · · · · · · · · · ·		1.D. NUMBE 1440375	
NAME OF AGENT OR INDEPENDENT CONTRACTOR			-				
CNS campaign consultants MTG	member co meetings a office expe petition circ phone bank polling and postage, de professiona print ads	mmunications nd appearance nses ulating s survey resean blivery and me al services (leg	es	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production of returned contributions campaign workers' salaries t.v. or cable airtime and produ- candidate travel, lodging, and staff/spouse travel, lodging, ar transfer between committees	ction costs meals nd meals of the same c	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R	DESCRIPTION	ON OF PAYMENT		AMOUNT PAID
					·		
							·
Attach additional information on appropriately labeled continuation	sheets.					TOTAL* \$	0
* Do not transfer to any other schedule or to the Summary Page. This total may not independent contractor as reported on Schedule E.	equal the am	ount paid to th	e agent or		FPPC Advice: adv		orm 460 (Jan/2016)) gov (866/275-3772) www.fppc.ca.gov

					<u>_</u>			SCHEDULE H
Schedule H		Amounts may be rounded				ers period	CALIFORN	IIA 460
Loans Made to Others*		to who	le dollars.		from		FORM	··· 400
SEE INSTRUCTIONS ON REVERSE	•			[	through6/30/22	· · · · · · · · · · · · · · · · · · ·	Page 16	of <u>17</u>
NAME OF FILER							I.D. NUMBER	
Marco Villa							1440375	
FULL NAME CERET APPRECS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a)	(b)	(c)	(d)	(e)	(f)	(g)
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	REPAYMENT OF FORGIVENES THIS PERIOD	S CLOSE OF THIS	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
								CALENDAR YEAR
	,		1	PAID		1		- CALLETONIC TEAR
		]		\$	s	%	\$	\$
-		1		FORGIVEN		RATE		PER ELECTION
			1				}	_
		\$	\$	\$	DATE DUE		DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				•	s	96	<b>s</b>	
			İ		-	RATE		-
				FORGIVEN	1		1	PER ELECTION**
		\$	\$	\$		\$		\$
					DATÉ DUE		DATE INCURRED	
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	<b>\$</b> 0	<b>\$</b> 0	<b>\$</b> 0	<b>\$</b> 0		
			<u> </u>			(Enter (e) on		
						Schedule I, Line 3)		
Calcadula II Cummanu	·					1	1	
Schedule H Summary					0			
Loans made this period  (Total Column (b) plus unitemized loan	s of less than \$100.)				0		· [	**If Required
2. Payments received on loans					\$ <del>~</del>			
(Total Column (c) plus unitemized payr					0			
3. Net change this period. (Subtract Line :					NET \$			
(Enter the net here and on the Summa	ry Page, Column A, Line 7.)	)						
					(May	be a negative number)		

Schedule I Miscellaneous Increases to Cash		nts may be rounded o whole dollars.	Statement covers period  from 1/1/22	CALIFORNIA 460 FORM	
SEE INSTRUCTION NAME OF FILER Marco Villa	NS ON REVERSE	··	through_6/30/22	Page 17 of 17  I.D. NUMBER  1440375	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DES	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
	-				
			,		
	tional information on appropriately labeled continuation sheets.		SUBTOTA	L\$ 0	
	creases to cash this period			_	
2. Unitemized	increases to cash of under \$100 this period		\$ <u>0</u>	_	
	interest received this period on loans made to others. (Schedule F		\$ <u>-</u>	-	
4. Total misce Summary F	ellaneous increases to cash this period. (Add Lines 1, 2, and 3. En Page, Line 14.)	ter here and on the		FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	