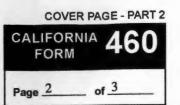
Recipient Committee Campaign Statement Cover Page			Date Stamp RECEIVED BY	CALIFORNIA 460 FORM Page 1 of 3		
W	Statement covers period from 1/01/23	(Month, Day, Year)	ANGELES COU	For Official Use Only		
SEE INSTRUCTIONS ON REVERSE	through 6/30/23	11/08/20 2	CAMPAIGN FINANCE			
1. Type of Recipient Committee: All Committee	es – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		(
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)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termi Amendment (Explain below	☐ Sp	uarterly Statement lecial Odd-Year Report		
3. Committee Information	I.D. NUMBER 1450971	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMM		NAME OF TREASURER				
Committee to elect Aaron Reveles for SchoolBo	pard	Aaron Reveles				
		MAILING ADDRESS				
STREET ADDRESS (NO P.O. BOX)		Chy	STATE ZIP	CODE AREA CODE/PHONE		
(10.10.20.4)		Los Angeles		022 6266175621		
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER,				
Los Angeles Ca	90022 626-617-5621					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR I	P.O. BOX	MAILING ADDRESS				
CITY STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE		
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL ADDRESS				
4. Verification						
I have used all reasonable diligence in preparing and a certify under penalty of perjury under the laws of the S Executed on 7/30/23				d complete. I		
Executed on 7/3 / 23	_					
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State	Measure Proponent			
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State	Measure Proponent			

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2



NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Aaron Reveles									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				BALLOT NO. OR LETTER	JURISDICTI	JURISDICTION		SUPPORT	
Montebello Unified SchoolBoard								OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY Los Angeles	STATE	ZIP 90022		Identify the controlling officeholder, candidate, or state measure proponent, if an				
					NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT				
Related Committees Not Included in this Sinct included in this statement that are controlled by you contributions or make expenditures on behalf of your call.	or are primarily t				OFFICE SOUGHT OR HELD			DISTRICT NO. II	FANY
OMMITTEE NAME	I.D. NUMBER								
				7.	Primarily Formed Can	didate/Offic	eholder Co	mmittee List	names of
IAME OF TREASURER	CONTROLLE			7.	Primarily Formed Can officeholder(s) or candidate(s	didate/Offices) for which this	eholder Co committee is	ommittee List primarily formed	names of
	☐ YES	D COMM		7.	Primarily Formed Can officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OF	s) for which this	committee is	ommittee List primarily formed	
COMMITTEE ADDRESS STREET ADDRESS (NO P.C.	YES O. BOX)	□ NC		7.	officeholder(s) or candidate(s	R CANDIDATE	OFFICE SOL	primarily formed	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.C.	D. BOX)	□ NC	<u> </u>	7.	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	primarily formed	SUPPORT OPPOSE SUPPORT OPPOSE
	YES O. BOX)	□ NO	DE/PHONE	7.	NAME OF OFFICEHOLDER OF	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOL	Primarily formed	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.C. CITY STATE ZIP COMMITTEE NAME	P CODE I.D. NUMBER CONTROLLE YES	AREA CO	DE/PHONE	7.	NAME OF OFFICEHOLDER OF	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOL	JGHT OR HELD JGHT OR HELD JGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA 460

Statement covers period

from 1/01/23

SEE INSTRUCTIONS ON REVERSE		through	6/31/23	Page 3 of 3	
NAME OF FILER AR Committee to elect Auron Re	veles for scho	oul Board		1.D. NUMBER 1450971	
Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ \frac{0}{0}	0	Running in Both th General Elections	mary for Candidates e State Primary and 7/1 to Date \$\frac{0}{4}\$	
Expenditures Made 6. Payments Made	\$\frac{0}{0} \\ \$\frac{0}{0} \	0 0 0 0 0 0 0		Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date	
Current Cash Statement 12. Beginning Cash Balance	0 0 0 \$ 634.36	to calculate Column B, dd amounts in Column to the corresponding mounts from Column B f your last report. Some mounts in Column A may e negative figures that hould be subtracted from revious period amounts. If nis is the first report being led for this calendar year, nly carry over the amounts	*Amounts in this section may be different from amounts reported in Column B.		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents		om Lines 2, 7, and 9 (if ny).	FPPC Advice: adv	FPPC Form 460 (Jan/2016 rice@fppc.ca.gov (866/275-377	