Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		RE	Date Stamp CEIVED BY GELES COUN		FORM 460
	Statement covers period from01/01/2023	Date of election if applicable: (Month, Day, Year)  2013 JU	L 20 PM 4:	34 Pag	ge1 of13 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	oug.i	PISC1	OSURE SECT	IUM	
O State Candidate Election Committee O Recall (Also Complete Part 5)  ☐ General Purpose Committee O Sponsored O Small Contributor Committee	omplete Parts 1, 2, 3, and 4.  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 Termina Amendment (Explain below)	ition)	Supplemen	statement d-Year Report stal Preelection - Attach Form 495
3. Committee information	D. NUMBER 1442282	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Valladares for Rio Hondo Community College 1		NAME OF TREASURER Oscar Valladares MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY Whittier	STATE	ZIP CODE 90605	AREA CODE/PHONE (323)273-7422
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF			
Norwalk CA 906  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.		David Gould MAILING ADDRESS			
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE CA	ZIP CODE 90650	AREA CODE/PHONE (213)489-4792
OPTIONAL: FAX / E-MAIL ADDRESS (213)489-4818 / dlgould@gouldorellana.com		OPTIONAL: FAX / E-MAIL ADDRESS			
4. Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ  Executed on 7-20-23  Dete  Executed on 7-20-23  Dete					omplete. I certify
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Mea	sure Proponent		
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Mea	sure Proponent		FPPC Form 460 (Jan/2016

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**COVER PAGE** 

# Recipient Committee Campaign Statement Cover Page — Part 2

	COVERI	PAG	E-PART 2
CALIF	FORNIA DRM	4	160
Page _	2	of _	13

			NAME OF BALLOT MEASURE			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Oscar Valladares						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICABL	LE)	BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT
Trustee District 5						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP				
	Whitier CA	90605	Identify the controlling of	fficeholder, car	ididate, or state measu	re proponent, if an
	MILCIEL CA	30003	NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PR	OPONENT	
Onless of Committees New York Inches and In the Co	4-4					
Related Committees Not Included in this S not included in this statement that are controlled by yo	_		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
contributions or make expenditures on behalf of your c		to receive				
COMMITTEE NAME	I.D. NUMBER					
		7	Primarily Formed Car		-L-1 O	
NAME OF TREASURER			. FIIIIIailiy Fullied Cal	ndidate/Unic	enoider Committee	List names of
WHILE OF THE POONER	CONTROLLED COMMITT	TEE?	officeholder(s) or candidate			
	CONTROLLED COMMITT	TEE?	officeholder(s) or candidate	(s) for which this	s committee is primarily fo	ormed.
	YES NO	TEE?		(s) for which this		D SUPPORT
	YES NO	TEE?	officeholder(s) or candidate	(s) for which this	s committee is primarily fo	ormed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	YES NO	) 	officeholder(s) or candidate	(s) for which this	s committee is primarily fo	D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	YES NO	) 	officeholder(s) or candidate	(s) for which this	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.  CITY STATE ZIP	YES NO	) 	officeholder(s) or candidate	(s) for which this	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	YES NO	) 	officeholder(s) or candidate	(s) for which this CANDIDATE CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE  D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.  CITY STATE ZIP	YES NO	) 	NAME OF OFFICEHOLDER OR	(s) for which this CANDIDATE CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE  D SUPPORT OPPOSE  D SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.  CITY STATE ZIP  COMMITTEE NAME	P CODE AREA COD	DE/PHONE	NAME OF OFFICEHOLDER OR	(s) for which this CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE  D SUPPORT OPPOSE  D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.  CITY STATE ZIP  COMMITTEE NAME	P YES NO NO BOX)  CODE AREA COD  I.D. NUMBER  CONTROLLED COMMITT	DE/PHONE	NAME OF OFFICEHOLDER OR	(s) for which this CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE  D SUPPORT OPPOSE  D SUPPORT OPPOSE  D SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.  CITY STATE ZIP  COMMITTEE NAME  NAME OF TREASURER	PYES NO  BOX)  CODE AREA COD  I.D. NUMBER  CONTROLLED COMMITT  YES NO	DE/PHONE	NAME OF OFFICEHOLDER OR	(s) for which this CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE  D SUPPORT OPPOSE  D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.  CITY STATE ZIP	PYES NO  BOX)  CODE AREA COD  I.D. NUMBER  CONTROLLED COMMITT  YES NO	DE/PHONE	NAME OF OFFICEHOLDER OR	(s) for which this CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE  D SUPPORT OPPOSE  D SUPPORT OPPOSE  D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. STATE ZIP COMMITTEE NAME	PYES NO  BOX)  CODE AREA COD  I.D. NUMBER  CONTROLLED COMMITT  YES NO	DE/PHONE	NAME OF OFFICEHOLDER OR	(s) for which this CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE  D SUPPORT OPPOSE  D SUPPORT OPPOSE  D SUPPORT

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Valladares for Rio Hondo Community College Board 2022

Contributions Received	COlumn A TOTAL THIS PERIOD (FROM ATTACHED 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	\$ 600.00	\$ .	600.00	General Elections		
2. Loans Received Schedule B, Line 3	0.00		18,100.00	1/1 through 6/30 7/1 to Date		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 600.00	\$ .	18,700.00	20. Contributions Received \$\$		
4. Nonmonetary Contributions Schedule C, Line 3	0.00		0.00			
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 600.00	\$ .	18,700.00	21. Expenditures Made \$\$		
Expenditures Made	 			Expenditure Limit Summary for State		
6. Payments Made Schedule E, Line 4	\$ 1,566.80	\$ .	1,566.80	Candidates		
7. Loans Made Schedule H, Line 3	0.00		0.00	22. Cumulative Expenditures Made*		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 1,566.80	\$ .	1,566.80	(If Subject to Voluntary Expenditure Limit)		
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	400.00		1,557.10	Date of Election Total to Date		
10. Nonmonetary Adjustment	0.00		0.00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE	\$ 1,966.80	\$ _	3,123.90	/\$		
Current Cash Statement				\$		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 3,141.63	Too	calculate Column B, add			
13. Cash Receipts Column A, Line 3 above	600.00	amo	ounts in Column A to the			
14. Miscellaneous Increases to Cash Schedule I, Line 4	300.00	from	esponding amounts n Column B of your last	*Amounts in this section may be different from amounts reported in Column B.		
15. Cash Payments Column A, Line 8 above	1,566.80		ort. Some amounts in umn A may be negative			
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,474.83	figu	res that should be			
If this is a termination statement, Line 16 must be zero.		peri	tracted from previous od amounts. If this is			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	for t	first report being filed this calendar year, only y over the amounts			
Cash Equivalents and Outstanding Debts	0.00	from any	Lines 2, 7, and 9 (if ).			
18. Cash Equivalents See instructions on reverse		B				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 19,657.10					

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cove	CA	CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through06/30/20	)23 Pag	e 4 of 13		
NAME OF FILER						NUMBER 2282		
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
04/18/2023	Gary Mendez Whittier, CA 90605	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Teacher Tai Crane Karate Dojo	100.00 Received through inter eFundraising Connectio 2831 G Street Ste. 120 Sacramento, CA 95814	100.0 mediary: ns	0		
04/21/2023	Jaime Lopez Whittier, CA 90605	☑IND □COM □OTH □PTY □SCC	Workforce Specialist II City of Santa Ana	100.00 Received through inter eFundraising Connectio 2831 G Street Ste. 120 Sacramento, CA 95814	100.0 nediary:			
05/15/2023	Gustavo Camacho Pico Rivera, CA 90660	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Councilmember Pico Rivera	250.00	250.0	0		
05/15/2023	Trena Reyes Varos  Whittier, CA 90603	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Speech Language Pathologist Whittier Union High School District	150.00	150.0			
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	600.00				
1. Amount re	A Summary ceived this period – itemized monetary contributions.  Schedule A subtotals.)		\$	600.00				

2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$

3. Total monetary contributions received this period.

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

PTY - Political Party

0.00

600.00

(other than PTY or SCC)
OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

(g) CUMULATIVE CONTRIBUTIONS TO DATE CALENDAR YEAR \$ 0.00 PER ELECTION\*\* \$G2022 4,000.00

CALENDAR YEAR \$\_\_\_\_0.00 PER ELECTION \*\* \$G2022 4,000.00

CALENDAR YEAR \$ 0.00 PER ELECTION \*\* \$G2022 4,000.00

							SCHE	EDULE B-PA
Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.  Statement covers period from				CALIFORNIA 46			
					through 06/3	0/2023	Page 5	of13
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					tinough		I.D. NUMBER	
Valladares for Rio Hondo Community Co	llege Board 2022						1442282	
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 PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATI CONTRIBUT TO DATE
Oscar Valladares Whittier, CA 90605	Deputy Public Guardian County of Los Angeles	\$_1,000.00	s 0.00	PAID  \$0_0  FORGIVEN  \$0_0	\$ 1,000.00	0_00% RATE	\$_1,000_00 10/28/2021	\$O PER ELECTI
TIND □ COM □ OTH □ PTY □ SCC		*	*	*	DATE DUE	•	DATE INCURRED	
Oscar Valladares Whittier, CA 90605	Deputy Public Guardian County of Los Angeles			\$O_O  FORGIVEN		00% RATE	\$_1,000_00	\$0 PER ELECTION \$ 62022 4,000
TO IND COM OTH PTY SCC		\$_1,000_00	\$0.00	\$0	DATE DUE	\$0.00	DATE INCURRED	\$02022 1700
Oscar Valladares Whittier, CA 90605	Deputy Public Guardian County of Los Angeles			PAID \$0_0 □ FORGIVEN	0 \$ 300.00	0_0% RATE	\$300_00	\$O PER ELECTI
†☑IND □ COM □ OTH □ PTY □ SCC		\$ 300.00	\$0_0	\$0	DATE DUE	\$0.00	11/19/2021 DATE INCURRED	\$G2022 4,00
		SUBTOTALS \$	0.00	\$ 0.	00\$ 2,300.00	\$ 0.00	45	
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period				\$	0.00			
(Total Column (b) plus unitemized loar						to	Contributor Codes	
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha	0 paid or forgiven.)		•••••	\$	0.00	on on	D – Individual DM – Recipient Co (other than IH – Other (e.g.,	PTY or SCC) business ent

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0.00 (May be a negative number)

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

Enter the net here and on the Summary Page, Column A, Line 2.

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PTY - Political Party

0.00

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

SCC - Small Contributor Committee

SCHEDULE B - PART 1 (CONT.)

Loans Received	IIOII Sileet) Am	ounts may be re to whole dollar			from01/0	1/2023	CALIFORN FORM	<sup>IA</sup> 460
SEE INSTRUCTIONS ON REVERSE through 06/30/2023								of13
NAME OF FILER							I.D. NUMBER	
Valladares for Rio Hondo Community Col	lege Board 2022						1442282	
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	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOR	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Oscar Valladares Whittier, CA 90605	Deputy Public Guardian County of Los Angeles			PAID \$0_0	\$ 200.00	0_00% RATE	\$200_00	\$O_OO PER ELECTION*
†☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ 200.00	\$0.00	\$0.00	DATE DUE	\$0_00	11/19/2021 DATE INCURRED	\$G2022 4,000.0
Oscar Valladares Whittier, CA 90605	Deputy Public Guardian County of Los Angeles			\$O_O	\$ _1,000.00	0_0% RATE	\$ 1,000.00	\$O_OO PER ELECTION *
†☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$_1,000_00	\$0_00	\$0.00	DATE DUE	\$0.00	12/21/2021 DATE INCURRED	\$G2022 4,000.0
Oscar Valladares Whittier, CA 90605	Deputy Public Guardian County of Los Angeles			PAID  \$0_00  FORGIVEN	\$	0_00% RATE	\$600_00	\$O_OO PER ELECTION*
<sup>†</sup> ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$600_00	\$000	\$00	DATE DUE	\$0.00	01/27/2022 DATE INCURRED	\$G2022 4,000.0
Oscar Valladares Whittier, CA 90605	County of Los Angeles			\$0_00	\$500_00	00% RATE	\$500_00	\$O_OO PER ELECTION*
†☑ IND □ COM □ OTH □ PTY □ SCC		\$50000	\$0.00	\$0.00	DATE DUE	\$0.00	03/15/2022 DATE INCURRED	\$G2022 4,000.0

†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

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

FPPC Form 460 (Jan/2016)

SCHEDULE B-PART 1 (CONT.)

### Schedule B - Part 1 (Continuation Sheet) Statement covers period Amounts may be rounded **CALIFORNIA** to whole dollars. **Loans Received FORM** 01/01/2023 of \_\_13\_ 06/30/2023 through . SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1442282 Valladares for Rio Hondo Community College Board 2022 (e) (g) OUTSTANDING OUTSTANDING (b) (c) IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE **AMOUNT** INTEREST **ORIGINAL** CUMULATIVE AMOUNT PAID OCCUPATION AND EMPLOYER BALANCEAT BALANCE OF LENDER CONTRIBUTIONS RECEIVED THIS PAID THIS **AMOUNT OF** OR FORGIVEN (IF SELF-EMPLOYED, ENTER **BEGINNING THIS CLOSE OF THIS** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) TO DATE **PERIOD** PERIOD LOAN NAME OF BUSINESS) THIS PERIOD PERIOD PERIOD Oscar Valladares Deputy Public Guardian CALENDAR YEAR PAID County of Los Angeles Whittier, CA 90605 \$ 5,000.00 \$ 0.00 \$ \_\_\_\_0.00 \$ 5,000.00 0.00% LOAN RATE PER ELECTION\*\* FORGIVEN G2022 4,000.00 06/16/2022 \$ 5,000.00 0.00 \$ 0.00 DATE INCURRED DATE DUE TE IND □ COM □ OTH □ PTY □ SCC Oscar Valladares Deputy Public Guardian CALENDAR YEAR PAID County of Los Angeles Whittier, CA 90605 0.00 \$ 5,000.00 0.00% \$ 5,000,00 LOAN RATE FORGIVEN PER ELECTION \*\* \$G2022 4,000.00 08/22/2022 \$ 5.000.00 0.00 0.00 0.00 DATE INCURRED DATE DUE TO IND COM OTH PTY SCC

\$ 3.500.00

SUBTOTALS \$

PAID

PAID

FORGIVEN

0.00

0.00\$

FORGIVEN

0.00

0 00

0.00\$

3.500.00

DATE DUE

DATE DUE

13,500.00\$

0.00%

RATE

RATE

0.00

0.00

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

Deputy Public Guardian

County of Los Angeles

Oscar Valladares

LOAN

Whittier, CA 90605

TE IND □ COM □ OTH □ PTY □ SCC

T□ IND □ COM □ OTH □ PTY □ SCC

†Contributor Codes

\$ 3.500.00

10/03/2022

DATE INCURRED

DATE INCURRED

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

CALENDAR YEAR

\$\_\_\_0.00

PER ELECTION \*\*

G2022 4,000.00

CALENDAR YEAR

PER ELECTION \*\*

# Schedule E Payments Made

# Amounts may be rounded to whole dollars.

Stateme	ent covers period	CALIFORNIA 160
from	01/01/2023	FORM 400
through _	06/30/2023	Page _ 8 _ of _ 13
		I.D. NUMBER
		1442282

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Valladares for Rio Hondo Community College Board 2022

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

CMP campaign paraphemalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)\*
CVC civic donations
CTL candidate filing/ballot fees

FND fundraising events

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

LEG legal defense

LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks

POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

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

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB 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 Norwalk, CA 90650	PRO	150.0
American Express Los Angeles, CA 90096-8000	CMP Credit Card Payment	200.0
Gould & Orellana, LLC Norwalk, CA 90650	PRO	150.0

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

SUBTOTAL\$

500.00

# **Schedule E Summary**

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

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.
Statement covers period	CALIFORNIA 460
from01/01/2023	FORM TOO
through 06/30/2023	Page 9 of 13
	I.D. NUMBER
	1442282

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Valladares for Rio Hondo Community College Board 2022

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Gould & Orellana, LLC Norwalk, CA 90650	PRO		150.00
American Express Los Angeles, CA 90096-8000	CMP	Credit Card Payment	122.3
Gould & Orellana. LLC Norwalk, CA 90650	PRO		150.00
American Express Los Angeles, CA 90096-8000	СМР	Credit Card Payment	150.00
Gould & Orellana. LLC Norwalk, CA 90650	PRO		150.00

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

SUBTOTAL \$

722.37

Schedule	E	
(Continua	tion	Sheet)
<b>Payments</b>	Mad	de

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA 160
from	01/01/2023	FORM 400
through_	06/30/2023	Page 10 of 13
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Valladares for Rio Hondo Community College Board 2022

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 CNS campaign consultants MTG meetings and appearances contribution (explain nonmonetary)\* office expenses CTB OFC CVC civic donations petition circulating PET candidate filing/ballot fees phone banks FIL PHO FND fundraising events POL polling and survey research

independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services ND POS professional services (legal, accounting)

LEG legal defense PRO LIT campaign literature and mailings PRT print ads RAD radio airtime and production costs

RFD 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 TRS

transfer between committees of the same candidate/sponsor TSF

1442282

voter registration VOT

WEB 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
American Express	CMP	Credit Card Payment	14.83
Los Angeles, CA 90096-8000			
Gould & Orellana, LLC	PRO		150.00
Norwalk, CA 90650			
* Dayments that are contained as a sindeness of a town discourse of the town			SURTOTAL \$ 164.83

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

SUBTOTAL \$

164.83

Schedule	F		
Accrued	<b>Expenses</b>	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** 01/01/2023 from 06/30/2023

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Valladares for Rio Hondo Community College Board 2022

I.D. NUMBER 1442282

CO	DES: If one of the following codes accurately describ	es the	payment, you may enter the code.	Otherwise	e, describe the payment.
CMP	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	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
ND	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)

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
Crosspoint Campaigns Santa Fe Springs, CA 90670	CNS	957.10	0.00	0.00	957.10
American Express Los Angeles, CA 90096-8000	CMP Credit Card Payment	200.00	0.00	200.00	0.00
American Express Los Angeles, CA 90096-8000	CMP Credit Card Payment	0.00	600.00	0.00	600.00
* Payments that are contributions or independent expenditures must also be	SUBTOTALS:	1,157.10\$	600.00\$	200.00\$	1,557.10

### Schedule F Summary

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 600.00
- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on
- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

  NET \$ 400.00

  May be a negative number

Schedule G	
Payments Made by an Agent or Independent	
Contractor (on Behalf of This Committee)	

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA 160		
from	01/01/2023	FORM 400		
through	06/30/2023	Page 12 of 13		

I.D. NUMBER

1442282

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Valladares for Rio Hondo Community College Board 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

American Express

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

MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. RFD returned contributions CNS campaign consultants MTG meetings and appearances SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* office expenses OFC CVC civic donations petition circulating TEL t.v. or cable airtime and production costs PET candidate travel, lodging, and meals candidate filing/ballot fees phone banks PHO TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TSF transfer between committees of the same candidate/sponsor ND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services

legal defense LEG professional services (legal, accounting) LIT campaign literature and mailings PRT print ads

VOT voter registration

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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION	OF PAYMENT AMOUNT PAID
Mobv Dick House of Kabob	MTG	122.3
Arlington, VA 22201		
Whittier Area Chamber of Commerce	cvc	150.0
Whittier, CA 90602		
Bovs & Girls Club of Whittier	CVC	600.0
Whittier, CA 90602		

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

872.37

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule I				SC	CHEDULE
Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period 01/01/2023	CALIFORNIA FORM	460
SEE INSTRUCTIO	MIC ON DEVEDOE		through 06/30/2023	Page13of	13
NAME OF FILER	NS ON REVERSE			I.D. NUMBER	
Valladares f	or Rio Hondo Community College Board 2022			1442282	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF	
03/09/2023	American Express Los Angeles, CA 90096-8000	Check was never	cash		300.00
Attach add	itional information on appropriately labeled continuation sheets.		SUB	TOTAL \$	300.00
Schedule	Summary				
	ncreases to cash this period		\$	300.00	
	d increases to cash of under \$100 this period			0.00	
	interest received this period on loans made to others. (			0.00	
4. Total misc	ellaneous increases to cash this period. (Add Lines 1, 2	2, and 3. Enter here and on the		300.00	