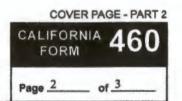
C	ecipient Committee ampaign Statement over Page					POS A VELLES	CALIFORNIA 460			
				Statement covers period m 01/01/2024	Date of election if applicable: (Month, Day, Year)	2024 JUL 29 P				
SE	E INSTRUCTIONS ON REVERSE		thre	ough 06/30/2024		CAPITAIGNE	MANGE			
1.	Type of Recipient Committee	: All Commit	tees - Complete	Parts 1, 2, 3, and 4.	2. Type of Statement:					
	Officeholder, Candidate Controlled State Candidate Election Commence Recall (Aleo Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	mittee	Comm	illy Formed Bailot Measure littee introlled onsored piete Peri 8) illy Formed Candidate/ nolder Committee piete Peri 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T	nt S t Termination)	uarterly Statement pecial Odd-Year Report			
3.	Committee Information			BER 51	Treasurer(s)					
	Jose M. Rios For School Board Z				NAME OF TREASURER Margarita Rios MAILING ADDRESS					
	STREET ADDRESS (NO P.O. BOX)				CITY	STATE ZIF	CODE AREA CODE/PHONE			
	CITY	STATE	ZIP CODE	AREA CODE/PHONE	Norwalk NAME OF ASSISTANT TREASUR		0650 562-802-2822			
	Norwalk	Ca	90650	562-802-2822	NAME OF AGGIGIANT TREAGUE	NEN, IF ANT				
	MAILING ADDRESS (IF DIFFERENT) NO. A			302-002-2022	MAILING ADDRESS					
	CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE			
	OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAILADDR	ESS				
	Verification I have used all reasonable diligence in certify under penalty of perjury under the Executed on O7 29 Executed on O7 29 Date Executed on O7 29 Date					•	schedules is true and complete. I			

Executed on ____

Recipient Committee Campaign Statement Cover Page — Part 2



Officeholder or Candidate Controlled Committee				6.	Primarily Formed Ballo	Committee			
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
ose M. Rios For School Board									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)					BALLOT NO. OR LETTER JURISDIC		ON	SUPPORT	
School Board Norwalk-La Mirada School district								OPPOSE	
ESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP								
	Norwalk Ca 90650				Identify the controlling offic	date, or state measure p	or state measure proponent, if any.		
					NAME OF OFFICEHOLDER, CA	ANDIDATE, OR F	PROPONENT		
Related Committees Not included in this S	tatement:	let any co	mmittage						
ot included in this statement that are controlled by you	or are primarily				OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY	
ontributions or make expenditures on behalf of your ca	панавсу.								
OMMITTEE NAME	I.D. NUMBE	R							
AME OF TREASURER	100000000			7.	Primarily Formed Can	didate/Offic	eholder Committee	List names of	
AME OF TREASURER	CONTROLL		1000000		officeholder(s) or candidate(s) for which this	committee is primarily for	med.	
OMMITTEE ADDRESS STREET ADDRESS (NO P.	D BOX	□ NO)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE		
ommittee of the first	J. 2014							☐ SUPPORT ☐ OPPOSE	
ITY STATE ZII	CODE	AREA CO	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE		
							O THE COOL OF THE	☐ SUPPORT	
OMMITTEE NAME	I.D. NUMBE	D						☐ OPPOSE	
	I.D. NOMBE				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT	
								OPPOSE	
AME OF TREASURER	CONTROLL	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OF	CANDIDATE OFFICE SO	OFFICE SOUGHT OR HE	LD 🗆		
	YES	□ NO)					SUPPORT OPPOSE	
OMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)							LI OPPOSE	
TY STATE ZII	CODE	AREACO	DE/PHONE			ach continuati			

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA 460 Statement covers period FORM Page 3 I.D. NUMBER

from 01/01/2024 through __06/030/2024 SEE INSTRUCTIONS ON REVERSE NAME OF FILER Jose M. Rios For Norwalk La Mirada School Board 2024 1431461

Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ \frac{0}{0} \$ \frac{0}{0} \$ \$ \$ \frac{0}{0} \$ \$ \$ \frac{0}{0} \$ \$ \$ \frac{0}{0} \$ \$ \$ \$ \$ \frac{0}{0} \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running In Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$
Expenditures Made 6. Payments Made	\$ 0 0 0 0 0 0	\$ 0 0 0 0 0 0	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) /
	\$\frac{3180.00}{0} \text{0} \text{0} \text{3180.00} \$\frac{0}{3180.00} \$\frac{0}{0} \text{\$\frac{0}{0}} \text{\$\frac{0}{0}} \text{\$\frac{0}{0}}	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from 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 any).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/2016)