COVER PAGE **Recipient Committee** CALIFORNIA **Campaign Statement Cover Page** Statement covers period Date of election if applicable; (Month, Day, Year) 01/01/2024 from 06/30/2024 CAMPAIGN FINANCE through 1. Type of Recipient Committee All Committees - Complete Parts 1, 2, 3, and 4 2. Type of Statement: Quarterly Statement X Officeholder, Candidate Controlled Committee Primarity Formed Ballot Measure Presisction Statement Committee State Candidate Election Committee Special Odd-Year Report X Semi-annual Statement Controlled Recall Termination Statement Sponsored (Also file a Form 410 Termination) (Also Complete Part 5) (Also Complete Part 8) General Purpose Committee Amendment (Explain Selow) Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) Political Party/Central Committee I.D. NUMBER Committee Information 1453466 Treasurer(s) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Jeff Brauckmann Rodriguez Moisa for Whittier Union High School Area 4 Trustee 2022 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 562 322-7599 Whittier, CA 90602 CITY STATE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY ZIP CODE Whittier, CA 90605 562 822-1991 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE Whittier, CA 90605 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS irodmoisa@gmail.com jeffbrauckmann@gmail.com 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on DATE Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

DATE

5. Officeholder or Candidate Controlled Committee		6. Primarily Formed	Ballot Meas	ure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Irma Rodriguez Molea	and in any loan of	BALLOT NO. OR LETTER	JURISDICTION		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUM Board of Education Whittier U	Inion High School 4	BALLOT NO. OF LETTER	JUNISDICTION		SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) Whittier,	STATE ZIP CA 90602	identify the controlli	ng officehold	ier, candidate, or state mea	sure proponent, if
Related Committees Not included in this Statement:	List any committees	NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PRO	PONENT	
not included in this statement that are controlled by you or are primar make expenditures on behalf of your candidacy	ny tonnou to receive continuations of	OFFICE SOUGHT OR HELD		DISTRICT NO). IF ANY
COMMITTEE NAME	I.D. NUMBER				
	1				
NAME OF TREASURER	CONTROLLED COMMITTEE?			Officeholder Committee Lis lich this committee is primarily	
	YES NO		lidate(s) for wh		formed.
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO	officeholder(s) or cand	CANDIDATE	lich this committee is primarily	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO	NAME OF OFFICEHOLDER OF	CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
	ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OF	CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N CITY STATE COMMITTEE NAME	ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OF	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT SUPPORT

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period 01/01/2024 from 06/30/2024 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

Rodriguez Moisa for Whittier Union High School Area 4 Trustee 2022

Rodriguez Moisa for Whittier Union High School Area 4 Trustee 2022		V-5152/			1453466
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Running in Both	Summary for Candidates In the State Primary and
1. Monetary Contributions	0.00	\$	0.00	General Election	is
2. Loans Received	0.00	_	0.00	1/	/1 through 8/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2	0.00	\$	0.00	20. Contributions	0.00 s 0.00
4. Nonmonetary Contributions	0.00	_	0.00	Received	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	0.00	s	0.00	21. Expenditures Made \$	0.00 \$ 0.00
Expenditures Made				Expenditures Li Candidates	imit Summary for State
6. Payments Made Schedule E, Line 4	\$ 70.06	\$_	70,06	Candidates	
7. Loans Made Schedule H, Line 3	0.00	_	0.00		nulative Expenditures Made* t to Voluntary Expenditure Limit)
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	\$ 70,06	\$	70.06	(ii oalojeci	to voluntary Experience Limity
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	_	0.00		
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	_	0.00	Date of Election (mm/dd/yy)	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 70.06	\$_	70.06		\$
Current Cash Statement			culate Column B,		\$
12. Beginning Cash Balance Provious Summary Page, Line 16	s4,326,58	A to th	mounts in Column ne corresponding		<u> </u>
13. Cash Receipts	0,00	of you	nts from Column B r last report, Some		<u> </u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	be neg	nts in Column A may gative figures that d be subtracted from		\$
15. Cash Payments Column A, Line 8 above	70.06	previo	us period amounts. If the first report being		S
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 4,256.52	tiled fo	or this calendar year, erry over the amounts		V
If this is a termination statement, Line 16 must be zero.			lines 2, 7, and 9 (if any).		
17. LOAN GUARANTEES RECEIVED Schedule B, Line 2	s0.00			*Amounts in this section reported in Column B.	may be different from amounts
Cash Equivalents and Outstanding Debts					
18. Cash Equivalents	4,326.58				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$	0.00			FPPC Ad	FPPC Form 460 (Jan/2016) dvice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov
					ii ii ii ippe.ca.gov

Schedule A Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from 01/01/2024		FORM 40		
				through06/30	/2024	Page _	4 of 13	
SEE INSTRUCTION NAME OF FILER Rodriguez N	No on REVERSE Moisa for Whittier Union High School Area 4 Truste	e 2022	-			I.D. NUMBER	1453466	
DATE RECEIVED	DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR		IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALEN	TIVE TO DATE DAR YEAR - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
		OTH PTY SCC						
I. Amount rece (Include all S 2. Amount rece 3. Total monete	A Summary eived this period - itemized monetary contributions. Schedule A subtotals.)			0.00	-	OTH - Other PTY - Politica	ient Committee than PTY or SCC) (e.g., business entity)	
(add Lines 1	and 2. Enter here and on the Summary Page, Column A, Lin		TOTAL \$	0.00	-			

SUBTOTAL \$

Schedule B - Part 1		Am	ounts may be round	ded			SCHEDULE B - PAR		
Loans Received			to whole dollars.		Statement cove	rs period 01/2024	CALIFORN FORM		
PET INCOME ON DESIGNATION					through06/3	30/2024	Page 5	of13	
NAME OF FILER							I.D. NUMBER		
Rodriguez Moisa for Whittier Union	High School Area 4 Trust	tee 2022					145	3466	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF 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 O FORGIVEN THIS PERIOD **	R (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS T DATE	
				PAID				CALENDAR YEAR	
				\$	\$	%	\$	PER ELECTION**	
				FORGIVEN		RATE			
		\$	s	s		s			
IND COM OTH PTY SCC				1	DATE DUE		DATE INCURRED		
Schedule B Summary									
1. Loans received this period				\$	0.00				
(Total Column (b) plus unitemized to	pans of less than \$100.)						* Contributor Code	IS	
Loans paid or forgiven this period (Total Column (c) plus loans under (Include loans paid by a third party to		hedule A.)		\$	0.00	_	IND - Individual COM - Recipient C (other than OTH - Other (e.g., PTY - Political Par	PTY or SCC) business entity)	

SUBTOTALS \$	\$ \$	\$

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

3. Net change this period. (Subtract Line 2 from Line 1.) _ _ _ _ _ Enter the net here and on the Summary Page, Column A, Line 2

SCC - Small Contributor Committee

0.00 (May be a negative number)

hedule B - Part 2 an Guarantors		Amounts may be rounded to whole dollars.	Statement	overs period		EDULE B - PA
			ATTACA STREET	01/01/2024	CALIFORNI FORM	⁴ 46
			through	06/30/2024	Page 6	of13
INSTRUCTIONS ON REVERSE IE OF FILER odriguez Molsa for Whittier Union High S	chool Area 4 Trust	ee 2022			LD. NUMBER 14534	166
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	S CUMULATIVE TO DATE	BALANCE OUTSTANDI TO DATE
	D IND		LENDER		CALENDAR DATE \$ PER ELECTION	
	COM OTH PTY SCC		DATE		(IF REQUIRED)	
	0			-		
			SUBTOTA	L \$	Enter on Summary Page. Une 17 only.	

Schedule C		Amounts may be rounded to whole dollars.						SCHEDULE C
Nonmonetary Contributions Received			to whole dollars.		Statem from	ont covers period 01/01/2024	CALIFORN FORM	
OSE INSTRUCTION	S ON BEVERSE				through _	06/30/2024	_ Page	of13
NAME OF FILER							LD. NUMBER	
Rodriguez M	olsa for Whittler Union High School Are	a 4 Trustee 202					1453	466
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)		PTION OF SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 91)	PER ELECTION TO DATE (IF REQUIRED)
		OTH PTY SCC						
		IND COM OTH PTY SCC						
		OTH PTY SCC						
Schedule C	Summary			***************************************			* Contributor Codes	
Amount recei (Include all Sc	ved this period - itemized nonmonetary contributhedule C subtotals.)	tions.			0.	00	IND - Individual COM - Recipient Com (other than PT	
2. Amount recei	ved this period - uniternized nonmonetary contri	butions of less tha	n \$100		0.	00	OTH - Other (e.g., but	
3. Total nonmor (add Lines 1 a	netary contributions received this period. and 2. Enter here and on the Summary Page, Co	olumn A, Lines 4 a	nd 10.)	TOTAL S	0.	00	PTY - Political Party SCC - Small Contribu	tor Committee
					SUBTOTAL \$			

Schedule D Amounts may be rounded to whole dollars. **Summary of Expenditures** Statement covers period CALIFORNIA Supporting/Opposing Other Candidates, Measures, and Committees 01/01/2024 from 06/30/2024 13 through NAME OF FILER LD. NUMBER Rodriguez Moisa for Whittier Union High School Area 4 Trustee 2022 1453466 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE PER ELECTION TO DATE DATE DESCRIPTION AMOUNT MEASURE NUMBER OR LETTER AND JURISDICTION. CALENDAR YEAR (IF REQUIRED) (IF REQUIRED) THIS PERIOD TYPE OF PAYMENT OR COMMITTEE (JAN. 1 - DEC. 31) Monetary Contribution Nonmonetary Contribution Independent Expenditure 9upport Oppose SCHEDULE D SUMMARY 0.00 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) 2. Unitemized contributions and independent expenditures made this period of under \$100 0.00 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) 0.00

SUBTOTAL \$

Schedule E	
Payments Made	

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period CALIFORNIA 01/01/2024 from 06/30/2024 through . I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Rodriguez Moisa for Whittier Union High School Area 4 Trustee 2022 1453466

	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1400400
CODES: If one of the following codes accurately describes	s the payment, you may enter the code. Other	wise, describe the payment.	
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 UT 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 campalgn workers' salarles TEL t.v. or cable airtime and production cos TRC candidate travel, lodging, and meals TRS staff/spouse travel, iodging, and meals TSF transfer between committees of the sa VOT voter registration WEB information technology costs (internet	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Schedule E Summary I, Itemized payments made this period. (Include all Schedule E su	iptotals.)		0.00
2. Unitemized payments made this period of under \$100			70.06
). Total interest paid this period on loans. (Enter amount from Sch	edule B. Part 1. Column (e)	\$	0.00
Total payments made this period. (Add Lines 1, 2, and 3. Enter			70.06
Payments that are contributions or independent expenditures must also be summarize	d on Schedule D.	SUBTOTAL \$	

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Schedule F Accrued Expenses (Unpaid Bills)		Amounts may be rounded to whole dollars. Statement covers peri			SCHEDULE
			from01/01		ORM 46
DEE INSTRUCTIONS ON DESIGNATION			through06/30	0/2024 Page	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Rodriguez Moisa for Whittier Union High School Area	4 Trustee 2022			LD. NUM	BER 1453466
CODES: If one of the following codes accurately describe CMP campaign paraphemalia/misc. 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 LIT campaign literature and mailings	MBR member communi MTG meetings and app OFC office expenses PET petition circulating PHO phone banks POL polling and survey POS postage, delivery of the print ads	cations earances research and messenger services	RAD radio airti RFD returned SAL campaign TEL t.v. or cab TRC candidate TRS staff/spou TSF transfer b VOT voter regi	n workers' salaries ble airtime and production of a travel, lodging, and meals use travel, lodging, and me between committees of the	s als same candidate/sponsor
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)	OUTSTANDING BALANCE A CLOSE OF THIS PERIOD
SCHEDULE F SUMMARY 1. Total accrued expenses incurred this period. (Include all Sched accrued expenses of \$100 or more, plus total uniternized accrued.)	ed expenses under \$100.)			NCURRED TOTALS	\$ 0.00
Total accrued expenses paid this period. (Include all Schedule I accrued expenses of \$100 or more, plus total uniternized payments.)				PAID TOTALS	\$0.00
 Net change this period. (Subtract Line 2 from Line 1. Enter the on the Summary Page, Column A, Line 9.) 	difference here and			NET	\$ 0.00

* Payments that are contributions or independent expanditures must also be summerized 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.	Statement covers period from01/01/2024	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through06/30/2024	Page11 of13
NAME OF FILER		•	1.D. NUMBER
Rodriguez Moisa for Whittier Union High School Area 4 Trus	tee 2022		1453466
CODES: If one of the following codes accurately describes the	payment, you may enter the code. Otherwise,	describe the payment.	
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 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 product RFD returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and pTRC candidate travel, lodging TRS staff/spouse travel, lodging TSF transfer between commit VOT voter registration WEB information technology of the product of t	ies production costs g, and meals ing, and meals tees of the same candidate/sponsor

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAI

TOTAL * \$

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

Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement covers period from01/01/2024 through06/30/2024		CALIFORNIA 460 Page 12 of 13 I.D. NUMBER 1453466	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Rodriguez Moisa for Whittier Union	n High School Area 4 Trust							
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME, OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD *		(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID \$ PORGIVEN	\$	RATE	\$	CALENDAR YEAR S_ PER ELECTION**

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E

SUBTOTALS \$

\$

\$

\$

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Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period from01/01/2024	CALIFORNIA 46 FORM 13 of 13	
			through06/30/2024		
SEE INSTRUCTIONS ON REVI NAME OF FILER Rodriguez Moisa for	I.D. NUMBER 1453466				
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBE		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
Schedule I Summ 1. Itemized increases to 2. Unitemized increases	_				
3. Total of all interest re-	\$	_			
 Total miscellaneous is Summary Page, Line 	ncreases to cash this period. (Add Lines 1, 2, and 14.)	3. Enter here and on the	TOTAL \$0.00		