|   | 36   | •   | 172 %                        | -                | *                                    |
|---|--|---|------------------------------|------------------|--------------------------------------|
|   | 36 - 4-  |   | 10/27/2                      | 2                | ,                                    |
| - 4 - 40  |  |   | 10/2/12                      | 2 FX             | COVERPAGE                            |
| Recipient Committee   |  | Γ   | Date Stamp                   | C/               | LIFORNIA 460                         |
| Campaign Statement  |  | I   | MECEIVED<br>IS ANGELES       | BY               | FORM 400                             |
| Cover Page<br>(Government Code Sections 84200-84216.5)                  |  | , [-  | IN ANGELES                   | COAM             |                                      |
| Government Code Sections 04200-04210.0)                                 | Statement covers period                            |   |                              |                  | ge <u>1</u> of <u>11</u>             |
| •   | from09/25/2022                                     | (Month, Day, Year)                                    | 022 OCT 28 A                 | MII: Pag         |                                      |
|   | 1011   | ·   · ·   [   |                              | MANTE .          | For Official Use Only                |
| SEE INSTRUCTIONS ON REVERSE   | through10/22/2022                                  | 11/08/2022  | CAMPAIGN F                   | MANUE            |                                      |
| 1. Type of Recipient Committee: All Committees - C                      | complete Parts 1, 2, 3, and 4.                     | 2. Type of Statement:                                 |                              |                  |                                      |
|   | Primarily Formed Ballot Measure                    | X Preelection Statement                               | ]                            | Quarterly S      | tatement                             |
| State Candidate Election Committee     Recall                           | Committee  | Semi-annual Statement                                 | [                            |                  | d-Year Report                        |
|   | <ul><li>○ Controlled</li><li>○ Sponsored</li></ul> | (Also file a Form 410 Ter                             | rmination)                   |                  | tal Preelection<br>- Attach Form 495 |
| General Purpose Committee   | (Also Complete Part 6)                             | Amendment (Explain be                                 |                              | Statement        | Attach Form 495                      |
| Sponsored   | Primarily Formed Candidate/                        |   | ,                            |                  |                                      |
| O Small Communice   | Officeholder Committee (Also Complete Part 7)      |   |                              |                  |                                      |
| O Political Party/Central Committee                                     | (Piso completer all r)                             |   |                              |                  |                                      |
| 3. Committee Information  | .D. NUMBER   | Treasurer(s)  |                              | •                |                                      |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE                     | 1451735  | NAME OF TREASURER                                     |                              |                  |                                      |
| Tomas Ivens for School Board 2022                                       | •  | Gary Crummitt   |                              |                  |                                      |
|   | -  | MAILING ADDRESS                                       |                              |                  |                                      |
|   | ·  |   |                              |                  |                                      |
| STREET ADDRESS (NO P.O. BOX)  |  | CITY  | STATE                        | ZIP CODE         | AREA CODE/PHONE                      |
| CITY STATE ZIP C  | ODE AREA CODE/PHONE                                | Long Beach NAME OF ASSISTANT TREASUR                  | CA CA                        | 90802            | (562)983-0815                        |
|   |  | NAME OF ASSISTANT TREASURE                            | ER, IF ANT                   |                  |                                      |
| Long Beach CA 908 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. |  | MAILING ADDRESS                                       |                              |                  |                                      |
|   |  |   |                              |                  |                                      |
| CITY STATE ZIP C  | ODE AREA CODE/PHONE                                | CITY  | STATE                        | ZIP CODE         | AREA CODE/PHONE                      |
| OPTIONAL: FAX / E-MAIL ADDRESS  |  | OPTIONAL: FAX / E-MAIL ADDRE                          | SS                           |                  |                                      |
| gary@crummittandassociates.com  |  |   |                              |                  |                                      |
| 4. Verification   |  |   |                              |                  |                                      |
| I have used all reasonable diligence in preparing and reviewin          | ng this statement and to                           | ned here  | ein and in the attache       | d schedules is t | rue and complete. I certify          |
| under penalty of perjury under the laws of the State of Californ        | nia that the foregoing is t                        |   |                              | ₹ .              |                                      |
| Executed on   | Ву   | ssistant Tr   | TO DOLLARO                   |                  |                                      |
| Date  |  | ssistant i  | reasurer                     |                  |                                      |
| Executed on   | Ву   | asure Prop  | onent or Responsible Officer | of Sponsor       |                                      |
| Executed on   | Ву   |   |                              |                  |                                      |
| Date  | •  | Signature of Controlling Officeholder, Candidate, Sta | ite Measure Proponent        |                  |                                      |
| Executed on   | Ву   | Signature of Controlling Officeholder, Candidate, Sta | te Measure Proponent         |                  | EDDO E (00 (1 0040)                  |
|   |  |   |                              |                  | FPPC Form 460 (Jan/2016)             |

FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

### Recipient Committee Campaign Statement Cover Page — Part 2

| COVER PAGE - PART 2 |              |    |    |  |  |
|---------------------|--------------|----|----|--|--|
| CALIF<br>FC         | ORNIA<br>ORM | 4  | 60 |  |  |
| Dago                | 2            | of | 11 |  |  |

| NAME OF OFFICEHOLDER OR CANDIDATE  |                                      |                 | NAME OF BALLOT MEASURE  |                                 |                        | ·   |
|--|--------------------------------------|-----------------|---|---------------------------------|------------------------|---|
| Tomas Ivens  |                                      |                 |   |                                 |                        |   |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI   | STRICT NUMBER IF APPLICABLE)         |                 | BALLOT NO. OR LETTER  | JURISDICTIO                     | N .                    | SUPPORT OPPOSE  |
| Board of Education Bellflower U.S.D.   |                                      |                 |   |                                 |                        | OPPOSE  |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  |                                      | ZIP<br>90802    | Identify the controlling off  | iceholder, can                  | didate, or state mea   | sure proponent, if any  |
|  | bong seach ca                        |                 | NAME OF OFFICEHOLDER, CAN   | NDIDATE, OR PRO                 | OPONENT                |   |
| Related Committees Not Included in this  | Statement: List any commi            | ittees          |   |                                 |                        |   |
| not included in this statement that are controlled by<br>contributions or make expenditures on behalf of you |                                      | receive         | OFFICE SOUGHT OR HELD   |                                 | DISTRICT               | T NO. IF ANY  |
| COMMITTEE NAME   | I.D. NUMBER                          |                 |   |                                 |                        |   |
|  |                                      |                 |   |                                 |                        |   |
|  |                                      |                 |   |                                 |                        |   |
| NAME OF TREASURER  | CONTROLLED COMMITTEE                 | <del>?</del> 7. | Primarily Formed Can  |                                 |                        |   |
| NAME OF TREASURER  | CONTROLLED COMMITTEE                 | 7.              | Primarily Formed Can officeholder(s) or candidate(s   |                                 |                        |   |
| NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO F  | ☐ YES ☐ NO                           | <del>?</del> 7. |   | s) for which this               |                        | y formed.   |
| COMMITTEE ADDRESS STREET ADDRESS (NO F   | ☐ YES ☐ NO                           | ?<br>           | officeholder(s) or candidate(s  | candidate                       | committee is primarily | FELD SUPPORT OPPOSE   |
| COMMITTEE ADDRESS STREET ADDRESS (NO F   | YES NO                               | ?<br>           | NAME OF OFFICEHOLDER OR O   | CANDIDATE                       | OFFICE SOUGHT OR H     | JELD SUPPORT OPPOSE SUPPORT OPPOSE  |
| COMMITTEE ADDRESS STREET ADDRESS (NO F   | YES NO O. BOX)  ZIP CODE AREA CODE/F | ?<br>           | officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR (   | CANDIDATE                       | OFFICE SOUGHT OR H     | JELD SUPPORT OPPOSE SUPPORT OPPOSE  |
| COMMITTEE ADDRESS STREET ADDRESS (NO F   | YES NO O. BOX)  ZIP CODE AREA CODE/F | PHONE           | NAME OF OFFICEHOLDER OR O   | CANDIDATE  CANDIDATE  CANDIDATE | OFFICE SOUGHT OR H     | SUPPORT   OPPOSE   OPPOSE |
| COMMITTEE ADDRESS STREET ADDRESS (NO F CITY STATE  COMMITTEE NAME  NAME OF TREASURER                         | I.D. NUMBER  CONTROLLED COMMITTEE    | PHONE           | NAME OF OFFICEHOLDER OR ON NAME OF OT OT ON NAME OF OT OT ON NAME OF OT | CANDIDATE  CANDIDATE  CANDIDATE | OFFICE SOUGHT OR H     | JELD SUPPORT OPPOSE  JELD SUPPORT OPPOSE  JELD SUPPORT OPPOSE   |
| COMMITTEE ADDRESS STREET ADDRESS (NO F   | I.D. NUMBER  CONTROLLED COMMITTEE    | PHONE           | NAME OF OFFICEHOLDER OR ON NAME OF OT OT ON NAME OF OT OT ON NAME OF OT | CANDIDATE  CANDIDATE  CANDIDATE | OFFICE SOUGHT OR H     | Formed.   SUPPORT   OPPOSE   SUPPORT   OPPOSE   SUPPORT   OPPOSE   SUPPORT   OPPOSE   SUPPORT   OPPOSE   SUPPORT   SUPPORT  |

## Campaign Disclosure Statement Summary Page

SUMMARY PAGE

| Summary Page                      | to whole dollars. | Statement covers |                   |                    | 60  |
|-----------------------------------|-------------------|------------------|-------------------|--------------------|-----|
|                                   |                   | from             | 09/25/2022        | FORM               | .00 |
| SEE INSTRUCTIONS ON REVERSE       |                   | through          | 10/22/2022        | Page3 of           | 11  |
| NAME OF FILER                     |                   |                  |                   | I.D. NUMBER        |     |
| Tomas Ivens for School Board 2022 |                   |                  |                   | 1451735            |     |
|                                   | Column A Colu     | mn B             | Colondon Voor Sun | nman, for Candidat |     |

| Contributions Received  | COLUMN A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES) | COLUMN B CALENDAR YEAR TOTAL TO DATE   | Calendar Year Summary for Candidates<br>Running in Both the State Primary and<br>General Elections |
|---|--|--|--|
| 1. Monetary Contributions   | \$7,230.00   | \$12,530.00  |  |
| 2. Loans Received Schedule B, Line 3                                  | 0.00   | 0.00   | 1/1 through 6/30 7/1 to Date   |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2                        | \$7,230.00   | \$12,530.00  | 20. Contributions Received \$ \$   |
| 4. Nonmonetary Contributions  | 0.00   | 0.00   | 21 Eypenditures  |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4                       | \$7,230.00   | \$12,530.00  | Made \$ \$   |
| Expenditures Made   |  |  | Expenditure Limit Summary for State  |
| 6. Payments Made Schedule E, Line 4                                   | \$ 2,573.49  | \$2,623.99   | Candidates   |
| 7. Loans Made Schedule H, Line 3                                      | 0.00   | 0.00   | 22. Cumulative Expenditures Made*  |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7                             | \$ 2,573.49  | \$2,623.99   | (If Subject to Voluntary Expenditure Limit)  |
| 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3                  | 3,400.00   | 3,400.00   | Date of Election Total to Date   |
| 10. Nonmonetary Adjustment  | 0.00   | 0.00   | (mm/dd/yy)   |
| 11. TOTAL EXPENDITURES MADE   | \$5,973.49   | \$6,023.99   | \$   |
| Current Cash Statement  |  |  | /\$  |
| 12. Beginning Cash Balance Previous Summary Page, Line 16             | \$5,249.50   | To calculate Column B, add   |  |
| 13. Cash Receipts Column A, Line 3 above                              | 7,230.00   | amounts in Column A to the corresponding amounts                                 |  |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4                | 0.00   | from 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                              | 2,573.49   | report: Some amounts in Column A may be negative                                 |  |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$9,906.01   | figures that should be   |  |
| If this is a termination statement, Line 16 must be zero.             |  | subtracted from previous period amounts. If this is the first report being filed |  |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2                       | \$0.00   | for this calendar year, only carry over the amounts                              |  |
| Cash Equivalents and Outstanding Debts                                |  | from Lines 2, 7, and 9 (if any).   |  |
| 18. Cash Equivalents See instructions on reverse                      | \$   | ,,,  |  |
| 19. Outstanding Debts   | \$3,400.00   |  |  |
|   |  | ı  | FPPC Form 460 (Jan/2<br>FPPC Advice: advice@fppc.ca.gov (866/275-                                  |

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

| Schedule                    |   | Amaun                                | to may be reunded  |                                   |  |                | SCI                                    | HEDULE A |
|-----------------------------|---|--------------------------------------|--|-----------------------------------|--|----------------|--|----------|
| Monetary                    | lonetary Contributions Received   |                                      | ts may be rounded whole dollars.   | from09/25/2                       |  | CALIFORNIA 460 |  |          |
| EE INSTRUCTIO               | INS ON REVERSE  |                                      |  | through _10/22/2                  | 022  | Page           | _4 of _                                | _11      |
| IAME OF FILER               |   |                                      |  |                                   |  | I.D. NUM       | BER                                    |          |
| Tomas Ivens                 | for School Board 2022   | ,                                    |  |                                   |  | 145173         | 5                                      |          |
| DATE<br>RECEIVED            | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CONTRIBUTOR<br>CODE *                | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO<br>CALENDAR YI<br>(JAN. 1 - DEC. | EAR            | PER ELEC<br>TO DAT<br>(IF REQUI        | E        |
| 10/01/2022                  | Debra Cuadros<br>Lake Forest, CA 92630  | ⊠IND<br>□COM<br>□OTH<br>□PTY<br>□SCC |  |                                   | 2  | 250.00         |  |          |
| 09/28/2022                  | Mario DiazCeballos<br>San Antonio, TX 78261   | ⊠IND<br>□COM<br>□OTH<br>□PTY<br>□SCC | Pastor<br>One Community Church   | 100.00                            |  |                |  |          |
| 10/11/2022                  | Expert Carpet Care Inc. Bellflower, CA 90706  | □IND □COM ☑OTH □PTY □SCC             |  | 250.00 250                        |  | 250.00         |  |          |
| 09/26/2022                  | Josu Figueroa<br>Woodlynne, NJ 08107  | ☑IND<br>□COM<br>□OTH<br>□PTY<br>□SCC | Business Banking<br>Consultant<br>JPMC   | 100.00                            | 1  | 100.00         |  |          |
| 10/19/2022                  | Juan Garza<br>Bellflower, CA 90706  | ☑IND<br>□COM<br>□OTH<br>□PTY<br>□SCC | Public Relations 1,000.00 Six Heron LLC  |                                   | 2,0  | 000.00         |  |          |
|                             |   |                                      | SUBTOTAL\$   | 1,700.00                          |  |                | 77.                                    | 4.7      |
| . Amount re-<br>(Include al | A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)  |                                      |  |                                   | IND -  | (other th      | t Committee<br>an PTY or So            |          |
| . Total mone                | ceived this period – uniternized monetary contributions<br>stary contributions received this period.<br>s 1 and 2. Enter here and on the Summary Page, Colu |                                      |  | 7,230.00                          | PTY-   | -Political P   | .g., business<br>arty<br>ntributor Com |          |

### Schedule A (Continuation Sheet)

| SCHEDULE A | (CONT.) |
|------------|---------|
|------------|---------|

| Monetary         |  |                                      | be rounded dollars.  | Statement cover                   | .  | CALIFORNIA 460 |  |  |
|------------------|--|--------------------------------------|--|-----------------------------------|--|----------------|--|--|
|                  |  |                                      |  | through10/22/                     | 2022   | Page_          | 5 of11                                   |  |
| NAME OF FILER    |  |                                      |  |                                   |  | 1.D. NUN       | MBER                                     |  |
| Tomas Ivens      | for School Board 2022  |                                      |  |                                   |  | 145173         | 35                                       |  |
| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE *                | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO<br>CALENDAR Y<br>(JAN. 1 - DEC | EAR            | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |  |
| 10/07/2022       | Hubert Humphrey Democratic Club Cerritos, CA 90703   | □IND<br>□COM<br>図OTH<br>□PTY<br>□SCC |  | 100.00                            | 1  | 00.00          |  |  |
| 10/07/2022       | IBE Digital  Garden Grove, CA 92841  | □IND<br>□COM<br>☑OTH<br>□PTY<br>□SCC |  | 2,000.00                          | 2,0  | 00.00          |  |  |
| 10/02/2022       | Jaime Lazaro  Lake View Terrace, CA 91342  | ⊠IND<br>□COM<br>□OTH<br>□PTY<br>□SCC | Pastor<br>La Iglesia de Panorama<br>City   | 100.00                            | 1  | 00.00          |  |  |
| 10/04/2022       | Sonia Molina<br>Los Angeles, CA 90020  | ⊠IND<br>□COM<br>□OTH<br>□PTY<br>□SCC | Dentist<br>Sonia Molina  | 500.00                            | 5  | 00.00          |  |  |
| 10/07/2022       | PACE of California School Employees<br>Association (ID# 761128)<br>Sacramento, CA 95814      | ☐IND<br>☐COM<br>☐OTH<br>☐PTY<br>☑SCC |  | 2,000.00                          | 2,0  | 00.00          |  |  |
|                  |  |                                      | SUBTOTAL   | \$ 4,700.00                       | · · · · · · · · · · · · · · · · · · ·        |                |  |  |

\*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

| Schedule | A ( | Continuation | on Sheet) |
|----------|-----|--------------|-----------|
| Monetary | Co  | ntributions  | Received  |

SCHEDULE A (CONT.)

| wonetary         | onetary Contributions Received   |                                      | dollars.   | from 09/25/                       |  | FORM 460 |  |  |
|------------------|--|--------------------------------------|--|-----------------------------------|--|----------|--|--|
|                  |  |                                      |  | through 10/22/                    | 2022   | Page_    | 6 of11                                   |  |
| NAME OF FILER    |  |                                      |  |                                   |  | I.D. NU  | MBER                                     |  |
| Tomas Ivens      | for School Board 2022  |                                      |  |                                   |  | 14517    | 35                                       |  |
| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE *                | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO<br>CALENDAR YI<br>(JAN. 1 - DEC. | 31)      | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |  |
| 10/06/2022       | Marisa Perez<br>Lakewood, CA 90713   | ⊠IND<br>□COM<br>□OTH<br>□PTY<br>□SCC | Board deputy<br>Gateway cities council of<br>governments                                   | 250.00 250.00                     |  | 50.00    |  |  |
| 10/03/2022       | Oscar Ramos Downey, CA 90241   | ⊠IND<br>□COM<br>□OTH<br>□PTY<br>□SCC | Self employed<br>Eagle investments   | 250.00                            | 2  | 50.00    |  |  |
| 10/03/2022       | Merwyn J. Tanis Lakewood, CA 0712  | ⊠IND<br>□COM<br>□OTH<br>□PTY<br>□SCC |  | 200.00                            | 2  | 00.00    |  |  |
| 10/06/2022       | Elvia Williams Oroville, CA 95966  | ⊠IND<br>□COM<br>□OTH<br>□PTY<br>□SCC | Mom<br>Stay home mom   | 100.00                            | 1  | 00.00    |  |  |
|                  |  | □IND<br>□COM<br>□OTH<br>□PTY<br>□SCC |  |                                   |  |          |  |  |
|                  |  |                                      | SUBTOTALS  | 800.00                            | <b>医</b> 经货币                                   |          | 所有[34]                                   |  |

\*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

| Outrodulo E   |                                      |  | _                   |            |   | SCHEDULE I                             |                      |
|---|--------------------------------------|--|---------------------|------------|---|--|----------------------|
| Schedule E<br>Payments Made   |                                      | Amounts may be rounded to whole dollars. |                     |            | tement covers p                           | CALIFO                                 |                      |
| Payments Made   | to whole d                           |  |                     |            | 09/25/202                                 | FOF                                    | RM TOO               |
|   |                                      |  |                     |            | 10/22/202                                 |  |                      |
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER                           |                                      |  |                     | throu      | igh10/22/202                              |  | of11                 |
| NAME OF FILER   |                                      |  |                     |            |   | I.D. NUM                               | BEK                  |
| Tomas Ivens for School Board 2022                                   |                                      |  |                     |            |   | 145173                                 | 5                    |
| CODES: If one of the following codes accurately describes           | the payment, yo                      | u may en                                 | ter the code. Other | erwise, de | scribe the payn                           | nent.                                  |                      |
| CMP campaign paraphernalia/misc.                                    | MBR member com                       |  |                     |            | radio airtime and pr                      |  |                      |
| CNS campaign consultants CTB contribution (explain nonmonetary)*    | MTG meetings an<br>OFC office exper  |  | es                  |            | returned contributio<br>campaign workers' |  |                      |
| CVC civic donations   | PET petition circu                   | ılating                                  |                     | TEL 1      | t.v. or cable airtime                     | and production costs                   |                      |
| FIL candidate filing/ballot fees FND fundraising events             | PHO phone banks<br>POL polling and s |  | rch                 |            | candidate travel, lod                     | lging, and meals<br>lodging, and meals |                      |
| IND independent expenditure supporting/opposing others (explain)*   |                                      |  | essenger services   |            |   |  | ne candidate/sponsor |
| LEG legal defense LIT campaign literature and mailings              |                                      | services (le                             | gal, accounting)    |            | voter registration                        | t- (Internet -                         | mail)                |
| Campaign interactive and mailings                                   | PRT print ads                        |  |                     | WEB i      | information technoic                      | ogy costs (internet, e                 | -maii)               |
| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) |                                      | CODE                                     | OR DE               | ESCRIPTION | OF PAYMENT                                |  | AMOUNT PAID          |
|   |                                      |  |                     | ESOKIF HON | OF FATMENT                                |  |                      |
| Crummitt & Associates, Inc.   |                                      | PRO                                      |                     |            |   |  | 770.00               |
| Long Beach, CA 90802  |                                      |  |                     |            |   |  |                      |
|   |                                      |  |                     |            |   |  |                      |
| Crummitt & Associates, Inc.   |                                      | PRO                                      |                     |            |   |  | 520.00               |
| Long Beach, CA 90802  |                                      |  |                     |            |   |  |                      |
| •   |                                      |  |                     |            |   |  |                      |
| E-Fundraising Connections   |                                      |  | Credit Card Pro     | cessing F  | ees                                       |  | 11.75                |
| Sacramento, CA 95814  |                                      |  |                     |            |   |  |                      |
|   |                                      | <u></u>                                  |                     |            |   |  |                      |
| * Payments that are contributions or independent expenditures m     | nust also be summ                    | arized on S                              | Schedule D.         |            | _   | SUBTOTAL\$                             | 1,301.7              |
| Schedule E Summary  |                                      |  |                     |            |   |  |                      |
| Itemized payments made this period. (Include all Schedule I         | E subtotals.)                        |  |                     |            |   | \$                                     | 2,523.49             |
| 2. Unitemized payments made this period of under \$100              |                                      |  |                     |            |   | \$                                     | 50.00                |
| 3. Total interest paid this period on loans. (Enter amount from     | Schedule B, Part                     | 1, Column                                | (e).)               |            |   | \$                                     | 0.00                 |

# Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

|                         | SCHEDOLE E (CON I.) |
|-------------------------|---------------------|
| Statement covers period | CALIFORNIA 460      |
| from 09/25/2022         | FORM TOO            |
| through10/22/2022       | Page 8 of 11        |
|                         | I.D. NUMBER         |
|                         | 1451735             |

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Tomas Ivens for School Board 2022

| CODES: If one of the following codes accurately describes  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 commeetings among office experiments petition circumphone banks. POL polling and postage, de | member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) |             | RAD<br>RFD<br>SAL<br>TEL<br>TRC<br>TRS<br>TSF<br>VOT | RAD radio airtime and production costs returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals |             |  |
|---|---|--|-------------|--|--|-------------|--|
| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   |   | CODE   | OR          | DESCRIPTIO   | N OF PAYMENT   | AMOUNT PAID |  |
| E-Fundraising Connections Sacramento, CA 95814  |   |  | Credit Card | Processing   | Fees   | 5.00        |  |
| E-Fundraising Connections Sacramento, CA 95814  |   |  | Credit Card | Processing   | Fees   | 1.85        |  |
| E-Fundraising Connections Sacramento, CA 95814  |   |  | Credit Card | Processing   | Fees   | 5.00        |  |
| E-Fundraising Connections Sacramento, CA 95814  |   |  | Credit Card | Processing   | Fees   | 16.75       |  |
| E-Fundraising Connections Sacramento, CA 95814  |   |  | Credit Card | Processing   | Fees   | 11.75       |  |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D.  |   |  |             | SUBTOTAL   | \$ 40.35   |             |  |

| Schedule E           |
|----------------------|
| (Continuation Sheet) |
| Payments Made        |

SCHEDULE E (CONT.)

| Continuation Sheet) Payments Made Amounts may be roun to whole dollars.   |  |   | Statement covers period from09/25/2022  | CALIFORNIA 460   |
|---|--|---|---|--|
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER   |  |   | through10/22/2022   | Page 9 of 11   |
| Tomas Ivens for School Board 2022   |  |   |   | 1451735  |
| CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings | MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del | munications<br>d appearances<br>ses<br>lating | 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, | duction costs d meals and meals es of the same candidate/sponsor |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  |  | CODE OR                                       | DESCRIPTION OF PAYMENT  | AMOUNT PAID  |
| E-Fundraising Connections Sacramento, CA 95814  |  | Credit Card P                                 | rocessing Fees  | 23.00  |

| (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR DESCRIPTION OF PAYMENT   | AMOUNT PAID |
|--|------|-----------------------------|-------------|
| E-Fundraising Connections              |      | Credit Card Processing Fees | 23.00       |
| Sacramento, CA 95814                   |      |                             |             |
| E-Fundraising Connections              |      | Credit Card Processing Fees | 16.75       |
| Sacramento, CA 95814                   |      |                             |             |
| E-Fundraising Connections              |      | Credit Card Processing Fees | 11.75       |
| Sacramento, CA 95814                   |      |                             |             |
| Christina Ivens                        | OFC  |                             | 409.39      |
| Bellflower, CA 90706                   |      |                             |             |
| Santos Nunez                           | CMP  |                             | 500.00      |
| Bellflower, CA 90706                   |      |                             |             |
|  |      |                             |             |

SUBTOTAL \$ \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. 960.89

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

SEE INSTRUCTIONS ON REVERSE

LIT

Amounts may be rounded to whole dollars.

| Statement covers period | CALIFORNIA 460  |  |  |  |  |
|-------------------------|-----------------|--|--|--|--|
| from09/25/2022          | FORM TOO        |  |  |  |  |
| through 10/22/2022      | - Page 10 of 11 |  |  |  |  |
|                         | I.D. NUMBER     |  |  |  |  |

1451735

NAME OF FILER

Tomas Ivens for School Board 2022

campaign literature and mailings

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

campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions contribution (explain nonmonetary)\* office expenses CTB OFC - SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs PET FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research IND

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

PRT print ads 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 |
|--|------|----|------------------------|-------------|
| Victor Sanchez   | CMP  |    |                        | 22          |
| Bellflower, CA 90706   |      |    |                        |             |
|  |      |    |                        |             |
|  |      |    |                        |             |
|  |      |    |                        |             |
|  |      |    |                        |             |
|  |      |    |                        |             |
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|  |      |    |                        |             |
|  |      |    |                        |             |
|  |      |    |                        |             |
|  |      |    |                        |             |

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

SUBTOTAL \$

220.50

| ₽.  |   |  |  |  | SCHEDUL  |
|---|---|--|--|--|--|
| Accrued Expenses (Unpaid Bills)  Accrued Expenses (Unpaid Bills)  Amounts may be rounded to whole dollars.  |   |  | Statement cove   | FO   | ORNIA 460  |
| SEE INSTRUCTIONS ON REVERSE   |   |  | through  | 2022 Page  | 11 of11  |
| NAME OF FILER   |   |  |  | I.D. NUM   | IBER   |
| Tomas Ivens for School Board 2022   |   |  |  | 14517  | 35   |
| 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  ND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LT campaign literature and mailings | MBR member communication MTG meetings and appears OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads | ns<br>ances<br>search<br>messenger services      | RAD radio airtime an RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave staff/spouse tra TSF transfer betwee VOT voter registrati | nd production costs butions kers' salaries time and production costs l, lodging, and meals avel, lodging, and meals en committees of the sar | me candidate/sponso                                      |
| NAME AND ADDRESS OF CREDITOR<br>(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)<br>OUTSTANDING<br>BALANCE AT CLOSI<br>OF THIS PERIOD |
| Political Data, Inc.  | Voter Files   | 0.00   | 3,400.00   | 0.00   | 3,400  |
| Long Beach, CA 90806  |   |  |  |  |  |
|   |   |  |  |  |  |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D.  | SUBTOTALS   | \$ 0.00  | \$ 3,400.00\$  | \$ 0.00\$  | 3,400.   |
| Schedule F Summary  1. Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total uniternized 2. Total accrued expenses paid this period. (Include all Sch  | accrued expenses under  | \$100.)  |  | IRRED TOTALS \$ _  | 3,400.00   |

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 \$ 3,400.00 / May be a negative number