Recipient Committee			Date Stamp CALIFORNIA 460
Campaign Statement Cover Page			FORM
_	Statement covers period from 10/23/22	Date of election if applicable: (Month, Day, Year)	LOS ANGELES COURFOROFICIAL Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/22	1/8/22	CAMPAIGN 5114 C11862
1. Type of Recipient Committee: All Committee	ees – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	DISCLOSURE SECTION
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	Quarterly Statement Special Odd-Year Report
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMM Angel Jesus Sanche &		Treasurer(s) NAME OF TREASURER Angul Sanc MAILING ADDRESS	art
School Board 2022 STREET ADDRESS (NO P.O. BOX) CITY STATE LAWNdale CA	ZIP CODE AREA CODE/PHONE 90240 (310)738-4717	CITY Lawndale NAME OF ASSISTANT TREASUR	STATE ZIP CODE AREA CODE/PHONE CA 90260 ER, IF ANY
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OF CITY STATE OPTIONAL: FAX/E-MAIL ADDRESS		MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDRE	STATE ZIP CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and certify under penalty of perjury under the laws of the Executed on 8/2/23 Executed on Date Executed on Date	State of California that the	igriature or Controlling Othernolder, Candidate, C	
Date	Si	ignature of Controlling Officeholder, Candidate, S	State Measure Proponent FPPC Form 460 (Jan/2016)

Statement of O Recipient Com	_			/	Date Sta	<i>f</i>	CALIFOR	
Statement Type	☐ Initial	Amendment	Q	Termination - See Part 5	2/2/23	EMAIL	1	Official Use Only
	O Not yet qualified				AUG -9 PM I	₁: 20	021	522 862
	O Date qualification threshold met	Date qualification threshold met		Date of termination	PAIGN FINA	MCE.	11	8/02
	//	/		12 / 31 / 220 80	LOSURE SEC	TION		
1. Committee	Information I.D. Numbe	1 1456310		2. Treasurer and	Other Princip	al Officers		
NAME OF COMMITTEE	- 12		_	NAME OF TREASURER				
	s sanchez for la	WNDALE SCHOOL		ANGEL SANG	મ _િ ષ્ટ			
BOARD 2	022			STREET ADDRESS (NO P.O. BOX)				
STREET ADDRESS (NO P.O.	BOX)			CITY	_	STATE	ZIP CODE	AREA CODE/PHONE
				LAUNDALE			90260	THE COST TIONS
CITY	STATE ZIP CO			NAME OF ASSISTANT TREASURER	, IF ANY		(02.0	
LAWNDALE		1260 (310)738-	47					
FULL MAILING ADDRESS (II	F DIFFERENT)			STREET ADDRESS (NO P.O. BOX)				
E-MAIL ADDRESS (REQUIRI	ED) / FAY (OPTIONAL)			NA		STATE	ZIP CODE	AREA CODE/PHONE
NA	and the state of			HA				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
COUNTY OF DOMICILE	JURISDICTION WHERE COM	MITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)		-		
NA	NA			NA				
				STREET ADDRESS (NO P.O. BOX)				
·			NA		STATE	ZIP CODE	AREA CODE/PHONE	
Attach additional	Attach additional information on appropriately labeled continuation sheets.				JIAIL	ZIF CODE	AREA CODE, FRONE	
3. Verification	, ,			NA				
	asonable diligence in preparing t y under the laws of the S	this statement and to the bes	t of	my knowledge the informat and correct.	tion contained he	rein is true a	ind complete.	I certify under
Executed on 8	2 23 By							
	DATE			F TREASURER OR ASSISTANT TREASUR	RER			
Executed on	X 2 23 By							
m				FICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT			
Executed on	DATE By ,			FICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT			
Executed on	Ву							
	DATE	SIGNATURE OF CONTI	ROLLI	ING OFFICEHOLDER, CANDIDATE, OR STATE I	MEASURE PROPONENT			

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee						CALIFORNIA 410					
INSTRUCTIONS ON REVERSE							Page 2				
COMMITTEE NAME						I.D. NUMBER					
ANGEL PESUS SANCHEZ FOR LAWNDA	HE S	CHOOL BOARD	2022			1456	310				
All committees must list the financial institution where the can	npaign bar	nk account is located.									
NAME OF FINANCIAL INSTITUTION	AREA CO	DDE/PHONE	BANK ACCOU	JNT NUMBER							
SCHOOLS FERST	(800) 462-8328									
ADDRESS	CITY		SIMIE	411	-						
	TOPP	ANCE	CA	-	10503						
4. Type of Committee Complete the applicable sections.											
Controlled Committee											
 List the name of each controlling officeholder, candidate, or state also list the elective office sought or held, and district number, if 			e or officeholder	controlled	,						
 List the political party with which each officeholder or candidate 	is affiliate	d or check "nonpartisan	" Stating "No pa	arty prefere	nce" is accep	table					
 If this committee acts jointly with another controlled committee 	, list the n	ame and identification n	umber of the otl	ner controll	ed committe	e.					
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGHT O		YEAR OF ELECTION	PART CHECK						
ANGEL SANCHEZ	LAWN	DALE SCHOOL B	OARD	22	Nonpartisan	Partisan	(list political par				
					Nonpartisan	Partisan	(list political par	ty below)			
Primarily Formed Committee Primarily formed to support or op	ppose spec	ific candidates or measu	res in a single el	ection. List	below:						
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETT IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	TER)		OFFICE SOUGHT OR H E DISTRICT NO., CITY (ON	CHECK	ONE			
							SUPPORT	OPPOSE			
							SURPORT	OPPOSE			

Statement of Organia Recipient Committee						CALIFORNIA 410		
NSTRUCTIONS ON REVERSE							Page 3	
OMMITTEE NAME ANGEL JESUS SA	NCHEZ FOR	- LAWNDALE	SCHOOL BOX	HPD 2022			1.D. NUMBER 1456310	
4. Type of Committe							/	
General Purpose Committee	Not formed t		se specific candidates		single election. Chec STATE Comm		:	
ROVIDE BRIEF DESCRIPTION OF ACTIVIT	Υ					-		
Sponsored Committee	List additional spoi	sors on an attachn	nent.					
NAME OF SPONSOR			INDUSTRY G	GROUP OR AFFILIATION OF SP	ONSOR			
TREET ADDRESS NO. AN	STREET		CITY		STATE	ZIP CODE	AREA CODE/PHONE	
Small Contributor Committe		/						
		ate qualified						
5. Termination Requ			ne treasurer, assistant trea	asurer and/or candidat	e, officeholder, or ponent	certify that all of t	he following conditions have been met:	

- This committee has ceased to receive contributions and make expenditures;
- · This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- · This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.