Recipient Committee Campaign Statement Cover Page			2/2/23 CALIFORNIA FORM		
SEE INSTRUCTIONS ON REVERSE	Statement covers period from $\frac{10 23 22}{122}$	Date of election if applicable: (Month, Day, Year)	RECEIVED Brage /- C LOS ANGELES COUNTEN OFFICIAL U. 2023 FEB - 6 PM 3: 27		
1. Type of Recipient Committee: All Committees - C	1	2. Type of Statement:	CAMPAIGN FINANCE		
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)		ermination)		

	(Also Complete Part 5) General Purpose Committee Sponsored Sponsored Small Contributor Committee O Political Party/Central Committee O Political Party/Central Committee		(Also file a Form 410 Termination) Amendment (Explain below)
3.	Committee Information 1.D. NUMBER		Treasurer(s)
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER
	Angel Jesus Sanchet For LAUNDAGE		Angel Sanchez
	Angel Jesus Sanchet For LAUNDAE School board 2022		MAILIN ADDRESS
	STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONE
			Laundale CA 90260 (310)738-4717
	CITY STATE ZIP CODE AREA CODE/PHONE		NAME OF ASSISTANT TREASURER, IF ANY
	(AWNDARE CA 90260 (310)738-4717		
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS
	CITY STATE ZIP CODE AREA CODE/PHONE	٠.	CITY STATE ZIP CODE AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS

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 f

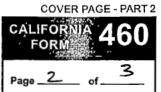
Executed on 1/3/123	· ·
1/2.12.3	nt Treasurer
Executed on Date	Proponent or Responsible Officer of Sponsor
Executed onDate	State Measure Proponent
Executed on	By Signature of Controlling Officeholder, Condidate State Measure Proposed

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



Officeholder or Candidate Controlle	d Committee	6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE	1		NAME OF BALLOT MEASURE				
Angel Tesus Sanche	₹ '						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO, OR LETTER	JURISDICTIO	ON		SUPPORT
Laundale Elenentury Sch	ool Board trustre area Z						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S			Identify the controlling office	holder candi	data or state	measure propo	nent if any
	LAWNOALE CA 90250		NAME OF OFFICEHOLDER, CA				
Balance Street Hardward and Street	this Otatamanta and						~
Related Committees Not Included in not included in this statement that are controlle contributions or make expenditures on behalf of	d by you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
COMMITTEE NAME	I.D. NUMBER			1			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candofficeholder(s) or candidate(s)	lidate/Offic	eholder Co	mmittee List	names of
	☐ YES ☐ NO						
COMMITTEE ADDRESS STREET ADDRES	S (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE	E ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
							OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	+=
COMMITTEE ADDRESS STREET ADDRES	YES NO						SUPPORT OPPOSE
	- 0			-			
CITY STATE	E ZIP CODE AREA CODE/PHONE		Atta	ch continuation	on sheets if n	ecessary	
				,		-	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

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Statement covers period from 10 23 122

SUMMARY PAGE CALIFORNIA 460

Page <u>3</u> of <u>3</u>

I.D. NUMBER

1			
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDL	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions	ine 3	\$ \(\beta \)	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$
Expenditures Made 6. Payments Made	- 4	\$	Expenditure Limit Summary for State Candidates
8. SUBTOTAL CASH PAYMENTS	5+7 \$	- \$ <u>0</u>	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
10. Nonmonetary Adjustment	ine 3		Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Lin 13. Cash Receipts Column A, Line 3 at 14. Miscellaneous Increases to Cash Schedule I, Lin 15. Cash Payments Column A, Line 8 at 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line If this is a termination statement, Line 16 must be zero.	e 16 \$	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED\$chedule B, P	art 2 \$	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if	
18. Cash Equivalents and Outstanding Debts 19. Outstanding Debts	~	any).	EDDC Form 450 (lon /2014
13. Outstanding Debts Add Line 2 + Line 9 in Column B a	oove a	—	FPPC Form 460 (Jan/2016

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