					1/28/2	3 pm	COVERPAGE
Recipient Committee					Date Stam		
Campaign Statement							LIFORNIA 460
Cover Page					LOS ANGEL	V/50	FORM TOO
Government Code Sections 84200-84216.5)	)	_			I AS ANCE	AFD BA	
			Statement covers period	Date of election if applicable:	- CO ANGE	-F2 COAMI	1 of 9
		1,	rom 10/23/2022	(Month, Day, Year)	2023 184 0		
		- 1"		•	LOES JAN 31	PM 2: 39	For Official Use Only
BEE INSTRUCTIONS ON REVERSE		ti	hrough12/31/2022		CAMPAIGN	FINANCE	017467
I. Type of Recipient Committee:	All Commi	ttees – Comp	lete Parts 1, 2, 3, and 4.	2. Type of Statement:			008547
X Officeholder, Candidate Controlled Co	mmittee	Prim	narily Formed Ballot Measure	☐ Preelection Statement	*	☐ Quarterly S	
State Candidate Election Committee	e		nmittee	<ul><li>X Semi-annual Statement</li></ul>	t		d-Year Report
O Recall		_	Controlled	Termination Statement			tal Preelection
(Also Complete Part 5)		_	Sponsored Complete Part 6)	(Also file a Form 410 T	•		Attach Form 495
☐ General Purpose Committee				☐ Amendment (Explain t	pelow)		
Sponsored			narily Formed Candidate/				
Small Contributor Committee			ceholder Committee Complete Part 7)				
O Political Party/Central Committee							
3. Committee Information			NUMBER 21025	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME	IF NO CO		1023	NAME OF TREASURER			
Carranza for School Board 2022	:			Yolanda Miranda			
				MAILING ADDRESS			
						-	
STREET ADDRESS (NO P.O. BOX)				CITY	STATE	ZIP CODE	AREA CODE/PHONE
				Covina	CA	91722	(626)915-7635
CHY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY		
El Monte	CA	91732	(626) 532-7506				
MAILING ADDRESS (IF DIFFERENT) NO. ANI	STREET	OR P.O. BOX		MAILING ADDRESS			
_							
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Covina	CA	91722					
OPTIONAL: FAX / E-MAIL ADDRESS (626) 915-6626 / adam.carranza@				OPTIONAL: FAX / E-MAIL ADDI	RESS		
(626)915-6626 / adam.carranzae	gmair.c	OIII					
. Verification							
I have used all reasonable diligence in prep						d schedules is tr	ue and complete. I certify
under penalty of perjury under the laws of t	ne State o	California th	nat the foreç				
Executed on01/16/2023		_					
Date							
Executed on01/16/2023						-10	
Date						of Sponsor	
Executed onDate			ру	Signature of Controlling Officeholder, Candidate, S	State Measure Programm		
Late				and the state of t	, and a moderation of topolitical		
Executed onDate			Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent		

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

COVER PAGE - PART 2				
CALIFORNIA FORM	460			
Page2	of9			

Officeholder or Candidate Controlled Committee			Primarily Formed Ballot	t Measure Committe	e	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Adam C. Carranza						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Board of Education Mountain View SD						☐ OPPOSE
,,	TY STATE ZIP		Identify the controlling office	eholder, candidate, or s	tate measure	proponent, if any.
	Monte CA 91732		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROPONENT		
Related Committees Not Included in this Sta not included in this statement that are controlled by you of contributions or make expenditures on behalf of your can	r are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	). IF ANY
NAME OF TREASURER	I.D. NUMBER  CONTROLLED COMMITTEE?	7.	Primarily Formed Cand			
	YES NO		officeholder(s) or candidate(s)	TOF Which this committee i	s primarily tor	med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	)X)		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C			NAME OF OFFICEHOLDER OR CA	NDIDATE OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attach	continuation sheets if	necessary	

# Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE

NAME OF FILER Carranza for School Board 2022 1321025 Column A Column B **Calendar Year Summary for Candidates Contributions Received** TOTALTHIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE **General Elections** 15,893.00 1/1 through 6/30 7/1 to Date 2. Loans Received ...... Schedule B, Line 3 0.00 20. Contributions 849.00 15,893.00 SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ Received 0.00 3,310.00 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ \_\_\_\_\_ 849.00 19,203.00 **Expenditures Made Expenditure Limit Summary for State Candidates** \$ 10,879.14 7. Loans Made ...... Schedule H. Line 3 0.00 22. Cumulative Expenditures Made\* 10,879.14 (If Subject to Voluntary Expenditure Limit) 0.00 9. Accrued Expenses (Unpaid Bills) ......Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 0.00 3,310.00 10. Nonmonetary Adjustment ...... Schedule C, Line 3 Current Cash Statement 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ 9,024.50 To calculate Column B, add 849.00 amounts in Column A to the 13. Cash Receipts ...... Column A, Line 3 above corresponding amounts \*Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 1,313.38 15. Cash Payments...... Column A, Line 8 above Column A may be negative 16. ENDING CASH BALANCE ......... Add Lines 12 + 13 + 14. then subtract Line 15 \$ 8,560.12 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B. Part 2 \$ \_\_\_\_\_ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 

> FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A Monetary Contributions Received			ts may be rounded	Statement covers period			SCHEDULE		
Worletary	Contributions Received	to	whole dollars.	whole dollars.  from10/23/20		CALIFORNIA 46			
SEE INSTRUCTIO	ONS ON REVERSE			through _12/31/2	022	Page	94 of9		
NAME OF FILER						I.D. N	UMBER		
Carranza for	r School Board 2022					1321	025		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
11/03/2022	Dan Arriola Tracy, CA 95376	⊠IND □COM □OTH □PTY □SCC	Deputy District Attorney San Joaquin County	100.00		100.00			
11/08/2022	Martha Carrera  South El Monte, CA 91733	⊠IND □COM □OTH □PTY □SCC	Student J&M Engineering And Machine Shop	150.00		150.00	,		
11/04/2022	Marcos Castaneda Santa Clarita, CA 91321	⊠IND □COM □OTH □PTY □SCC	Program Technician State Of California	100.00		300.00			
11/09/2022	Marcos Castaneda  Santa Clarita, CA 91321  Refund contribution	IND □COM □OTH □PTY □SCC	Program Technician State Of California	-100.00	1	300.00			
11/02/2022	Rosalinda Keeler Glendora, CA 91740	☑IND □COM □OTH □PTY □SCC	Teacher Pomona Unified School District	150.00	1	150.00			
SUBTOTAL\$ 400.00									
Amount re (Include al	A Summary  ceived this period – itemized monetary contributions.  I Schedule A subtotals.)			650.00	IND- COM	(other	al ent Committee than PTY or SCC)		
2. Amount received this period – uniternized monetary contributions of less than \$100									

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

#### Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA /

Statement covers period

			1	from10/23/	2022	F	ORW -	<b>T</b> 00
				through 12/31/	/2022	Page	5 of	9
NAME OF FILER						I.D. NU	MBER	
Carranza for	School Board 2022			_		13210	25	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELE TO DA (IF REQ)	ATE
11/12/2022	LA County Democracy Party Issues and Advocacy Committee (ID# 744554) Los Angeles, CA 90017	□IND □COM □OTH □PTY □SCC		200.00	2	00.00	G2022	\$200.00
12/04/2022	Thomas Wong Monterey Park, CA 91/54	⊠IND □COM □OTH □PTY □SCC	Public Affairs Manager Southern California Edison	50.00	1	50.00	G2022	\$150.00
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	250.00				

\*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 E Payments Made	Amounts may be rounded to whole dollars.			Statement covers period from10/23/2022	SCHEDULE ORNIA 460 ORM	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through12/31/2022	Page	
NAME OF FILER					I.D. NUN	IBER
Carranza for School Board 2022					132102	25
CODES: If one of the following codes accurately described 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 com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and seponstage, del	munications d appearance uses lating s survey resear	es	RAD radio airtime and product returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and product radio airtime air	tion costs  ies production costs and meals ng, and meals ttees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
eFundraising Connections Sacramento, CA 95816		OFC	Processing Fee			2.7
Bactamento, CA 33010						
eFundraising Connections		OFC	Processing fee			4.9
Sacramento, CA 95816						
eFundraising Connections		OFC	Processing fee			7.2
Sacramento, CA 95816						
* Payments that are contributions or independent expenditures	must also be summ	arized on S	chedule D.		SUBTOTAL\$	14.9
Schedule E Summary						
1. Itemized payments made this period. (Include all Schedule	E subtotals.)				\$	1,218.38
2. Unitemized payments made this period of under \$100					\$	95.00

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.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 160
from 10/23/2022	FORM 400
through 12/31/2022	Page of9
	I.D. NUMBER
	1321025

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carranza for School Board 2022

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries petition circulating CVC civic donations PET t.v. or cable airtime and production costs candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF IND professional services (legal, accounting) LEG legal defense PRO VOT voter registration campaign literature and mailings PRT print ads 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
eFundraising Connections	OFC	Processing fee	10.00
Sacramento, CA 95816			
eFundraising Connections	OFC	Processing fee	8.88
Sacramento, CA 95816			
eFundraising Connections	OFC	Processing fee	4.38
Sacramento, CA 95816			
Mailchimp	WEB		59.00
Atlanta, GA 30308			
Mailchimp	WEB		59.00
Atlanta, GA 30308			

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

SUBTOTAL \$

141.26

Schedule E (Continuation Sheet) Payments Made	Amounts may be to whole do		Statement covers period  from10/23/2022	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Carranza for School Board 2022			through12/31/2022	Page8 of _9  I.D. NUMBER  1321025
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	MBR member com meetings and OFC office expen- petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearances ses ating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and TRS staff/spouse travel, lodging,	duction costs d meals and meals s of the same candidate/spons
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DES	SCRIPTION OF PAYMENT	AMOUNT PAID
Mailchimp		WEB		59.

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Mailchimp	WEB		59.00
Atlanta, GA 30308			
Shakevs Pizza	MTG	11/10/22 Meeting for 13 people	103.16
El Monte, CÃ 91731			
Yolanda Miranda & Associates, Inc.	PRO		300.00
Covina, CA 91722			
Yolanda Miranda & Associates, Inc.	PRO		300.00
Covina, CA 91722			
Yolanda Miranda & Associates, Inc.	PRO		300.00
Covina, CA 91722			

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

1,062.16

Schedule	∍ F		
Accrued	<b>Expenses</b>	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

	- CONTEDUCE!
Statement covers period	CALIFORNIA 460
from10/23/2022	FORM 400
through 12/31/2022	Page9 of9
	I.D. NUMBER
	1321025

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carranza for School Board 2022

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CVP campaign paraphernalia/misc. MTG meetings and appearances RFD returned contributions CNS campaign consultants contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL. t.v. or cable airtime and production costs candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals PHO POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events POS postage delivery and messenger services transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* TSF PRO professional services (legal, accounting) LEG legal defense VOT voter registration WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads ш (a) (b) (c) (d)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Yolanda Miranda & Associates, Inc.	PRO	300.00	0.00	300.00	0.00
Covina, CA 91722					
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	300.00\$	0.00	300.00	0.00

#### Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F. Column (b) subtotals for 

0.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ......PAID TOTALS \$ \_\_\_\_\_

300.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)