1			400	COVER PAGE
Recipient Committee Campaign Statement Cover Page			RECEIVED BY OS ANGELES COUNT	CALIFORNIA 460
	Statement covers period from 7/1/2022	Date of election if applicable: (Month, Day, Year)	2022 OCT -3 AM IO: 12	
SEE INSTRUCTIONS ON REVERSE	through 9/24/2022	11/8/2022	CAMPAIGN FINANCE	020866
1. Type of Recipient Committee: All Committees - Cor	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
O State Candidate Election Committee O Recall (Also Complete Part 5)  General Purpose Committee O Sponsored O Small Contributor Committee	rimarily Formed Ballot Measure Committee Committee Controlled Controlled Complete Part 6) Complete Part 6) Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	ermination)	y Statement Odd-Year Report
	NUMBER 446317	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)	1 Board 2022		ZIP CODE	AREA CODE/PHONE
Paramount LA 90723	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		493-0400
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	., -	OPTIONAL: FAX / E-MAIL ADDRE	ESS	
Scuevas 4schoolboard agm. Verification	pail. Com			
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of C		nowledge the information contained	herein and in the attached schedu	les is true and complete. I
Executed on	Ву 🕳		Treasurer	-
Executed on 9/24/22 Date	BySignature of Control	ling Officeholder, Candidate, State Measure Pro	oponent or Responsible Officer of Sponsor	_
Executed on	BySig	nature of Controlling Officeholder, Candidate, S	State Measure Proponent	<b>-</b>
Executed onDate	BySig	mature of Controlling Officeholder, Candidate, S	State Measure Proponent	= EPPC Form 460 (Jan/2016))
				CEEK FORM 400 DAM ZUIDII

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# Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
Page 2 of 6

5.	Officeholder or Candidate Controlled Committee	6.	Primarily Formed Ballot	Measure (	Committee			
	NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE					
	Sandra Cuevas							
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT	
	0 11						OPPOSE	
	Paramount Unified School District RESIDENTIALIBUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP							
	Paramount [A 90723		Identify the controlling officeholder, candidate, or state measure proponent, if any.					
	- I Gramount Ch 10125		NAME OF OFFICEHOLDER, CAN	DIDATE, OR P	ROPONENT			
	Related Committees Not Included in this Statement: List any committees							
	not included in this statement that are controlled by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTR	ICT NO. II	ANY	
	contributions or make expenditures on behalf of your candidacy.							
	COMMITTEE NAME I.D. NUMBER							
	Sandra-Cuevas For							
	School Board 2022 144 6317	7.	Primarily Formed Candi	date/Office	eholder Commit	tee List	names of	
	NAME OF TREASURER CONTROLLED COMMITTEE?	• • • • • • • • • • • • • • • • • • • •	officeholder(s) or candidate(s) f	or which this	committee is primari	ly formed		
	Rota Cuevas DYES DNO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT O	B HEI D		
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEROLDER OR C	ANDIDATE	OFFICE SOUGHT O	KILLD	☐ SUPPORT	
							☐ OPPOSE	
	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT	
	Paramount EA 90723 13101493-0400						OPPOSE	
	COMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT O	B HEI D	5,7002	
		>	NAME OF OFFICEROLDER OR C	ANDIDA, E	OFFICE SOUGHT O	KHELD	SUPPORT	
			*				OPPOSE	
	NAME OF TREASURER CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT	
	☐ YES ☐ NO						OPPOSE	
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)							
	CITY STATE ZIP CODE AREA CODE/PHONE		- Attac	h continuatio	on sheets if necessa	ry		
	•							

## Campaign Disclosure Statement Summary Page

SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2

Amounts may be rounded to whole dollars.

Column A

TOTAL THIS PERIOD

(FROM ATTACHED SCHEDULES)

00.00

2,500

00.00

\$ 2,500

00.00

s <u>00.00</u>

SUMMARY PAGE

Statement covers period from 7/11/22	CALIFORNIA 460
through 9 (24/22	Page 3 of 6
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

**Contributions Received** 

NAME OF FILER

Sandra Everas (Sandra Everas For School Board 2022)

1446317

### **Expenditures Made**

6.	Payments Made	Schedule E, Line 4	\$ 1,804.65	\$ 8,121.29
7.	Loans Made	Schedule H, Line 3	00.00	00.00
8.	SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 1,809-63	\$ 8,721.24
	Accrued Expenses (Unpaid Bills)		00,00	8,721.24
10.	Nonmonetary Adjustment	Schedule C, Line 3	00.00	00.00
<b>1</b> 1.	TOTAL EXPENDITURES MADE	dd Lines 8 + 9 + 10	\$ 1,809.63	\$ 8,721.24

### **Expenditure Limit Summary for State Candidates**

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)

Made

Total to Date

#### **Current Cash Statement**

Cash Equivalents and Outstanding Debts

19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above

Current Cash Statement	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 78.39
13. Cash Receipts Column A, Line 3 above	2,500
14. Miscellaneous Increases to Cash Schedule I, Line 4	00.00
15. Cash Payments	1,209.63
16. ENDING CASH BALANCE	\$ <u>768.76</u>
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 00.00

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 filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Column B

TOTAL TO DATE

2,300

00.00

9,490

\*Amounts in this section may be different from amounts reported in Column B.

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Schedule A Monetary Contributions Received			nts may be rounded whole dollars.	Statement cov	2	CALIFORNIA 460	
SEE INSTRUCTION	DNS ON REVERSE			through 9/2 4	122	Page 4 of 6	
NAME OF FILER						I.D. NUMBER	
Sandr	a Everos (Sandra Everas 7	For Sch	ool Board 202	2		1446317	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL ENTER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	DATE PER ELECTION AR TO DATE	
7/18/22	Rita Everas	☑IND □COM □OTH □PTY □SCC	Social Worker	\$ 800	\$800		
	74.411091125	□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
	•	☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL \$	800			
Amount red (Include all     Amount red	A Summary  ceived this period – itemized monetary contributions  Schedule A subtotals.)  ceived this period – unitemized monetary contribution  tary contributions received this period.		•	700	IND - I COM - OTH - PTY -	butor Codes Individual Recipient Committee (other than PTY or SCC) Other (e.g., business entity) Political Party Small Contributor Committee	
(Add Lines	1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	.) <b>TOTAL</b> \$2	<u>,500                                   </u>	PPC Advice: advice	FPPC Form 460 (Jan/2016) fppc.ca.gov (866/275-3772)	

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Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period CALIFORNIA **FORM** 

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Luevas 15 andra [veuas For School Board 2022]

1446317

I.D. NUMBER

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

campaign paraphernalia/misc. 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

campaign literature and mailings

MBR member communications MTG meetings and appearances

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

returned contributions

campaign workers' salaries

TEL t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals

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
YVZ Creative	PRT	Campaign Banner, Literature designs / Printing	\$ 325.00
Mext Day Flyers Torrance EA 90501	LIT	Eampaign Eanvassing Literature	\$ 142.24
Altura Print + Design Placentia, EA 92870	LIT	Campaign Canvassing Literature	\$ 330.54

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

SUBTOTAL\$ 1,759.63

#### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) 

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SCHEDULE E	(CONT.)
------------	---------

144 6317

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Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

MBR member communications

petition circulating

office expenses

phone banks

MTG meetings and appearances

polling and survey research

PRO professional services (legal, accounting)

postage, delivery and messenger services

Statement covers period from 7/1/22 CALIFORNIA 460 FORM Page 6 of 6

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

candidate filing/ballot fees

contribution (explain nonmonetary)\*

independent expenditure supporting/opposing others (explain)\*

campaign consultants

NAME OF FILER

CVC civic donations

FND fundraising events

legal defense

FIL

LEG

Sandra Turvas (Sandra Turvas For School Board 2022)

OFC

PET

PHO

POL

POS

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

RAD radio airtime and production costs RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet e-mail

LIT campaign literature and mailings	PRT print ads		WEB information technology cos	ts (internet, e-mail)	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	со	DDE C	R DESCRIPTION OF PAYMENT	AMOUNT	PAID
Signs On the Cheap  Austin, TX, 78758	PR		Outdoor Advertising (Lown Signs)	\$658. <del>{</del>	85
Los Angeles County Registror/R	etorder L EA 90650 Po	) L	Convassing Voter Data	<b>\$</b> 302	3.00
* Payments that are contributions or independent expenditures must also	be summarized on Schedule D	D.		SUBTOTAL \$ 961	<u> 85_</u>