Campaign Statement Cover Page	Statement govern period	Date of election if applicable:	Date Stamp RECE! LOS ANGEL	VEO	IFORNIA 460
•	Statement covers period from 4/19/22	(Month, Day, Year)	2022 OCT 26		For Official Lies Only
SEE INSTRUCTIONS ON REVERSE	through <u>9/30/2022</u>	November 8, 2022	CAMPAIGN		
1. Type of Recipient Committee: All Committees - 0	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall (Also Campbete 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 Seml-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	rmination)	Quarterly Sta	tement Year Report
3. Committee Information	I.D. NUMBER 1440375	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Glendora Forward	Ē)	NAME OF TREASURER Marco A. Villa MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
-	2005	Glendora	CA	91741	626-224-2614
	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	R, IF ANY		
Glendora CA 917 MAILING ADDRESS (IF DIFFERENT) NO: AND STREET OR P.O. B		MAILING ADDRESS			
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Glendora CA 917 OPTIONAL: FAX / E-MAIL ADDRESS	40	OPTIONAL: FAX / E-MAIL ADDRE	SS		
4. Verification I have used all reasonable diligence in preparing and revie certify under penalty of perjury under the laws of the State Executed on	of California that the foregc By —	or Assistant	Treasurer ponent or Responsible Officer of the Measure Proponent		s true and complete. I
Date	•	Signature of Controlling Officeholder, Candidate, S	ate Measure Proponent	FP	PC Form 460 (Jan/2016)

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	GE - PART 2
CALIFORNIA FORM	460
Page 2	e 17

. Officeholder or Candidate Controlled Commit	ttee	6.	Primarily Formed Ballo	ot Measure C	ommittee	
NAME OF OFFICEHOLDER OR CANDIDATE N/A			NAME OF BALLOT MEASURE N/A			**
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling office			ponent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PE	ROPONENT	
Related Committees Not Included in this Stat not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	D. IF ANY
COMMITTEE NAME N/A	I.D. NUMBER			,		
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	didate/Office) for which this o	committee is primarily forn	ned.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D □ SUPPORT □ OPPOSE
CITY STATE ZIP CO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
CITY STATE ZIP CO			Atta	ach continuatio	n sheets if necessary	

Campaign	Disclosure	Statement
Summary	Page	

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 05/02/2022 CALIFORNIA FORM 460

through 09/30/2022 Page 3 of 17

I.D. NUMBER

NAME OF FILER Marco A. Villa			1.D. NUMBER 1440375
Contributions Received 1. Monetary Contributions	0	**Solumn B CALENDAR YEAR TOTAL TO DATE **3,045** **3,045** **0 **3,045**	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ 2,795 \$ 250 21. Expenditures Made \$ 356.35 \$ 1,041.16
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	0	\$\frac{1,397.51}{0}\$ \$\frac{1,397.51}{0}\$ 0 0 \$\frac{1,397.51}{0}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 11 /08 / 22 \$ 1,397.51
Current Cash Statement 12. Beginning Cash Balance	\$ 0	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 filled for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts	\$ 0		FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A	Amounts may be rounded to whole dollars.		
Monetary Contributions Received	to whole dollars.	Statement covers period	CALIF
		from 4/19/22	FC
SEE INSTRUCTIONS ON REVERSE	,	through 9/30/22	Page .

wonetary Contributions Received	from 4/19/22	FORM 460
EEE INSTRUCTIONS ON REVERSE	through <u>9/30/22</u>	Page 4 of
IAME OF FILER Marco Villa		I.D. NUMBER 1440375

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/19/22	Helen Glaze Glendora CA 91741	IND COM OTH PTY	Self employed - Marriage Family Therapist	515	515	
4/25/22 8/12/22	Marco Villa Glendora CA 91741	IND COM OTH PTY	Business Operations Manager - Caltech	600	600	
5/1/22	John Mullholland Glendora, CA 91741	IND COM	Retired, self-employed social worker	100	100	
5/7/22	Ralph Katrina Glendora, CA 91741	IND COM OTH PTY	Attorney - Pillsbury	500	500	
5/13/22	Emmanuel Mitsinikos Glendora, CA 91741	IND COM OTH PTY SCC	Physician - City of Hope Medical Group	100	100	
					1 7 7 7 W 18 18 7 7 7 7 1	7 5 7 5 8 8

		SUBTOTAL \$ 1

Schedule A Summary	
 Amount received this period – itemized monetary contributions. 	

(Include all Schedule A subtotals.)

2. Amount received this period – unitemized monetary contributions of less than \$100\$

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$ 3,045

PTY - Political Party SCC - Small Contributor Committee

(other than PTY or SCC) OTH - Other (e.g., business entity)

COM - Recipient Committee

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*Contributor Codes IND - Individual

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SCHEDULE A

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole o	from 4/19/22			CALIFORNIA 460		
				through <u>9/30/22</u>		Page 5		
Marco A. Vil	la					1.D. NUN 144037		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, 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 T CALENDAR Y (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
5/16/22	William O'Brien Glendora, CA 91741	IND COM OTH SCC	Marketing Director - Keurig/Dr. Pepper	100	100			
		OTH SCC						
		OTH SCC			-	,		
		OTH SCC						
		IND COM OTH PTY SCC						
			SUBTOTAL	\$ 100				

*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

l	,	(

Schedule B – Part 1 Loans Received	Am	nounts may be ro to whole dollar			Statement cov	vers period	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through <u>9/30/22</u>		Page 6	of <u>17</u>	
NAME OF FILER							I.D. NUMBER		
Marco A. Villa		`					1440375		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAII OR FORGIVE THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE	
				PAID				CALENDAR YEAR	
				\$	- \$	% RATE	s	\$	
•				FORGIVEN		}		PER ELECTION	
.		\$	\$	\$	- DATE DUE	\$	DATE INCURRED	\$	
TO IND COM OTH PTY SCO				PAID	DATE DUE		DATE INCURRED	CALENDAR YEAR	
				\$,	•		
				FORGIVEN	\ <u></u>	RATE	-	PED ELECTION	
				L PORGIVEN				PER ELECTION	
TO IND COM OTH PTY SCO		s	\$ ⁻	\$	DATE DUE	\$	DATE INCURRED	\$	
				☐ PAID	·	<u> </u>		CALENDAR YEAR	
				\$	- \$	%	\$	\$	
				FORGIVEN		RATE		PER ELECTION	
	•			s	_	s	_	\$	
TO IND COM OTH PTY SCO			V		DATE DUE	L.	DATE INCURRED	\	
		SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0			
						(Enter (e) on Sche	dule E, Line 3)		
Schedule B Summary				. 0					
 Loans received this period			• • • • • • • • • • • • • • • • • • • •	—					
2. Loans paid or forgiven this period				\$ <u>0</u>			Contributor Codes	S	
(Total Column (c) plus loans under \$	100 paid or forgiven.)						OM - Recipient C		
(Include loans paid by a third party to 3. Net change this period. (Subtract L	nat are also itemized on Sche	edule A.)		NET ¢ 0		Ι,	other than) ,.TH – Other (e.g.,	PTY or SCC) business entity)	
Enter the net here and on the Summ	nary Page, Column A, Line 2.			\$		F	TY - Political Par	ty	
				,	May be a negative number)	٢	SCC – Small Contr	ributor Committee	

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

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SCH	EDUL	E B -	PART 2

Amounts may be rounded Schedule B - Part 2 Statement covers period **CALIFORNIA** to whole dollars. from 4/19/22 **Loan Guarantors FORM** through 9/30/22 Page 7 SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1440375 FULL NAME, STREET ADDRESS AND ZIP CODE OF IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER AMOUNT BALANCE CONTRIBUTOR CUMULATIVE GUARANTEED OUTSTANDING CONTRIBUTOR LOAN CODE* TO DATE (IF SELF-EMPLOYED, ENTER THIS PERIOD TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) CALENDAR YEAR LENDER □сом □отн PER ELECTION (IF REQUIRED) DATE □ PTY □ scc LENDER CALENDAR YEAR □сом □отн PER ELECTION (IF REQUIRED) DATE □ PTY □ scc CALENDAR YEAR LENDER □сом □отн PER ELECTION (IF REQUIRED) DATE □ PTY □scc CALENDAR YEAR LENDER □ COM □отн PER ELECTION (IF REQUIRED) DATE □ PTY □scc Enter on SUBTOTAL \$0 Summary Page,

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Line 17 only.

Schedule	· C		Amounts may be rounded			SCHEDULE C				
	etary Contributions Received		to whole dollars.		1	tatement covers p	eriod	CALIFORNIA 460		
					from	4/19/22		FOR	RM	
SEE INSTRUCTION	ONS ON REVERSE				through			Page 8 of 17		
NAME OF FILER	-							1.D. NUME 144037		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC						,		
		□IND □COM □OTH □PTY □SCC		·						
. ر		□IND □COM □OTH □PTY □SCC								
		OTH SCC								
Attach addit	tional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL \$	0				
1. Amount re (Include a	C Summary eceived this period – itemized nonmonetar ill Schedule C subtotals.)eceived this period – unitemized nonmone	-			^		IND COM OTH PTY	(other th – Other (e. – Political I	nt Committee an PTY or SCC) g., business entity)	
3. Total nonr (Add Line	monetary contributions received this period s 1 and 2. Enter here and on the Summary	d. y Page, Colui	mn A, Lines 4 and 10.)	ТОТА	AL \$		dvice: advic		orm 460 (Jan/2016)) .gov (866/275-3772) www.fppc.ca.gov	

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be ro to whole dollar		Statement cover	's period	CALIFORNIA 460		
	TIONS ON REVERSE				through <u>9/30/22</u>		Page I.D. NUME 144037	BER
DATE	MEASURE NUMBER OR LI	FFICE, AND DISTRICT, OR ETTER AND JURISDICTION, MMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - I	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
8/12/22	Zondra Borg School Board Glendora Unified Scho District 1 Z Support	Ol District Oppose Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Nonmonetary Contribution Independent Expenditure Independent Expenditure Independent Expenditure		1,000	1,000		
		<u> Строзе</u>	Experiordie	SUBTOTAL	\$ 1,000			
 Itemized Unitemized 	e D Summary contributions and independent contributions and indep	pendent expenditures m	ade this period of und	er \$100		• • • • • • • • • • • • • • • • • • • •	\$ <u>\(\)</u> TAL \$ <u></u>	

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Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be ro to whole dolla	ounded rs.	Statement covers from 4/19/22 through 9/30/22	SCHEDULE D (CONT.) CALIFORNIA 460 FORM Page 10 of 17		
Marco Villa						1.D. NUME 144037	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - [R YEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary	,				
	☐ Support ☐ Oppose	Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	. \$ 0		Y.	

Schedule E Payments Made	Amounts may b to whole do			Statement covers period from 4/19/22		schedule i FORNIA 460 ORM
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Marco Villa				through <u>9/30/22</u>	Page 1.D. NU	MBER
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	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearances ses lating urvey researc very and mes	.	RAD radio airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and production TRC candidate travel, lodging, an staff/spouse travel, lodging, transfer between committee voter registration WEB Information technology costs	duction cost and meals and meals s of the sar	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DES	CRIPTION OF PAYMENT		AMOUNT PAID
California Bank & Trust			Bank Fees			19
Claremont, CA 91711						
Venmo			Finance Transact	tion Fees		10.77
New York, NY 10001				•		
SquareSpace		WEB	Website and Tran	nsaction Fees		32.40
* Payments that are contributions or independent expenditures must also be su	ummarized on Sche	dule D.	-	su	JBTOTAL	62.17 \$
Schedule E Summary						
1. Itemized payments made this period. (Include all Schedule E	E subtotals.)				\$	1,397.51
2. Unitemized payments made this period of under \$100		•••••			\$_	
3. Total interest paid this period on loans. (Enter amount from S						
4. Total payments made this period. (Add Lines 1, 2, and 3. En	ter here and on	the Summ	ary Page, Column A	A, Line 6.)TC		
				FPPC Advice: adv		Form 460 (Jan/2016)) a.gov (866/275-3772)

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Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Marco Villa	Amounts may be to whole do			Statement covers period 4/19/22 from through <u>9/30/22</u>		2 of BER
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member com MTG meetings and OFC office expens PET petition circuit PHO phone banks POL polling and si POS postage, deliv	munications I appearances ating urvey resear	es	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, ar staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology costs	duction costs and meals and meals as of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	•	CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
PayPal San Jose, CA 95131			Finance Transac	etion Fees		26.34
USPS Glendora, CA 91740		POS				58.00

San Jose, CA 95131		
USPS Glendora, CA 91740	POS	58.00
Sticker Mule Amsterdam, NY 12010	PRT	251.00
Re-Elect Zondra Borg Glendora, CA 91740	СТВ .	1,000.00

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

SUBTOTAL \$ 1,335.34

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement cover from 4/19/22 through 9/30/22	ers period	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			tillough		Page 13 of 17
NAME OF FILER					I.D. NUMBER 1440375
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and reprofessional services (In print ads	ns nces earch nessenger services	RAD radio airtime au RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production co butions (ers' salaries time and produce), lodging, and i avel, lodging, and en committees con	ition costs meals d meals of the same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (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 I THIS PER (ALSO REPOR	IOD BALANCE AT CLOSE
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	, 0	\$ 0	0	\$ 0
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a	schedule F, Column (b) su accrued expenses under S	ototals for \$100.)	INCU	RRED TOTA	ALS \$
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p	edule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.).		.PAID TOTA	ALS \$
3. Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	er the difference here and			1	NET \$ O
			FP	PC Advice: advi	FPPC Form 460 (Jan/2016)) ce@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule G								SCHEDULE G
Payments Made by an Agent or Independent	t		its may be ro			Statement covers period	CALIFO	
Contractor (on Behalf of This Committee)		το	whole dollars	5,	fro	om <u>4/19/22</u>	_ FOR	M 700
SEE INSTRUCTIONS ON REVERSE					th	rough <u>9/30/22</u>	Page 15	of <u>17</u>
NAME OF FILER							I.D. NUMBE	R
							1440375	
NAME OF AGENT OR INDEPENDENT CONTRACTOR								
CODES: If one of the following codes accurately describes	s the p	ayment,	you may e	nter the code.	Otherwise	e, describe the paymer	nt.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC clvic donations FIL candidate filling/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be	MTG OFC PET PHO POL POS PRO PRT	meetings a office experipetition circo phone bank polling and postage, deprofessiona print ads	ulating s survey resear livery and me Il services (leg	es	RFD SAL TEL TRO TRS TSF VOT	t.v. or cable airtime and pro candidate travel, lodging, a staff/spouse travel, lodging transfer between committe	s oduction costs and meals a, and meals es of the same c	·
NAME AND ADDRESS OF PAYEE OR CREDITOR	, odmina	200 011 001			DESCRIPTION	ON OF BANKENT		AMOUNT PAID
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE C	or 	DESCRIPTI	ON OF PAYMENT		ANIOUNI PAID
								*
							ĺ	
			!					
			<u></u>					
Attach additional information on appropriately labeled continue	ation si	heets.					TOTAL* \$	0
* Do not transfer to any other schedule or to the Summary Page. This total mindependent contractor as reported on Schedule E.	nay not e	qual the am	ount paid to th	ne agent or		FPPC Advice:		orm 460 (Jan/2016)) gov (866/275-3772) www.fppc.ca.gov

Schedule H Loans Made to Others*	Amounts may be rounded Statement covers period to whole dollars. from 4/19/22						CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through9/30/22		Page 16	of <u>17</u>
NAME OF FILER							I.D. NUMBER	
Marco Villa		·					1440375	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENES THIS PERIOD	S BALANCE AI	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$	s	PAID S FORGIVEN S	\$DATE DUE	% RATE	\$DATE INCURRED	\$PER ELECTION**
		\$	\$	PAID FORGIVEN S	\$ DATE DUE	% RATE	\$	CALENDAR YEAR \$ PER ELECTION**
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	or committee must n must also be	SUBTOTALS	\$ O	\$ 0	\$ 0	\$ 0		
		~,				(Enter (e) on		
Schedule H Summary					. 0	Schedule I, Line 3)	1	
Loans made this period (Total Column (b) plus unitemized loan. Payments received on loans	s of less than \$100.)				0			**If Required
(Total Column (c) plus unitemized payr 3. Net change this period. (Subtract Line : (Enter the net here and on the Summa	2 from Line 1.)				NET \$			
					(Мау	be a negative number)		

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

Schedule I Miscellaneous Increases to Cash		Amounts may be to whole do	e rounded llars.	Statement covers period from 4/19/22	CALIFORNIA 460	
SEE INSTRUCTIONS O	ON REVERSE			through <u>9/30/22</u>	Page <u>17</u> of <u>17</u>	
NAME OF FILER Marco Villa		,			I.D. NUMBER 1440375	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	CRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
-				193 de la constanta de la cons		
	•					
	-					
	al information on appropriately labeled continuation sheets	s.		SUBTOTA	L\$ 0	
Schedule I Su 1. Itemized increa	mmary ases to cash this period			\$ 0	_	
	reases to cash of under \$100 this period					
3. Total of all inter	rest received this period on loans made to others. (\$	Schedule H, Columr	ı (e).)	\$ <u>0</u>	_	
	eous increases to cash this period. (Add Lines 1, 2, e, Line 14.)			TOTAL \$ 0	FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	