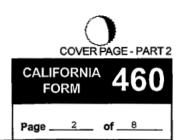
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Statement covers period	Date of election if applicable:	LOS ANGEL 2021 FEB -5 CAMPAIGN	PM I
SEE INSTRUCTIONS ON REVERSE	from 10/18/2020 12/31/2020 through	(Month, Day, Year)	CAMPAIGN I	For Official Use Only 0/3 79 3 C 104 3 2
1. Type of Recipient Committee: All Committees X	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	•	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE Lucero for School Board 2020	1379447 EE)	Treasurer(s) NAME OF TREASURER Yolanda Miranda MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE CA	ZIP CODE AREA CODE/PHONE 91722 (626)915-763
CITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	ER, IF ANY	
Baldwin Park CA 9: MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.C	1706 (626)338-7473 D. BOX	MAILING ADDRESS		
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS clucero7@live.com		OPTIONAL: FAX / E-MAIL ADDR	ESS	
4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califo	ving this statement and to ornia that the foregoing is			chedules is true and complete. I certify
Executed on	Bj			
Executed on	B ₁			ponsor
Executed on	Ву	Signature of Controlling Officeholder, Candidate, St.	ate Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, St	ete Measure Proponent	FPPC Form 460 (Java

FPPC Form 460 (Java-16)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2



. Officeholder or Candidate Controlled Commi	ttee		6.	Primarily Formed Ballot	Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Christina Lucero								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABL	LE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
Board of Education Baldwin Park USD								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT		ZIP		Identify the controlling office	eholder, can	didate, or st	ate measur	e proponent, if any.
Bal	ldwin Park CA	91706		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PRO	PONENT		
Related Committees Not Included in this Star not included in this statement that are controlled by you of contributions or make expenditures on behalf of your can	r are primarily formed			OFFICE SOUGHT OR HELD	· ·		DISTRICT NO	D. IF ANY
COMMITTEE NAME	I.D. NUMBER							
			7.	Primarily Formed Cand	idate/Office	eholder Co	mmittee	List names of
NAME OF TREASURER	CONTROLLED COMMIT			officeholder(s) or candidate(s)	for which this	committee is	primarily fo	rmed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO				NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELI	SUPPORT OPPOSE
CITY STATE ZIP CO	ODE AREA COI	DE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELI	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	1		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELI	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMIT			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELI	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)							
CITY STATE ZIP C	ODE AREA COI	DE/PHONE	,	Attacl	ontinuatio	n sheets if i	necessary	

Campaign Disclosure Statement Summary Page



SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE 12/31/2020 Page 3 of 8	Summary Page		whole dollars.	Statemen	it covers period.	CALIFORNIA 460	1
NAME OF FILER I.D. NUMBER		·		from	10/18/2020	FORM - TO C	4
	SEE INSTRUCTIONS ON REVERSE			through	12/31/2020	Page3 of8	
Lucero for School Board 2020	NAME OF FILER					I.D. NUMBER	
	Lucero for School Board 2020	0				1379447	

Lucero for School Board 2020							
Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TODATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections		
1. Monetary Contributions Schedule A, Line 3	\$	0.00	\$	3,500.00	1/1 through 6/30 7/1 to Date		
Loans Received Schedule B, Line 3		0.00		0.00	•		
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	3,500.00	20. Contributions Received \$\$		
4. Nonmonetary Contributions Schedule C, Line 3		500.00		500.00	21 Expenditures		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	500.00	\$	4,000.00	Made \$ \$		
Expenditures Made					Expenditure Limit Summary for State		
3. Payments Made Schedule E, Line 4		2,933.92	\$	2,933.92	Candidates		
		0.00		0.00	22. Cumulative Expenditures Made*		
B. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7				2,933.92	(If Subject to Voluntary Expenditure Limit)		
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3				1,400.00	Date of Election Total to Date		
10. Nonmonetary Adjustment Schedule C, Line 3				500.00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$	3,233.92	\$	4,833.92	\$		
Current Cash Statement					<i>J</i> \$		
Beginning Cash Balance Previous Summary Page, Line 16	\$	3,500.00	То	calculate Column B, add			
13. Cash Receipts Column A, Line 3 above		0.00		ounts in Column A to the responding amounts			
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.		
15. Cash Payments Column A, Line 8 above		2,933.92		ort. Some amounts in lumn A may be negative			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	566.08	figa	ures that should be otracted from previous			
If this is a termination statement, Line 16 must be zero.			pe	riod amounts. If this is first report being filed			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for car	this calendar year, only ry over the amounts			
Cash Equivalents and Outstanding Debts			fro an	m Lines 2, 7, and 9 (if y).			
18. Cash Equivalents See instructions on reverse							
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	1,400.00					
			•		FPPC Advice: advice@fppc ca gov (866/2)		

()	
Schedule C	
Nonmonetary Contributions Receiv	ed



SCHEDU

Schedul			Amounts may be rounded	_					SCHEDULE C
Nonmor	netary Contributions Received		to whole dollars.		Sta	tement covers p	eriod	CALIFO	DRNIA 460
	·				from_	10/18/202	20	FOI	RM 400
SEE INSTRUC	TIONS ON REVERSE				throug	jh12/31/202	20	Page	4 of8
NAME OF FILE								I.D. NUMB	ER
								1379447	
Lucero for	School Board 2020			1			CUMI	LATIVE TO	
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 OF GOODS OR SERVI		AMOUNT/ FAIR MARKET VALUE	CALEN	DATE IDAR YEAR 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/03/2020	Susan Rubio for Senate 2022 (ID# 1415107) Sacramento, CA 95814	□IND □COM □OTH		Phone banking 10/18-11/03/20		500.00		1,500.00	
	In-Kind contribution	□PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
)		□IND □COM □OTH □PTY □SCC							
Attach ac	lditional information on appropriately labe	eled continuat	ion sheets.	SUBTO	TAL \$	500.00		ering a menangkan ligging di kecamatan ligging di kecamatan ligging di kecamatan ligging di kecamatan ligging Manganan di kecamatan ligging di kecamatan ligging di kecamatan ligging di kecamatan ligging di kecamatan liggi Manganan di kecamatan ligging di kecamatan ligging di kecamatan ligging di kecamatan ligging di kecamatan liggi	
	e C Summary						(*0	Contributor Cod	des
1. Amount (Include	received this period – itemized nonmonetar all Schedule C subtotals.)	y contributions	5. 		\$	500.0		ID – Individual OM – Recipient	
2. Amount	received this period – unitemized nonmone	tary contributio	ns of less than \$100		\$	0.0	0 0	TH - Other (e.	an PTY or SCC) .g., business entity)
3. Total no	nmonetary contributions received this period nes 1 and 2. Enter here and on the Summan	l.					l s	TY – Political P CC – Small Cor	ntributor Committee

	. ()
Sch	edule É
Pay	ments Made

Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period	CALIFORNIA 160
from10/18/2020	FORM +OU
through12/31/2020	Page5 of8
	I.D. NUMBER
	1379447

SEE	INS	rruc	CIT	NS	ON	RE\	/ERSE	

NAME OF FILER

Lucero for School Board 2020

campaign literature and mailings

CODES: If one of	the following code	s accurately describes	the payment, you	u 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 TEL t.v. or cable airtime and production costs CVC civic donations PHO phone banks candidate filing/ballot fees TRC candidate travel, lodging, and meals POL polling and survey research TRS staff/spouse travel, lodging, and meals fundraising events independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor legal defense professional services (legal, accounting) VOT voter registration

PRT print ads VOT voter registration

WEB information technology costs (internet, e-mail)

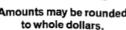
CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
LIT		2,183.9
OFC		50.0
OFC	Payment to the Sec. of State	50.0
	OFC	OFC

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 2,283.92

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.)	. \$	 2,933.92
Unitemized payments made this period of under \$100	. \$	 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	. \$	 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$	 2,933.92

Schedul
(Continuation Sheet)
Payments Made .



sc	ULE E (CONT.)
CALIFORNII	

(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made .	to whole dollars.	from10/18/2020	FORM 400
SEE INSTRUCTIONS ON REVERSE	<u> </u>	through 12/31/2020	Page6 of8
NAME OF FILER			I.D. NUMBER
Lucero for School Board 2020			1379447
CODES: If one of the following co	odes accurately describes the payment, you may enter the code. Oth	erwise, describe the payment.	

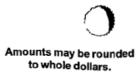
NAME OF FILER	I.D. NUMI	BER		
Lucero for School Board 2020		137944	7	
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. CNS campaign consultants CNS contribution (explain nonmonetary)* CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FIR candidate travel, lodging, and meals staff/spouse travel, lodging, and meals postage, delivery and messenger services legal, accounting) FIR print ads FIR transfer between committees of the same professional services (legal, accounting) FIR print ads FIR transfer between committees of the same professional services (legal, accounting) FIR print ads				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Yolanda Miranda & Associates Covina, CA 91722	PRO	•	150.00	
Yolanda Miranda & Associates Covina, CA 91722	PRO		500.00	
3				

SUBTOTAL \$

650.00

 $^{^{\}star}$ Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Accrued Expenses (Unpaid Bills)





Statement covers period	CALIFORNIA 460
from10/18/2020	FORM TOO
through12/31/2020	Page 7 of 8
	I.D. NUMBER
	1379447

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Lucero for School Board 2020				13794	47	
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 fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	meetings and appearances MTG meetings and appearances OFC office expenses OFC office expenses SAL campaign workers' salaries TEL t.v. or cable airtime and product t.v. or cable airtime and product TRC candidate travel, lodging, and meeting and survey research POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) NTG returned contributions SAL campaign workers' salaries TRC candidate travel, lodging, and messenger services TRS staff/spouse travel, lodging, and messenger services TSF transfer between committees of travels.				ne 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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
Yolanda Miranda & Associates Covina, CA 91722	OFC Payment to the Sec. of State	50.00	0.00	50.00	0.00	
Yolanda Miranda & Associates Covina, CA 91722	PRO	150.00	0.00	150.00	0.00	
Christina Lucero	FIL	1,400.00	0.00	0.00	1,400.00	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	1,600.00	0.00\$	200.00\$	1,400.00	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)						

accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	0.00
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.)	200.00
Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	-200.00 May be a negative number

Schedul	
Payments Ma	de by an Agent or Independent
	on Behalf of This Committee)

()
Amounts may be rounded
to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA / CO
from10/18/2020	FORM 400
through 12/31/2020	Page 8 of 8
	I.D. NUMBER
	1379447

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lucero for School Board 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Image Cube, Inc.

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

CVP campaign paraphernalia/misc.

CNS campaign consultants

TB contribution (explain nonmonetary)*

civic donations

candidate filing/ballot fees FND fundraising events

independent expenditure supporting/opposing others (explain)* IND

LEG legal defense

campaign literature and mailings

MBR member communications

MTG meetings and appearances OFC office expenses

petition circulating PET 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

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMC	OUNT PAID
U.S. Postal Services	POS				805.80
El Monte, CA 91734					
)					
					· · ·
	<u></u>				
Attach additional information on appropriately labeled continuation sheets.			TOTAL	_* \$	805.80

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.