			LOS ANGELE	Date Stamp ED BY ES COUNTY		cover PAC IFORNIA 460
			Date of election if applicable: (Month, Day, Year) UEC 14	PH 2: 47	Lage	For Official Use Only
			Nov 3, 2020 CAMPA GN	GN FINANCE		20894
All Committe	ees - Complete P	erts 1, 2, 3, and 4.	2. Type of Statement:		C	1472
Committee ittee	Committe Control Spon (Also Complete Primarily Officehol	ee rolled sored • Part 6) Formed Candidate/ der Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termina Amendment (Explain below)	_		tement
			Treasurer(s)			
E IF NO COM			NAME OF TREASURER			
l District B	oard Member	2020	Santos I Ceniceros-Rodriguez MAILING ADDRESS			
			CITY	STATE	ZIP CODE	AREA CODE/PHON
			Littlerock	CA	93543	(661) 860-199
STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF	ANY		
CA D STREET OR	93543 R P.O. BOX	(661) 618-5978	MAILING ADDRESS			
STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHON
	E IF NO COMM District B	All Committees - Complete P Committee	Committee Controlled Sponsored (Alao Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Alao Complete Part 7) I.D. NUMBER 1432184 E IF NO COMMITTEE) Di District Board Member 2020 STATE ZIP CODE AREA CODE/PHONE CA 93543 (661) 618-5978	Statement covers period from Oct 22, 2020 through Jan 2021 All Committees - Complete Parts 1, 2, 3, and 4. Committee Committee Committee Controlled Sponsored (Alac Complete Part 6) Primarily Formed Ballot Measure Committee Controlled Sponsored (Alac Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Alac Officeholder Committee (Alac Officeholder Committee (Alac Complete Part 7) I.D. NUMBER 1432184 E.IF NO COMMITTEE) District Board Member 2020 STATE ZIP CODE AREA CODE/PHONE CA 93543 (661) 618-5978	Statement covers period from Oct 22, 2020 through Jan 2021 All Committees - Complete Parts 1, 2, 3, and 4. Committee Primarily Formed Ballot Measure Committee Sponsored (Alec Complete Part 8) Primarily Formed Candidate/ Officeholder Committee (Alec Complete Part 7) I.D. NUMBER 1432184 EIF NO COMMITTEE) Date of election if analysacic (Month, Day, Year) JET	All Committee Complete Parts 1, 2, 3, and 4. Committee Controlled Controlled Sponsored (Mac Complete Part 8) I.D. NUMBER 1432184 I.D. NUMBER 1432184 I.D. NUMBER 1432184 I.D. District Board Member 2020 I.D. Statement (Explain below) I.D. Statement (Explain below) I.D. NUMBER 1432184 I.D. Statement (Explain below) I.D. NUMBER 1432184 I.D. Statement (Explain below) I.D. Statement (Explain below) I.D. NUMBER 1432184 I.D. Statement (Explain below) I.D. Statement (Also file a Form 410 Termination) I.D. Statement (Explain below) I.D. Statement (Explain below) I.D. Statement (Also file a Form 410 Termination) I.D. Statement (Also file a Form 410 Ter

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on -

Executed on ____

Signature of Controlling Officeholder, Candidale, State Measure Proponent

FPPC Form 460 (Jan/2016))

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	AGE - PART 2
CALIFORNIA FORM	460
Page	of

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT M	EASURE			
Jose S. Ceniceros							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI	ISTRICT NUMBER IF APP	PLICABLE)	BALLOT NO. OR LET	TER JURISDIC	TION		SUPPORT
Kepple Union School District Governing Board	Memeber						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)		ATE ZIP	identify the contro	ling officeholder, can	didate, or state	measure propo	onent, if any.
	Littlerock C.	A 93543	NAME OF OFFICEHO	DLDER, CANDIDATE, OF	PROPONENT		
Related Committees Not Included in this a not included in this statement that are controlled by you	u or are primarily formed		OFFICE SOUGHT OF	HELD		DISTRICT NO.	FANY
contributions or make expanditures on behalf of your c							
	I.D. NUMBER						
contributions or make expanditures on behalf of your c							
contributions or make expanditures on behalf of your c		MMITTEE?	7. Primarily Form	ed Candidate/Offi	iceholder Co	ommittee Lis	t names of
COMMITTEE NAME NAME OF TREASURER	I.D. NUMBER CONTROLLED CO	MMITTEE?	officeholder(s) or co	ndidate(s) for which th	is committee is	primarily formed	t names of
COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P	CONTROLLED CO	NO	officeholder(s) or co	ed Candidate/Offi Indidate(s) for which th OLDER OR CANDIDATE	is committee is	ommittee Lis primarily formed UGHT OR HELD	<i>i.</i>
COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P	CONTROLLED CO		officeholder(s) or co	ndidate(s) for which th	OFFICE SO	primarily formed	SUPPORT
COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P	CONTROLLED CO	NO	NAME OF OFFICERO	endidate(s) for which the	OFFICE SO	primarily formed	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P	I.D. NUMBER CONTROLLED CO YES CO. BOX) IP CODE AREA I.D. NUMBER CONTROLLED CO	NO CODE/PHONE	NAME OF OFFICERO	OLDER OR CANDIDATE	OFFICE SO	primarily formed	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

 Amounts may be rounded to whole dollars.

SUMMARY PAGE

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CALIFORNIA

FORM

Statement covers period

from Oct 22, 2020

SEE INSTRUCTIONS ON REVERSE			through Jan 2021	Page of	
NAME OF FILER Jose S. Ceniceros				I.D. NUMBER 1432184	
1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ \frac{1,500.00}{1,275} \$ \frac{0}{0} \$ \frac{1}{1,500.00}	Column CALENDAR YE TOTAL TO DA \$ 0 0 0 \$ 0 0 \$ 0	Running in Both General Elections 20. Contributions Received \$	through 6/30 7/1 to Date	
Expenditures Made 6. Payments Made	\$\frac{1,275}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{1,275}\$	\$ 0 \$ 0 0 0 0 \$ 0	Candidates 22. Cumula	t Summary for State Itive Expenditures Made* Total to Date \$ 1,275.00	
Current Cash Statement 12. Beginning Cash Balance Previous Summery Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtrect Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts	\$ 0 0 0 0 0 s 0	To calculate Colum add amounts in Col A to the correspond amounts from Colu of your last report. amounts in Column be negative figures should be subtracted previous period amounts is the first reposited for this calend only carry over the from Lines 2, 7, and	lumn ling mn B Some A may that ed from oounts. If t being ar year, amounts	n may be different from amount	

any).

Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement covers period from Oct 22, 2020		CALIFORNIA		
SEE INSTRUCTI	ONS ON REVERSE			through January	2021	Page	of	
Jose S. Cenic				1		I.D. NU 143218		
DATE	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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE 1 CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
11/03/20	Laborers' International Union of North America	□IND □COM □OTH □PTY		\$1,500.00	\$1,500.00			
		OTH SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		OTH SCC						
			SUBTOTAL	\$ 1,500.00			4	
1. Amount re (Include a	A Summary seceived this period – itemized monetary contribution If Schedule A subtotals.)		\$	500.00	IND	(other		
3. Total mon	eceived this period – unitemized monetary contributed etary contributions received this period.			500.00		- Politica C - Small (l Party Contributor Committee	
(Add Line	s 1 and 2. Enter here and on the Summary Page, (Column A, Line 1	.)TOTAL \$	500.00	PPC Advice: adv		C Form 460 (Jan/2016 .ca.gov (866/275-377)	

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(Continuation Sheet) contributions Received	Amounts may to whole d	pe rounded ollars.	Statement covers period from Oct 22, 2020		CALIFORNIA Z	
DS .			through Jan 202	1		
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)	AMOUNT RECEIVED THIS PERIOD	CALENDAR	YEAR	PER ELECT
	□IND □COM □OTH □PTY □SCC					
	□IND □COM □OTH □PTY					
	OND COM OTH PTY SCC					
	OTH SCC					
	□IND □COM □OTH □PTY □SCC					
-	ontributions Received s FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR CODE IND COM OTH PTY SCC IND	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF GELF-EMPLOYED, ENTER NAME) IND COM OTH PTY SCC IND COM C	To whole dollars. Statement co oct 22, 202 through Jan 202 th	Statement covers period from Oct 22, 2020 through Jan 2021 Statement covers period from Oct 22, 2020	To whole dollars. Statement covers period from Oct 22, 2020 Page LD. NUM

*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 B - Part 1	An	nounts may be ro to whole dollar		Г	Statement cov	vers period		DULE B - PART
Loans Received					from Oct 22, 202		CALIFORM	460 VIA
SEE INSTRUCTIONS ON REVERSE					through Jan 202	1	Page	of
NAME OF FILER							I.D. NUMBER	
Jose S. Ceniceros							1432184	
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	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE
Jose Ceniceros Littlerock, CA 93543	Power Equipment Operator for Los Angeles County Public Works	1,275.00		PAID 1,275.00 FORGIVEN	11/30/20	O RATE	\$_1,275.00 11/03/20	\$ 1,275.00 PER ELECTION
TEND COM OTH PTY SCC		1	-	PAID	DATE DUE		DATE INCURRED	CALENDAR YEAR
				\$ FORGIVEN	·	RATE	\$	PER ELECTION
TO IND COM OTH PTY SCC			s	\$	DATE DUE	15	DATÉ INCURRED	s
				PAID FORGIVEN	1	%	1	\$PER ELECTION
TO IND COM OTH PTY SCC		\$	\$		DATE DUE	5	DATE INCURRED	5
	8	SUBTOTALS S	0 :	1,275.00	\$ 0	\$ 0		
Schedule B Summary 1. Loans received this period				\$ 1,2	75.00	(Enter (e) on Sche	edule E, Line 3)	
 (Total Column (b) plus uniternized loar Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that Net change this period. (Subtract Line) 	00 paid or forgiven.) t are also itemized on Sche e 2 from Line 1.)	edule A.)			75.00		OTH - Other (e.g.,	committee PTY or SCC) business entity)
Enter the net here and on the Summa				(M	ey be a negative number)		PTY Political Par SCC Small Contr	

** If required.

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Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		Statement covers period from Oct 22, 2020	CALIFOR	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				through Jan 2021	Page	of		
NAME OF FILER Jose S. Ceniceros					I.D. NUMBER 1432184	3		
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)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE		
	□ IND		LENDER		CALENDAR YEAR			
	□OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)			
	□ IND		LENDER		CALENDAR YEAR			
	□IND □COM □OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)			
	□ IND		LENDER		CALENDAR YEAR			
	□ OTH □ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)			
	□ IND		LENDER		CALENDAR YEAR			
	□ OTH □ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)			
			sui	BTOTAL \$ 0	Enter on Summary Page, Line 17 only.			

Schedule Nonmone	C tary Contributions Received		Amounts may be rounded to whole dollars.		from Oct 22, 2020		Oct 22, 2020 FORM 460				
SEE INSTRUCTIO	ONS ON REVERSE				thro	ugh Jan 2021		Page	of		
Jose S. Cenice	ros							I.D. NUM 143218			
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)	DESCRIPTION GOODS OR SER		AMOUNT/ FAIR MARKET VALUE	CALEN	LATIVE TO DATE DAR YEAR - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)		
		OTH SCC									
		□IND □COM □OTH □PTY □SCC									
		OTH SCC									
		OTH SCC									
Attach addition	onal information on appropriately labeled	continuation	sh ee ts.	SUBT	OTAL \$	0					
1. Amount red (Include all	C Summary ceived this period – itemized nonmonetar Schedule C subtotals.)						OT PT	(other the "H - Other (e. "Y - Political	nt Committee an PTY or SCC) g., business entity)		

NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE Monetary Contribution Monetary Contribution Independent Expenditure Monetary	AR YEAR	PER ELECTION TO DATE (IF REQUIRE)
Contribution Nonmonetary Contribution Independent Expenditure		
Nonmonetary Contribution Independent Expenditure		
Support Oppose Expenditure		
Contribution		
Nonmonetary Contribution		
Support Oppose Expenditure		
Monetary Contribution		
Nonmonetary Contribution		
Support Oppose Expenditure		
SUBTOTAL \$ 0		

mmary	ation Sheet) y of Expenditures ng/Opposing Other tes, Measures and Committees	Amounts may be ro to whole dollar	rs.	Statement covers period from Oct 22, 2020 through Jan 2021		from Oct 22, 2020 CALIFO			
						Page of			
S. Cenice						I.D. NUMB 1432184			
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 -	E TO DATE	PER ELECTION TO DATE		
		☐ Monetary Contribution ☐ Nonmonetary Contribution							
	☐ Support ☐ Oppose	Independent Expenditure							
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure							
		Monetary Contribution Nonmonetary Contribution Independent							
	☐ Support ☐ Oppose	Expenditure Monetary Contribution			-				
		☐ Nonmonetary Contribution ☐ Independent							
	☐ Support ☐ Oppose	Expenditure							

Schedule E Payments Made	Amounts may to whole		Statement covers period from Sept 24, 2020	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through Oct 22, 2020	- Page of
NAME OF FILER				I.D. NUMBER
Jose S. Ceniceros				1432184
CODES: If one of the following codes accurately describ	and the second s			
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events	MBR member co MTG meetings at OFC office exper PET petition circ PHO phone bank POL polling and	nd appearances nses culating ks survey research	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a TRS staff/spouse travel, lodging,	duction costs nd meals and meals
IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings		elivery and messenger services il services (legal, accounting)	TSF transfer between committee VOT voter registration WEB information technology cost	es of the same candidate/sponsor is (internet, e-mail)
NAME AND ADDRESS OF PAYEE		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE ON		AMOUNTAID
* Payments that are contributions or independent expenditures must also t	be summarized on Sch	nedule D.	SI	JBTOTAL \$ 0
Schedule E Summary				0
Itemized payments made this period. (Include all Schedu				\$
2. Unitemized payments made this period of under \$100				\$
3. Total interest paid this period on loans. (Enter amount fro	m Schedule B, Pa	art 1, Column (e).)	••••••••••••••••••••••••••••••••	\$
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and or	n the Summary Page, Colum	nn A, Line 6.) To	OTAL \$

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE	An	nounts may t to whole d				Statement covers period Oct 22, 2020 from throughIan 2021		CALIFORNIA 460 FORM Page of	
NAME OF FILER Jose S. Ceniceros								1.D. NUM 1432184	
CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR MTG OFC PET PHO POL POS PRO	member con meetings an office expen- petition circu phone banks polling and s postage, del	nmunication d appearan ses lating urvey resea	es ces	es	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and product returned contributions	on costs con costs coduction costs and meals g, and meals ees of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DES	CRIPTIC	ON OF PAYMENT		AMOUNT PAID

SUBTOTAL \$ 0

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

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Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be roun to whole dollars.	ded	from Oct 22, 2020 FOR		LIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through Jan 2021	P.	age of
NAME OF FILER Jose S. Ceniceros					NUMBER
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations CVC civic donations CRIL candidate filing/ballot fees CND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member communication MTG meetings and appearal OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese postage, delivery and r professional services (i	ons nces earch messenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra	nd production costs butions ters' salaries time and production of longing, and meals the committees of the on	als 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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
-					
* 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 accrued expenses of \$100 or more, plus total unitemized 2. Total accrued expenses paid this period. (Include all Schaccrued expenses of \$100 or more, plus total unitemized 3. Net change this period. (Subtract Line 2 from Line 1. Er on the Summary Page, Column A, Line 9.)	accrued expenses under standard standar	\$100.) tals for payments on enses under \$100.).		PAID TOTALS	\$_0

Schedule F	Amounts
(Continuation Sheet)	to wh
Accrued Expenses (Unpaid Bills)	
,	

NAME OF FILER

Jose S. Ceniceros

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from Oct 22, 2020	CALIFORNIA 460
through Jan 2021	Page of
	I.D. NUMBER
	1432184

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

CMP campaign paraphemalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TRS IND independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services TSF LEG legal defense PRO professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings PRT print ads 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 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
	471				
	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	nt Amo	unts may be rounded to whole dollars.	Statement covers period from Oct 22, 2020	CALIFORNIA 46
Contractor (on Benair of This Committee)				PORM
SEE INSTRUCTIONS ON REVERSE			through Jan 2021	- Page of
NAME OF FILER				I.D. NUMBER
Jose S. Ceniceros				1432184
NAME OF AGENT OR INDEPENDENT CONTRACTOR				
CODES: If one of the following codes accurately describ				
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events	OFC office exp PET petition of PHO phone ba	rculating	RAD radio airlime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and pro TRC candidate travel, lodging, at TRS staff/spouse travel, lodging,	duction costs
IND independent expenditure supporting/opposing others (explain)*	POS postage,	delivery and messenger service	es TSF transfer between committee	es of the same candidate/sponsor
LEG legal defense LIT campaign literature and mailings	PRO professio PRT print ads	nal services (legal, accounting)	VOT voter registration WEB information technology cost	s (internet, e-mail)
* Payments that are contributions or independent expenditures must also to NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	oe summarized on S	chedule D.	DESCRIPTION OF PAYMENT	AMOUNT PAID
Attach additional information on appropriately labeled contin	uation sheets			TOTAL* \$ 0

^{*}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.

Schedule H Loans Made to Others*			nay be rounded ble dollars.				CALIFORN FORM		
SEE INSTRUCTIONS ON REVERSE					through Jan 202	1	Page	of	
IAME OF FILER							I.D. NUMBER		
lose Ceniceros							1432184		
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 OF FORGIVENESS THIS PERIOD*		(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CUMULATIV LOANS TO DATE	
				□ PAID				CALENDAR YEA	
				FORGIVEN		RATE		PER ELECTION	
		\$	\$	5	DATE DUE	'	DATE INCURRED	1	
				□ PAID				CALENDAR YE	
				FORGIVEN		RATE	\$	PER ELECTION	
			•	•	DATE DUE	1	DATE INCURRED		
"Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$0	\$ 0	\$ 0	\$ 0			
						(Enter (e) on Schedule I, Line 3)			
Schedule H Summary					. 0				
(Total Column (b) plus unitemized loans Payments received on loans	s of less than \$100.)				0			**If Required	
(Total Column (c) plus unitemized payn 3. Net change this period. (Subtract Line 2)	nents of less than \$100.)				0		_		
(Enter the net here and on the Summa						be a negative number)			

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chedule I iscellaneous Ind	creases to Cash	Amounts may be rounded to whole dollars.	Statement covers period from Oct 22, 2020 through Jan 2021	CALIFORNIA 46
INSTRUCTIONS ON REVE	RSE		through	I.D. NUMBER
se S. Ceniceros				1432184
DATE RECEIVED	FULL NAME AND ADDRESS OF SOU (IF COMMITTEE, ALSO ENTER I.D. NUMBE		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
-				
		/		
	nation on appropriately labeled continuation s	sheets.	SUBTOTA	L\$ 0
chedule i Summa Itemized increases to	cash this period		s <u>0</u>	
Unitemized increases	to cash of under \$100 this period		\$ O	
Total of all interest red	ceived this period on loans made to othe	ers. (Schedule H, Column (e).)	\$ 0	
Total miscellaneous in	ncreases to cash this period. (Add Lines	1, 2, and 3. Enter here and on the	0	
				FPPC Form 460 (Jan/2 hice@fppc.ca.gov (866/275- www.fppc.c

12/11/20 0

itatement of C lecipient Com			LOS ANGELES C	2Y		ORNIA 410
tatement Type	☐ Initial ○ Not yet qualified	☐ Amendment	Termination - See Part 5 2020 CEC 14 PM			For Official Use Only
	O Date qualification threshold met	Date qualification threshold met	Date of termination CAMPAIGN FINA	ANCE	0	20894
1. Committee	e Information I.D. Number	Not Yet Given	2. Treasurer and Other Princi	oal Office	rs	
NAME OF COMMITTEE	eppel Union School District Boar	rd Member 2020	NAME OF TREASURER Santos Ceniceros-Rodriguez		C	11472
			STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O	. BOX)		Littlerock	STATE CA	ZIP CODE 93543	AREA CODE/PHONE (661) 860-1998
Littlerock	STATE ZIPC	ODE AREA CODE/PHONE 543 (661) 618-597	NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (STREET ADDRESS (NO P.O. BOX)			
e-MAIL ADDRESS (REQUIR			CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHERE COM	MMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)			
Los Angeles	Los Angeles Cou	nty	Jose Ceniceros			
			STREET ADDRESS (NO P.O. BOX)			
Attack additions	l information on appropriately la	shalad continuation shoots	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Attach additiona	ii injormation on appropriately id	ibelea continuation sneets.	Littlerock	CA	93543	(661) 618-5978
3. Verificatio	n					
	easonable diligence in p ry under the laws of the			n is tru	e and comple	ete. I certify under
Executed on 17	-/01/20 DATE					
Executed on	DATE By	SIGNATURE OF CONTI	olling officeholder, candidate, or state measure proponent			Θ
Executed on	DATE By	SIGNATURE OF CONT	OLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT			PC Form 410 (August/20

FPPC Form 410 (August/2020)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Recipient Committee						ORNIA Z	110
INSTRUCTIONS ON REVERSE					Page 2		100
COMMITTEE NAME Ceniceros for Keppel Union School District Board Member 202	20				1.D. NUMBER 1432184		
All committees must list the financial institution where the		ocated.			1		
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK AC	COUNT NUMBER				
Wells Fargo	(661) 794-6400	63096	504319				
ADDRESS	CITY	STATE	2	P CODE			
	Palmdale	CA		93552			
4. Type of Committee Complete the applicable section	15.						
Controlled Committee							
If this committee acts jointly with another controlled commit	tee, list the name and identi	ification number of the			otable		
		CE SOUGHT OR HELD	YEAR OF	led committe	e.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT Jose S. Ceniceros		NUMBER IF APPLICABLE)			e. ry	(list political pa	arty below)
	(INCLUDE DISTRICT	NUMBER IF APPLICABLE)	YEAR OF ELECTION	PART CHECK	e. TY	(list political pa	
	Governing Board Mem r oppose specific candidates	NUMBER IF APPLICABLE)	YEAR OF ELECTION 2020 election. Lis	Nonpartisan Nonpartisan Nonpartisan Nonpartisan	Partisan Partisan	(list political pa	
Primarily Formed Committee Primarily formed to support or CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR	Governing Board Mem r oppose specific candidates	NUMBER IF APPLICABLE) aber s or measures in a single ANDIDATE(S) OFFICE SOUGHT OF	YEAR OF ELECTION 2020 election. Lis	Nonpartisan Nonpartisan Nonpartisan Nonpartisan	Partisan Partisan	(list political pa	erty below)

Recipient Commi	anization ttee			FORM 410
NSTRUCTIONS ON REVERSE				Page 3
OMMITTEE NAME				I.D. NUMBER
N/A				
Type of Comr	nittee (Continued)			
General Purpose Comn	Not formed to support or o	oppose specific candidates or measures in COUNTY Committee	a single election. Check only or STATE Committee	ne box:
OVIDE BRIEF DESCRIPTION OF A	CTMTY			
Sponsored Committee	List additional sponsors on an att	achment.		
	List additional sponsors on an att	rachment.	FSPONSOR	
ME OF SPONSOR	List additional sponsors on an att		F SPONSOR STATE ZIP CO	DE AREA CODE/PHONE
ME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION O		IDE AREA CODE/PHONE
ME OF SPONSOR REET ADDRESS	NO. AND STREET	INDUSTRY GROUP OR AFFILIATION O		IDE AREA CODE/PHONE
ME OF SPONSOR	NO. AND STREET	INDUSTRY GROUP OR AFFILIATION O		IDE AREA CODE/PHONE
ME OF SPONSOR REET ADDRESS Small Contributor Come	no. And STREET mittee Date qualified	INDUSTRY GROUP OR AFFILIATION OF	STATE ZIP CO	
REET AODRESS Small Contributor Comm	no. And STREET mittee Date qualified	city tion, the treasurer, assistant treasurer and/or candid	STATE ZIP CO	

- · This committee does not anticipate receiving contributions or making expenditures in the future;
- · This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- · This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.