400

**COVER PAGE** 

**Recipient Committee** Date Stamp CALIFORNIA Campaign Statement FORM Cover Page Date of election if applicable: Statement covers period (Month, Day, Year) 07/01/2021 from 12/31/2021 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure □ Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report O Controlled O Recall Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1427496 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Mariana Pacheco Mariana Pacheco for Cerritos College Trustee Area 1 2020 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Downey CA 90241 562-244-8281 NAME OF ASSISTANT TREASURER, IF ANY CITY STATE ZIP CODE AREA CODE/PHONE CA 90241 562-244-8281 Downey MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX NA CITY STATE ZIP CODE AREA CODE/PHONE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 562-741-0342/blanca.esq74@gmail.com 4. Verification and in the attached schedules is true and complete. I I have used all reasonable diligence in preparing and reviewing this statement and to certify under penalty of perjury under the laws of the State of California that the fore Ву. Executed on By. Executed on or Responsible Officer of Sponsor Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on . Signature of Controlling Officeholder, Candidate, Stata Measure Proponent

## Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 6

| NAME OF OFFICEHOLDER OR CANDIDATE   | E OF OFFICEHOLDER OR CANDIDATE  |                |           |                      | NAME OF BALLOT MEASURE                           |                  |                          |   |
|---|---------------------------------|----------------|-----------|----------------------|--|------------------|--------------------------|---|
|   |                                 |                |           |                      | TOTAL OF BELOT METORIC                           |                  |                          |   |
| Mariana Pacheco FFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)                         |                                 |                |           | BALLOT NO. OR LETTER | JURISDICTI                                       | ON               | SUPPORT                  |   |
| Cerritos College Trustee Area 1   |                                 |                |           |                      |  |                  |                          | OPPOSE  |
| RESIDENTIAL/BUSINESS ADDRESS (NO. A   | Downey                          | STAT           | 90241     |                      | Identify the controlling office                  | ceholder, cand   | idate, or state measure  | proponent, if any.  |
|   | Downey                          | CA             | 30241     |                      | NAME OF OFFICEHOLDER, CA                         | NDIDATE, OR PI   | ROPONENT                 |   |
| Related Committees Not Include not included in this statement that are co-contributions or make expenditures on b | ontrolled by you or are prim    |                |           |                      | OFFICE SOUGHT OR HELD                            |                  | DISTRICT                 | TNO. IF ANY   |
| COMMITTEE NAME  | I.D. NUI                        | MBER           |           |                      | 2)   |                  |                          | 2000  |
|   |                                 |                |           | 7                    | Primarily Formed Can                             | didate/Offi      | eholder Committe         | A List names of   |
| NAME OF TREASURER   | CONTR                           | OLLED COM      | MITTEE?   |                      | officeholder(s) or candidate(                    | s) for which thi | s committee is primarily | formed.   |
|   |                                 | ES 🗆 I         | NO        |                      |  |                  |                          |   |
|   |                                 | DC-0 1 27 - 30 | NO        |                      | NAME OF OFFICEHOLDED OR                          | CANDIDATE        | DEFICE SOLICHT OF U      | IEID I  |
| COMMITTEE ADDRESS STREET AD   | DDRESS (NO P.O. BOX)            |                | NO        |                      | NAME OF OFFICEHOLDER OR                          | CANDIDATE        | OFFICE SOUGHT OR H       | SUPPOR  |
|   | STATE ZIP CODE                  | AREA C         | ODE/PHONE |                      | NAME OF OFFICEHOLDER OR                          |                  | OFFICE SOUGHT OR H       | SUPPOR  |
| CITY  |                                 |                |           |                      | NAME OF OFFICEHOLDER OR                          | CANDIDATE        | OFFICE SOUGHT OR H       | SUPPOR OPPOSE SUPPORI OPPOSE  |
| CITY  | STATE ZIP CODE                  |                |           |                      |  | CANDIDATE        |                          | SUPPOR OPPOSE SUPPORI OPPOSE  |
| CITY COMMITTEE NAME   | STATE ZIP CODE                  | MBER           | ODE/PHONE |                      | NAME OF OFFICEHOLDER OR                          | CANDIDATE        | OFFICE SOUGHT OR H       | SUPPOR OPPOSE  SUPPOR OPPOSE  ELD SUPPOR OPPOSE  SUPPOR OPPOSE            |
| COMMITTEE NAME  NAME OF TREASURER   | STATE ZIP CODE                  | MBER           | ODE/PHONE |                      | NAME OF OFFICEHOLDER OR                          | CANDIDATE        | OFFICE SOUGHT OR H       | SUPPOR OPPOSE  SUPPOR OPPOSE  SUPPOR OPPOSE  OPPOSE                       |
| COMMITTEE NAME  NAME OF TREASURER   | STATE ZIP CODE  I.D. NUI  CONTR | OLLED COMM     | ODE/PHONE |                      | NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR | CANDIDATE        | OFFICE SOUGHT OR H       | SUPPOR SUPPORI OPPOSE  ELD SUPPORI OPPOSE  ELD SUPPORI OPPOSE  ELD OPPOSE |

## **Campaign Disclosure Statement**

Amounts may be rounded to whole dollars.

SUMMARY PAGE

| Summary Page   |  | from _                                     | 07/01/2021 | FORM 460                                    |  |  |
|--|--|--|------------|---|--|--|
| SEE INSTRUCTIONS ON REVERSE  |  | throug                                     | 12/31/2021 | Page3 of                                    |  |  |
| NAME OF FILER Mariana Pacheco for Cerritos College Trustee Area 1 2020 |  |  |            | I.D. NUMBER<br>1427496                      |  |  |
| Contributions Received   | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |            | ımmary for Candidates the State Primary and |  |  |

| Contributions Received   | TOTAL T | JIMN A<br>HIS PERIOD<br>HED SCHEDULES) |           | COLUMN B<br>CALENDAR YEAR<br>TOTAL TO DATE                                |   | nmary for Candidates<br>he State Primary and               |
|--|---------|--|-----------|---|---|--|
| 1. Monetary Contributions Schedule A, Line 3                         | s       | 0                                      | s         | 9000.00   | Assessment and the second                         |  |
| 2. Loans Received  |         | 0                                      |           | 0   | 1/1   | through 6/30 7/1 to Date                                   |
| 3. SUBTOTAL CASH CONTRIBUTIONS                                       | s       | 0                                      | s         | 9000.00   | 20. Contributions Received \$                     |  |
| 4. Nonmonetary Contributions   |         | 0                                      | · -       | 0   | 21 Evnandituras                                   | •  |
| 5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4                       | \$      | 0                                      | \$_       | 9000.00   | Made \$_  | \$   |
| Expenditures Made  |         |  |           |   | Expenditure Limit                                 | Summary for State  |
| 6. Payments Made Schedule E, Line 4                                  | \$      | 2188.32                                | \$ _      | 2238.32   | Candidates  |  |
| 7. Loans Made Schedule H, Line 3                                     |         | 0                                      | relations | 0   |   |  |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7                            | \$      | 2188.32                                | \$_       | 2238.32   | 22. Cumulat                                       | tive Expenditures Made*<br>to Voluntary Expenditure Limit) |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3                |         | 0                                      | _         | 0   | Date of Election                                  | Total to Date  |
| 10. Nonmonetary Adjustment   |         | 0                                      | _         | 0   | (mm/dd/yy)  | 100010   |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10                     | \$      | 2188.32                                | \$_       | 2238.32   |   | \$   |
| Current Cash Statement   |         |  |           |   |   |  |
| 12. Beginning Cash Balance Previous Summary Page, Line 16            | \$      | 13828.42                               | To cal    | culate Column B.  |   |  |
| 13. Cash Receipts Column A, Line 3 above                             |         | 0                                      | add a     | mounts in Column  |   |  |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4               |         | 0                                      |           | e corresponding<br>nts from Column B                                      | *Amounts in this section<br>reported in Column B. | may be different from amounts                              |
| 15. Cash Payments Column A, Line 8 ebove                             |         | 2188.32                                |           | r last report. Some<br>nts in Column A may                                | reported in Column b.                             |  |
| 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 | \$      | 11640.10                               | be neg    | gative figures that   |   |  |
| If this is a termination statement, Line 16 must be zero.            |         |  | previo    | be subtracted from us period amounts. If                                  |   |  |
| 17. LOAN GUARANTEES RECEIVED Schedule 8, Part 2                      | \$      | 0                                      | filed fo  | the first report being<br>or this calendar year,<br>arry over the amounts |   |  |
| Cash Equivalents and Outstanding Debts                               |         |  |           | ines 2, 7, and 9 (if  |   |  |
| 18. Cash Equivalents See instructions on reverse                     | \$      | 0                                      | arry).    |   |   |  |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above          |         | 16321.68                               |           |   |   | FPPC Form 460 (Jan/2016                                    |
|  |         |  |           |   | FPPC Advice: ad                                   | vice@fppc.ca.gov (866/275-3772)<br>www.fppc.ca.gov         |

| Schedule B - Part |
|-------------------|
| Loans Received    |
|                   |

|   | Ar   | mounts may be ro                              | worded                                  |   |                                      |  | SCHE   | DULE B - PART 1                               |  |
|---|--|---|---|---|--------------------------------------|--|--|---|--|
| Schedule B – Part 1<br>Loans Received   | C.II   | to whole dollars                              |   |   | Statement coverage of the from 07/01 | ers period<br>1/2021                   | CALIFORNIA 460   |   |  |
| SEE INSTRUCTIONS ON REVERSE   |  |   |   | 8-22                                    | through 12/3                         | 31/2021                                | Page 4   | of 6  |  |
| NAME OF FILER   |  |   |   |   |                                      |  | I.D. NUMBER  |   |  |
| Mariana Pacheco for Cerritos College Tru  | ustee Area 1 2020  |   |   |   |                                      |  | 1427496  |   |  |
| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF LENDER<br>(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 | RECEIVED THIS                           | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD | CLOSE OF THIS                        | (e)<br>INTEREST<br>PAID THIS<br>PERIOD | ORIGINAL<br>AMOUNT OF<br>LOAN                                    | (g)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE |  |
| Mariana Pacheco  Downey, CA 90241   | Director of Nursing<br>Downey Unified School<br>District                                   |   |   | PAID  \$ 0  FORGIVEN                    | s0                                   | O %                                    | s <u>1500</u>  | \$ 0 PER ELECTION**                           |  |
| <sup>†</sup> ☑ IND □ COM □ OTH □ PTY □ SCC  |  | \$1500  | s0                                      | s0                                      | DATE DUE                             | s0                                     | 08/21/20<br>DATE INCURRED  | s1500   |  |
| Mariana Pacheco   | Downey Unified School<br>District  |   |   | PAID  \$ 0  FORGIVEN                    | s0                                   | %<br>RATE                              | ş3000  | \$ 4500 PER ELECTION ***                      |  |
| Downey, CA 90241 <sup>†</sup> ☑ IND □ COM □ OTH □ PTY □ SCC                                   |  | s4500   | s0                                      | s0                                      | DATE DUE                             | s0                                     | 09/21/20<br>DATE INCURRED  | s4500   |  |
| Mariana Pacheco<br>Downey, CA 90241   | Downey Unified School<br>District<br>Director of Nursing                                   |   |   | \$ 0 FORGIVEN                           | s0                                   | O %                                    | s7000  | s 11500 PER ELECTION**                        |  |
| †□ IND □ COM □ OTH □ PTY □ SCC  |  | s <u>11500</u>                                | s0                                      | s0                                      | O<br>DATE DUE                        | s0                                     | 10/02/20<br>DATE INCURRED  | s <u>11500</u>                                |  |
|   |  | SUBTOTALS \$                                  | \$ 05                                   | \$ 0                                    | \$ 0                                 | \$ 0                                   |  |   |  |
| Schedule B Summary  |  |   |   | 1,000                                   |                                      | (Enter (e) on<br>Schedule E, Line 3)   |  |   |  |
| Loans received this period  (Total Column (b) plus unitemized loar                            | ns of less than \$100.)  |   |   | \$                                      | 00_                                  | C+C                                    | Sentalbutes Codes  |   |  |
| Loans paid or forgiven this period (Total Column (c) plus loans under \$10                    |  |   | *************************************** | \$                                      | 0_                                   | IN                                     | Contributor Codes  D - Individual  OM - Recipient C  (other than |   |  |

| Mariana Pacheco for Cerritos College Tr   | ustee Area 1 2020  |   |  |  |   |  | 142/496                              |   |
|---|--|---|--|--|---|--|--------------------------------------|---|
| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF LENDER<br>(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)<br>AMOUNT<br>RECEIVED THIS<br>PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST<br>PAID THIS<br>PERIOD | ORIGINAL<br>AMOUNT OF<br>LOAN        | CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE  |
| Mariana Pacheco  Downey, CA 90241 <sup>↑</sup> ☑ IND □ COM □ OTH □ PTY □ SCC                  | Director of Nursing<br>Downey Unified School<br>District                                   | s <u>1500</u>                                 | s0                                       | \$ 0 FORGIVEN                            | \$0   | %<br>RATE %                            | \$1500                               | \$ 0 PER ELECTION** \$ 1500             |
| Mariana Pacheco  Downey, CA 90241  †☑ IND □ COM □ OTH □ PTY □ SCC                             | Downey Unified School<br>District  | s4500   | s0                                       | \$O  FORGIVEN  0                         | \$O   | %<br>RATE %                            | \$3000<br>09/21/20<br>DATE INCURRED  | \$ 4500 PER ELECTION** \$ 4500          |
| Mariana Pacheco  Downey, CA 90241  † IND COM OTH PTY SCC                                      | Downey Unified School<br>District<br>Director of Nursing                                   | ş <u>11500</u>                                | ş0                                       | \$ 0 FORGIVEN                            | \$0   | %<br>                                  | \$ 7000<br>10/02/20<br>DATE INCURRED | \$ 11500<br>PER ELECTION **<br>\$ 11500 |
|   |  | SUBTOTALS \$                                  | 0 9                                      | 0 :                                      | \$ 0  | <b>\$</b> 0                            |                                      |   |
| Schedule B Summary  1. Loans received this period   |  | ***************************************       |  | \$                                       | 0   | (Enter (e) on<br>Schedule E, Line 3)   |                                      |   |

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

Enter the net here and on the Summary Page, Column A, Line 2.

(Include loans paid by a third party that are also itemized on Schedule A.)

OTH - Other (e.g., business entity)

PTY - Political Party

(May be a negative number)

SCC - Small Contributor Committee

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| SCH | EDUL | EB- | PART |
|-----|------|-----|------|
|-----|------|-----|------|

## Schedule B - Part 1 Loans Received

Amounts may be rounded to whole dollars.

|          |                   | SCHEDOLE B-TAKI |
|----------|-------------------|-----------------|
| Statem   | ent covers period | CALIFORNIA 460  |
| from     | 07/01/2021        | FORM 400        |
| through_ | 12/31/2021        | Page _ 5 of _ 6 |
|          |                   | I.D. NUMBER     |
|          |                   |                 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mariana Pacheco for Cerritos College Trustee Area 1 2020

1427496 (d) OUTSTANDING IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OUTSTANDING AMOUNT INTEREST ORIGINAL CUMULATIVE AMOUNT PAID OCCUPATION AND EMPLOYER BALANCE AT BALANCE OF LENDER RECEIVED THIS CONTRIBUTIONS PAID THIS AMOUNT OF OR FORGIVEN (IF SELF-EMPLOYED, ENTER BEGINNING THIS CLOSE OF THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PERIOD PERIOD LOAN TO DATE NAME OF BUSINESS) THIS PERIOD PERIOD PERIOD CALENDAR YEAR Mariana Pacheco Director of Nursing ☐ PAID **Downey Unified School** 17500 0 % s 11500 Downey, CA 90241 District PER ELECTION\*\* FORGIVEN 11500 0 11/3/20 17500 DATE INCURRED DATE DUE IND COM COTH CPTY SCC CALENDAR YEAR ☐ PAID Director of Nursing Mariana Pacheco **Downey Unified School** . 1178.32 17500 2021 Downey, CA 90241 District PER ELECTION \*\* FORGIVEN 11/3/2020 DATE DUE DATE INCURRED T IND □ COM □ OTH □ PTY □ SCC CALENDAR YEAR ☐ PAID 0 0 PER ELECTION \*\* FORGIVEN 0 DATE DUE DATE INCURRED ☐ COM ☐ OTH ☐ PTY ☐ SCC SUBTOTALS \$ 0 \$ 1178.32 \$ 0 \$ 0

| Sc | he | di | ule | В | Sun | nmary |  |
|----|----|----|-----|---|-----|-------|--|
|    |    |    |     |   |     |       |  |

(Enter (e) on Schedule E, Line 3)

- 1. Loans received this period .......\$ 17500 (Total Column (b) plus uniterized loans of less than \$100.)
- 2. Loans paid or forgiven this period.....\$ 1178.32 (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)
- Enter the net here and on the Summary Page, Column A. Line 2. (May be a negative number)

16321.68

†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

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

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

| Schedule        | E    |
|-----------------|------|
| <b>Payments</b> | Made |
|                 |      |

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period **CALIFORNIA FORM** 07/01/2021 from 12/31/2021 through Page I.D. NUMBER 1427496

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LIT

Mariana Pacheco for Cerritos College Trustee Area 1 2020

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

campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances RFD returned contributions contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries petition circulating CVC civic donations PET TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

legal defense PRO professional services (legal, accounting) VOT voter registration LEG print ads WEB information technology costs (internet, e-mail) campaign literature and mailings PRT

NAME AND ADDRESS OF PAYEE CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **DESCRIPTION OF PAYMENT** AMOUNT PAID LA County Recorder Late Filing Fee FIL 10.00 NALEO Educational Fund Membership CVC 1000.00 Los Angeles, CA 90015

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 1010.00

## Schedule E Summary

| \$      | 1010.00        |
|---------|----------------|
| \$      | 0              |
| s       | 0              |
| OTAL \$ | 1010.00        |
|         | \$<br>\$<br>\$ |

1010 00