1(31/22 PM

**COVER PAGE** 

Recipient Committee LOS ANGELES CO CALIFORNIA Campaign Statement FORM **Cover Page** (Government Code Sections 84200-84216.5) Date of election if applicable: Statement covers period (Month, Day, Year) 07/01/2021 For Official Use Only SEE INSTRUCTIONS ON REVERSE through \_\_\_\_12/31/2021 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement X Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement Committee State Candidate Election Committee Semi-annual Statement Special Odd-Year Report Controlled Recall Termination Statement Supplemental Preelection (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) Statement - Attach Form 495 (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1428186 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Liliana Magana for Montebello School Board 2020 Yolanda Miranda MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Covina CA91722 (626) 915-7635 AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY CITY STATE ZIP CODE ĊA Covina 91722 (323) 452-2366 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS AREA CODE/PHONE CITY CITY STATE ZIP CODE STATE ZIP CODE AREA CODE/PHONE Commerce CA 90040 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS (626)915-6626 / liliana4musd@gmail.com Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of is is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and co 01/26/2022 Executed on. Date 01/26/2022 Executed on. Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on \_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

## Recipient Committee Campaign Statement Cover Page — Part 2

C	OVER	PAGE	- PA	RT2
CALIFO FOR		4	6	0
Page	2	of _	7	

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			,		
Liliana Magana		• .						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER J	JURISDICTION		SUPPORT		
Board of Education Montebello	•					OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT		ZIP 90022	Identify the controlling office	holder, candidate, or s	state measure p	roponent, if any.		
Con	merce CA	90022	NAME OF OFFICEHOLDER, CANDID	OATE, OR PROPONENT				
Related Committees Not Included in this Statement included in this statement that are controlled by you o contributions or make expenditures on behalf of your cand	r are primarily formed to I		OFFICE SOUGHT OR HELD	· · · · ·	DISTRICT NO. IF	ANY		
NAME OF TREASURER	CONTROLLED COMMITTEE	7.	Primarily Formed Candid officeholder(s) for					
CONTRACTOR AND DESCRIPTION AND DO NO	YES NO		NAME OF OFFICEHOLDER OR CANI	DIDATE OFFICE SO	UGHT OR HELD	T_		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	(X)					SUPPORT OPPOSE		
CITY STATE ZIP CO		PHONE	NAME OF OFFICEHOLDER OR CANI	DIDATE OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE		
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CANI	DIDATE OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE		
NAME OF TREASURER	CONTROLLED COMMITTEE	?	NAME OF OFFICEHOLDER OR CANI	DIDATE OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	OX).		<u> </u>			1 1 1 1		
OUT/	ADEA OCCUE	HONE						
CITY STATE ZIP CO	DDE AREA CODE/F	HUNE	Attach o	continuation sheets if	necessary			

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

	Statem	ent covers period	CALIFORNIA	160		
from07/01/2021		FORM 400				
	through _	12/31/2021	Page3 of	7		
	·-		I.D. NUMBER			
			1428186			

Liliana Magana for Montebello School Board 2020 **Calendar Year Summary for Candidates** Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 9,000.00 1/1 through 6/30 7/1 to Date 1,000.00 0.00 20. Contributions 10,000.00 SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ 0.00 Received Nonmonetary Contributions ...... Schedule C. Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ \_\_\_\_\_ 0.00 10,000.00 **Expenditures Made Expenditure Limit Summary for State Candidates** \$ 3,382.66 22. Cumulative Expenditures Made\* 3,382.66 (If Subject to Voluntary Expenditure Limit) -450.00 3,600.00 9. Accrued Expenses (Unpaid Bills) .......Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 0.00 10. Nonmonetary Adjustment ...... Schedule C, Line 3 6,982.66 **Current Cash Statement** 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ To calculate Column B, add 13. Cash Receipts ...... Column A, Line 3 above 0.00 amounts in Column A to the corresponding amounts \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 0.00 from Column B of your last reported in Column B. report. Some amounts in 1,706.46 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 9,100.64 figures that should be 16. ENDING CASH BALANCE ........ Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts 18. Cash Equivalents ...... See instructions on reverse 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above 4,600.00

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Schedule B – Part 1 Loans Received	Amo	ounts may be ro to whole dollar	ounded		Statement cov	ers period	CALIFORN FORM	<sup>IA</sup> 460
SEE INSTRUCTIONS ON REVERSE					through12/3	1/2021	Page4	of
NAME OF FILER							I.D. NUMBER	
Liliana Magana for Montebello School I	Board 2020				•		1428186 -	
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)	OUTSTANDING BALANCE BEGINNING THIS	(b) AMOUNT RECEIVED THIS PERIOD	AMOUNT PAIL OR FORGIVE THIS PERIOD	N CLOSE OF THIS	INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Liliana Magana	Senior Recreation Leader	PERIOD		PAID	PERIOD	TEMOS	20/41	CALENDAR YEAR
Los Angeles, CA 90022	City of Commerce		:.	\$0.0	\$_1,000.00	0_0.0% RATE	\$ 1,000.00	\$0_00 PER ELECTION**
TIND □ COM □ OTH □ PTY □ SCC		\$_1,000.00	s0.00	\$0	DATE DUE	\$0_0	07/23/2020 DATE INCURRED	s
•				\$	s	% RATE	s	\$PER ELECTION ***
† IND COM OTH PTY SCC		s	s	s	DATE DUE	\$	DATE INCURRED	s
				\$FORGIVEN	s	% RATE	s	SPER ELECTION **
†   IND   COM   OTH   PTY   SCC		s	s	\$	DATE DUE	\$	DATE INCURRED	s
		SUBTOTALS \$	0.00	0.0	1,000.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		,
Loans received this period  (Total Column (b) plus unitemized loan	s of less than \$100.)			\$	0.00	· (tc	ontributor Codes	# · · ·
Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	0 paid or forgiven.)	ule A.)		\$	0.00	INI CC	D-Individual DM-Recipient Co (other than I TH-Other (e.g., Y-Political Party	mmittee PTY or SCC) business entity)
3. Net change this period. (Subtract Lin Enter the net here and on the Summa				NET \$	0 . 0 0 May be a negative number)		C - Small Contrib	
*Amounts forgiven or paid by another party also	must be reported on Schedule A.						EDDC E	vm 460 (Jan/201

\*\* If required.

Schedule E Summary

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

2. Unitemized payments made this period of under \$100

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

TOTAL \$ 1,706.46

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

SUBTOTAL\$

537.74

Cahadula E					SCHEDULE E (CONT.
Schedule E (Continuation Sheet) Payments Made	Amounts may be to whole do		, 1944 	Statement covers period  from07/01/2021	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE				through 12/31/2021	- Page 6 of 7
NAME OF FILER					I.D. NUMBER
Liliana Magana for Montebello School Board 2020					1428186
CODES: If one of the following codes accurately describes the CMP campaign paraphernalia/misc.  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  LIT campaign literature and mailings	R member com G meetings and C office expen petition circu O phone banks L polling and s S postage, del O professional	munications d appearances lses lating survey researd ivery and mes		RAD radio airtime and product returned contributions SAL campaign workers' salate. TEL t.v. or cable airtime and TRC candidate travel, lodging staff/spouse travel, lodging	ries production costs , and meals ing, and meals ittees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ordonez Mexican Restaurant		MTG	10/28/21 Team	meeting for 4 person includi	ng Members 177.08
Montebello, CA 90640					
Yolanda Miranda & Assoc. Inc.		PRO			300.00
Covina, CA 91722		1			
Yolanda Miranda & Assoc. Inc.		PRO			300.00
Covina, CA 91722					
				•	
	· · ·				
	. '		,		
the state of the s	·	: 1			

SUBTOTAL \$

777.08

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

							SCHEDULEF
Schedule F Accrued Expenses (Unpaid Bills)		Amounts may be round to whole dollars.	Statement cove		CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				through	2021	Page	of
NAME OF FILER					1.1	D. NUMBER	
Liliana Magana for Montebello School Board 2020					1	428186	
CODES: If one of the following codes accurately describ	oes the	payment, you may	enter the code. Ot	herwise, describe t	he payment:		
CMP campaign paraphernalia/misc.  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  LT campaign paraphernalia/misc.  MBR member communications  meetings and appearances  MTG meetings and appearances  MTG meetings and appearances  OFC office expenses  PET petition circulating  phone banks  POL polling and survey research  POS postage, delivery and messenger services  ITR staff/spouse travel, lodging, and meals staff/spous							
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DES	CODE OR SCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON I	BALA	(d) UTSTANDING ANCE AT CLOSE THIS PERIOD
Liliana Magana	FIL		3,600.00	0.00		0.00	3,600.00
Los Angeles, CA 90022							
Netfile	PRO		150.00	0.00	15	0.00	0.00
Mariposa, CA 95338							
Yolanda Miranda & Assoc. Inc.	PRO		300.00	0.00	30	0.00	0.00
Covina, CA 91722							
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	<del></del>	SUBTOTALS	4,050.00\$	0.00\$	450	0.00\$	3,600.00
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	accrue nedule	ed expenses under S F, Column (c) subto	als for payments on				0.00
Net change this period. (Subtract Line 2 from Line 1. Er on the Summary Page, Column A. Line 9.)					NET		-450.00