Recip	ient	Con	nmitt	ee
Camp				
Cover	Pag	e		

COVER PAGE Date Stamp CALIFORNIA **FORM** ES COUNTY Page 1 of 5 For Official Use Only

Date of election if applicable: Statement covers period (Month, Day, Year) from 07/01/22 CAMPAIGN FINANCE November 3, 2020 through 12/31/22 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Preelection Statement
Semi-annual Statement
Termination Statement ✓ Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Semi-annual Statement Committee Special Odd-Year Report O Recall Controlled (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Primarily Formed Candidate/ Sponsored Small Contributor Committee Officeholder Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1429203 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Rodriguez for School Board 2020 **Brenda Rodriguez** MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE CA 90240 310/901-2019 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY 90240 562/203-2531 Downey CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY ZIP CODE STATE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS rodriguez4downeyschools@gmail.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that

Executed on 1/3/2023	
Executed on 1/3/23	
Executed on	BySignature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	By

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
FORM

Page 2 of 5

NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASU	JRE		
Jose J. Rodriguez					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	N AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT
Downey Unified School District Governing	ng Board Member Area 2				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	Downey CA 90240	Identify the controlling	officeholder, candi	idate, or state measure p	roponent, if any.
·	Downey CA 30240	NAME OF OFFICEHOLDE	R, CANDIDATE, OR	PROPONENT	
Related Committees Not Included in not included in this statement that are controlle contributions or make expenditures on behalf or	ed by you or are primarily formed to receive	OFFICE SOUGHT OR HEL	.D	DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER				
NAME OF TREASURED	CONTROLLED COMMITTEE?	7. Primarily Formed C	Candidate/Offic	eholder Committee	List names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed (officeholder(s) or candid	Candidate/Offic late(s) for which this	eholder Committee s committee Is primarily fo	List names of rmed.
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRES	☐ YES ☐ NO	7. Primarily Formed Cofficeholder(s) or candid	ate(s) for which this	ceholder Committee s committee is primarily for OFFICE SOUGHT OR HE	rmed.
	YES NO	officeholder(s) or candid	ate(s) for which this	s committee Is primarily fo	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRES	YES NO	officeholder(s) or candid	ate(s) for which this	OFFICE SOUGHT OR H	SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRES	YES NO	officeholder(s) or candid	ate(s) for which this R OR CANDIDATE R OR CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE SUPPORT SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRES	YES NO SS (NO P.O. BOX) E ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDE	R OR CANDIDATE R OR CANDIDATE R OR CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRES CITY STAT COMMITTEE NAME	I.D. NUMBER CONTROLLED COMMITTEE? YES NO NO NO NO NO NO NO NO NO NO	NAME OF OFFICEHOLDE	R OR CANDIDATE R OR CANDIDATE R OR CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE SLD SUPPORT OPPOSE SUPPORT OPPOSE OPPOSE

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/22	CALIFORNIA 460		
through 12/31/22	Page _3 of _5		
	I.D. NUMBER		

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Rodriguez for School Board 2020

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0 0 \$ 0 0 0	\$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ 0 \$ 0 21. Expenditures Made \$ 0 \$ 0
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 0 0 0 0 0	\$\frac{0}{0}\$ \$\frac{0}{2,234}\$ \$\frac{0}{2,234}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$ 4,483.05 0 0 0 4,483.05 \$ 0.00	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 filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	0.024		FPPC Form 460 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-37

Sched	ule	B -	Part	1
Loans	Re	ceiv	ed	

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Schedule B – Part 1 Loans Received		to whole dollars			Statement coverage from 07/01/22	ers period	CALIFORN FORM	^{IA} 460
SEE INSTRUCTIONS ON REVERSE					through 12/31/2	2	Page 4	of 5
NAME OF FILER							I.D. NUMBER	
Rodriguez for School Board 2020							1429203	
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 PAI OR FORGIVE THIS PERIOI	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Jose Rodriguez Downey CA 90240	Turner Construction Co Construction Management	1,834	\$ <u>0</u>	\$ PAID \$ FORGIVEN	s 1,834	O NATE	\$	S PER ELECTION**
TEN IND COM OTH PTY SCC				PAID	DATE DUE		DATE INCURRED	CALENDAR YEAR
† IND COM OTH PTY SCC		\$	s	\$ FORGIVEN \$ PAID	DATE DUE	RATE	\$DATE INCURRED	PER ELECTION** \$ CALENDAR YEAR
† IND COM OTH PTY SCC		\$	\$	FORGIVEN	DATE DUE	RATE	DATE INCURRED	PER ELECTION**
	S	SUBTOTALS \$	0	\$ 0	\$ 1,834	\$ 0		
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha 3. Net change this period. (Subtract Lin Enter the net here and on the Summa	ns of less than \$100.) 00 paid or forgiven.) at are also itemized on Sche e 2 from Line 1.)	edule A.)		\$ 0	May be a negative number)		Contributor Codes ND – Individual COM – Recipient Co	ommittee PTY or SCC) pusiness entity)

*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	F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** 07/01/22 from through 12/31/22 Page_5 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Rodriguez for School Board 2020 1429203

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 TRC candidate travel, lodging, and meals PHO phone banks FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

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
Jose Rodriguez . Downey CA 90240	LIT/FIL/CMP	1,834	0	0	1,834
Rita Rodriguez Santa Fe Springs, CA 90670	FND/CMP	400	0	0	400
Payments that are contributions or independent expenditures must also be	SUBTOTALS	2 224	\$ 0	5 0	\$ 2,234

summarized on Schedule D

Schedule F Summary

		(Include all Schedule F, Column (b) subtotals for Il unitemized accrued expenses under \$100.)	INCURRED TOTALS \$	
2.	Total accrued expenses paid this period. (In	clude all Schedule F, Column (c) subtotals for payments	on 0	

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A. Line 9.)

May be a negative number

FPPC Form 460 (Jan/2016))