			MF CZ		COVERPAGE
Recipient Committee  Campaign Statement  Cover Page  Covernment Code Sections 84200-84216.5)			Date Stamp REGEIV LOS ANGELE	ED BY	FORM 460
EE INSTRUCTIONS ON REVERSE	Statement covers period from07/01/2022 through12/31/2022	Date of election if applicable: (Month, Day, Year)	2023 JAN 25 CAMPAIGN	PH 2	of 8 For Official Use Only
O State Candidate Election Committee O Recall (Also Complete Part 5)  ☐ General Purpose Committee O Sponsored ☐	complete Parts 1, 2, 3, and 4.  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 To	ermination)	Quarterly Sta Special Odd- Supplementa Statement - A	Year Report
Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE MANUEL CANTU FOR LITTLE LAKE CITY SCHOOL BO  STREET ADDRESS (NO P.O. BOX)	•	Treasurer(s)  NAME OF TREASURER  DAVID L. GOULD  MAILING ADDRESS  CITY	STATE	ZIP CODE	AREA CODE/PHONE
NORWALK CA 906 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	(213) 489-4792	Norwalk NAME OF ASSISTANT TREASUL INGRID ORELLANA MAILING ADDRESS	CA RER, IF ANY	90650	(213) 489–4792
OPTIONAL: FAX / E-MAIL ADDRESS (213) 489-4818 / DIGOULD@GOULDORELLANA.COM	CODE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDR	STATE CA RESS	ZIP CODE 90650	AREA CODE/PHONE (213) 489-4792
Verification     I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californ 01/23/2023.					certify
Executed on					
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S Signature of Controlling Officeholder, Candidate, S			

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER P	AGE-PART2
CALIFORNIA FORM	460
Page2 c	of8

MANUEL CANTU OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Board of Education Little Lake City District 4  RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Norwalk CA 90650  Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.  COMMITTEE NAME  I.D. NUMBER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  COMMITTEE NAME  I.D. NUMBER  I.D. NUMBER  I.D. NUMBER  AME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD				OTMEASURE	NAME OF BALLOT ME	_			OR CANDIDATE	NAME OF OFFICEROLDER OF
DEFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  BOARD OF Education Little Lake City District 4  RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  Norwalk CA 90650  Related Committees Not included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.  COMMITTEE NAME  I.D. NUMBER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  I.D. NUMBER  I.D.				OT MEASURE	NAME OF BALLOT ME				OR CANDIDALE	NAME OF OFFICEHOLDER OF
Description of Education Little Lake City District 4  RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Norwalk CA 90650  Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.  The primarily Formed Candidate/Officeholder Committee List officeholder(s) or candidate(s) for which this committee List primarily formed.  The primarily Formed Candidate(s) for which this committee List primarily formed.  The primarily Formed Candidate(s) for which this committee List primarily formed.  The primarily Formed Candidate(s) for which this committee List primarily formed.  The primarily Formed Candidate(s) for which this committee List primarily formed.  The primarily Formed Candidate(s) for which this committee List primarily formed.  The primarily Formed Candidate(s) for which this committee List primarily formed.  The primarily Formed Candidate(s) for which this committee List primarily formed.  The primarily Formed Candidate(s) for which this committee List primarily formed.  The primarily Formed Candidate(s) for which this committee List primarily formed.  The primarily Formed Candidate(s) for which this committee List primarily formed.  The primarily Formed Candidate(s) for which this committee List primarily formed.  The primarily Formed Candidate(s) for which this committee List primarily formed.  The primarily Formed Candidate(s) for which this committee List primarily formed.  The primarily Formed Candidate(s) for which this committee List primarily formed.  The primarily Formed Candidate(s) for which this committee List primarily formed.  The primarily Formed Candidate(s) for which this committee List primarily formed.  The primarily Formed Candidate(s) for which this committee List primarily formed.  The primarily Formed Candidate(s) for which this committee List primarily formed.  The primarily Formed Candidate(s) for which this c			IDIODIOTION	D. C.	DALLOTAID OBJET					
Residential/Business address (No. AND STREET)  Norwalk  CA 90650  Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.  COMMITTEE NAME  I.D. NUMBER  TOTALIED COMMITTEE?  YES NO  COMMITTEE ADDRESS  STREET ADDRESS (NO. P.O. BOX)  CITY  STATE  ZIP NAME OF TREASURER  CONTROLLED COMMITTEE?  YES NO  NAME OF OFFICEHOLDER. CANDIDATE, OR PROPONENT  OFFICE SOUGHT OR HELD  DISTRICT NO. IF AI officeholder(s) or candidate/Officeholder Committee List on officeholder(s) or candidate(s) for which this committee is primarily formed.  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD	SUPPORT		DRISDICTION	RLETTER JURIS	BALLOT NO. OR LET		F APPLICABLE)			
Norwalk   CA   90650   Norwalk   CA   90650   Name of officeholder, candidate, or state measure project   Name of officeholder, candidate   Officeholder, candidate   Office sought no.   Name of officeholder, candidate   Officeholder, candid	OPPOSE							strict 4	Little Lake City Distr	Board of Education Li
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.  COMMITTEE NAME  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  COMMITTEE NAME  I.D. NUMBER  T. Primarily Formed Candidate/Officeholder Committee List in officeholder(s) or candidate(s) for which this committee is primarily formed.  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD						_	STATE	r) CITY	DDRESS (NO. AND STREET)	RESIDENTIAL/BUSINESS ADD
Related Committees Not included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.  The primarily formed candidate/Office holder Committee List modifications or make expenditures on behalf of your candidacy.  The primarily formed candidate/Office holder Committee List modificate holder(s) or candidate(s) for which this committee List modificate holder(s) or candidate(s) for which this committee is primarily formed.  The primarily formed candidate(s) for which this committee List modificate holder(s) or candidate(s) for which this committee is primarily formed.  The primarily formed candidate(s) for which this committee List modificate holder(s) or candidate(s) for which this committee is primarily formed.  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD	proponent, if a	or state measure p	older, candidate, or st	controlling officehold	Identify the conti	50	CA 9	Norwalk		
DISTRICT NO. IF AI COMMITTEE NAME  I.D. NUMBER  TO Primarily Formed Candidate/Officeholder Committee List in officeholder(s) or candidate(s) for which this committee is primarily formed.  NAME OF TREASURES  STREET ADDRESS (NO P.O. BOX)  COMMITTEE NAME  I.D. NUMBER  TO Primarily Formed Candidate(s) for which this committee is primarily formed.  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  DISTRICT NO. IF AI COMMITTEE NAME  TO Primarily Formed Candidate(officeholder Committee List in officeholder(s) or candidate(s) for which this committee is primarily formed.  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD		Г	ATE, OR PROPONENT	ICEHOLDER, CANDIDATE,	NAME OF OFFICEHO			HOLHULA		
OFFICE SOUGHT OR HELD  DISTRICT NO. IF AI  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  The state of the state						_		ic Statement: /	s Not Included in this	Bolotod Committees
COMMITTEE NAME  I.D. NUMBER  I.D. NUMBER  I.D. NUMBER  I.D. NUMBER  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  I.D. NUMBER  I.D	IF ANY	DISTRICT NO. II		SHT OR HELD	OFFICE SOUGHT OF		•			
NAME OF TREASURER  CONTROLLED COMMITTEE? YES NO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  LD. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD							ing rormed to re			
NAME OF TREASURER  CONTROLLED COMMITTEE? YES NO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  LD. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD						_	ER '	I.D. NUMBE		COMMITTEE NAME
Officeholder(s) or candidate(s) for which this committee is primarily formed.    YES   NO     NAME OF OFFICEHOLDER OR CANDIDATE   OFFICE SOUGHT OR HELD     NAME OF OFFICEHOLDER OR CANDIDATE   OFFICE SOUGHT OR HELD     NAME OF OFFICEHOLDER OR CANDIDATE   OFFICE SOUGHT OR HELD     NAME OF OFFICEHOLDER OR CANDIDATE   OFFICE SOUGHT OR HELD     NAME OF OFFICEHOLDER OR CANDIDATE   OFFICE SOUGHT OR HELD     NAME OF OFFICEHOLDER OR CANDIDATE   OFFICE SOUGHT OR HELD     NAME OF OFFICEHOLDER OR CANDIDATE   OFFICE SOUGHT OR HELD     NAME OF OFFICEHOLDER OR CANDIDATE   OFFICE SOUGHT OR HELD     NAME OF OFFICEHOLDER OR CANDIDATE   OFFICE SOUGHT OR HELD     YES   NO								list Hombe		JOHN TELTU ME
Officeholder(s) or candidate(s) for which this committee is primarily formed.    YES   NO     NAME OF OFFICEHOLDER OR CANDIDATE   OFFICE SOUGHT OR HELD     NAME OF OFFICEHOLDER OR CANDIDATE   OFFICE SOUGHT OR HELD     NAME OF OFFICEHOLDER OR CANDIDATE   OFFICE SOUGHT OR HELD     NAME OF OFFICEHOLDER OR CANDIDATE   OFFICE SOUGHT OR HELD     NAME OF OFFICEHOLDER OR CANDIDATE   OFFICE SOUGHT OR HELD     NAME OF OFFICEHOLDER OR CANDIDATE   OFFICE SOUGHT OR HELD     NAME OF OFFICEHOLDER OR CANDIDATE   OFFICE SOUGHT OR HELD     NAME OF OFFICEHOLDER OR CANDIDATE   OFFICE SOUGHT OR HELD     NAME OF OFFICEHOLDER OR CANDIDATE   OFFICE SOUGHT OR HELD     YES   NO						_				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD						<del></del> 7.	ED COMMITTEE?	CONTROLLE		NAME OF TREASURER
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  COMMITTEE NAME I.D. NUMBER NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  NAME OF TREASURER CONTROLLED COMMITTEE?  YES NO							☐ NO	☐ YES		
COMMITTEE NAME  I.D. NUMBER  I.D. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD	☐ SUPPORT	SOUGHT OR HELD	IDATE OFFICE SOU	ICEHOLDER OR CANDIDA	NAME OF OFFICEHO			P.O. BOX)	STREET ADDRESS (NO P.	COMMITTEE ADDRESS
COMMITTEE NAME  I.D. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD	OPPOSE		Ť							
COMMITTEE NAME  I.D. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF TREASURER  CONTROLLED COMMITTEE?  YES NO  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD	+	SOUGHT OR HELD	IDATE OFFICE SOU	ICEHOLDER OR CANDIDA	NAME OF OFFICEHO	NE	AREA CODE/P	ZIP CODE	STATE Z	CITY
COMMITTEE NAME  I.D. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  YES NO	SUPPORT			٠.						
NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  NAME OF TREASURER  CONTROLLED COMMITTEE?  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD	L OPPOSE							LD NUMBER		COMMITTEE NAME
NAME OF TREASURER  CONTROLLED COMMITTEE?  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD	☐ SUPPORT	SOUGHT OR HELD	IDATE OFFICE SOU	ICEHOLDER OR CANDIDA	NAME OF OFFICEHO		LK	I.D. NOWBE		COMMITTEENAME
YES NO	OPPOSE			•				1		
YES NO	<del> </del>	SOUGHT OF HELD	IDATE OFFICE COLL	ICENOLDED OB CANDIDA	NAME OF OFFICERS	_	ED COMMITTEE?	CONTROLLE		NAME OF TREASURER
		SOUGHT OR HELD	IDATE OFFICE SOU	ICEHOLDER OR CANDIDA	NAME OF OFFICERC		□ NO	☐ YES		
	SUPPORT		- 1			_		D P.O. BOX)	STREET ADDRESS (NO P.	COMMITTEE ADDRESS
	SUPPORT OPPOSE		- 1							
CITY STATE ZIP CODE AREA CODE/PHONE Attach 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

Stateme	ent covers period	CALIFORNIA 160
from	07/01/2022	FORM +OU
through	12/31/2022	Page3 of8
		I.D. NUMBER
		1428912

MANUEL CANTU FOR LITTLE LAKE CITY SCHOOL BOARD 2020 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 1. Monetary Contributions ...... Schedule A, Line 3 \$ \_\_\_\_\_ 0.00 1/1 through 6/30 7/1 to Date 2. Loans Received ...... Schedule B, Line 3 0.00 6,025.00 20. Contributions 0.00 6,025.00 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ \_\_\_\_\_ Received 0.00 4. Nonmonetary Contributions ...... Schedule C. Line 3 0.00 21. Expenditures Made 0.00 6,025.00 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ \_\_\_\_\_ **Expenditures Made Expenditure Limit Summary for State** Candidates 7. Loans Made ...... Schedule H. Line 3 0.00 0.00 22. Cumulative Expenditures Made\* 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ 975.00 1,900.00 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3 0.00 400.00 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment ...... Schedule C, Line 3 0.00 975.00 \$ 2,300.00 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 4,029.46 To calculate Column B. add amounts in Column A to the 13. Cash Receipts ...... Column A. Line 3 above corresponding amounts \*Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash ...... Schedule I. Line 4 from Column B of your last reported in Column B. report. Some amounts in 975.00 15. Cash Payments ...... Column A. Line 8 above Column A may be negative 3,054.46 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 any). 0.00 18. Cash Equivalents ...... See instructions on reverse \$ \_\_\_\_\_ 6,425.00 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016)

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

Schedule B – Part 1 Loans Received	Amo	Amounts may be rounded to whole dollars.  Statement covers period from07/01/2022				CALIFORN FORM	<sup>IA</sup> 460	
SEE INSTRUCTIONS ON REVERSE					through12/3	1/2022	Page4	of8
NAME OF FILER							I.D. NUMBER	
MANUEL CANTU FOR LITTLE LAKE CITY SCHOOL	DL BOARD 2020						1428912	
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	(c) AMOUNT PA OR FORGIVE THIS PERIO	EN. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
	Program Coordinator City of Santa Fe Springs			☐ PAID				CALENDAR YEAR
Norwalk, CA 90650	or sained to springs			\$0_0	,	0_00% RATE	\$_2,500_00	\$0_00 PERELECTION**
<sup>†</sup> ⊠ IND □ COM □ OTH □ PTY □ SCC		\$_2,500_00	\$0.00	\$0_0	DATE DUE	\$0.00	08/03/2020 DATE INCURRED	s
	Program Coordinator City of Santa Fe Springs			PAID				CALENDAR YEAR
Norwalk, CA 90650			'	\$0_0 FORGIVEN	\$_1,000.00		\$_1,000_00	\$0_00 PERELECTION**
TE IND □ COM □ OTH □ PTY □ SCC		\$ <u>_1,000_00</u>	\$0_00	\$0.0	DATE DUE	\$0.00	09/29/2020 DATE INCURRED	\$
Manuel Cantu Jr	Program Coordinator City of Santa Fe Springs			☐ PAID				CALENDAR YEAR
Norwalk, CA 90650			,	\$0_0 FORGIVEN	\$_1,000.00	-0.00% RATE	\$_1,000_00	\$0_00 PERELECTION**
<sup>†</sup> ⊠ IND □ COM □ OTH □ PTY □ SCC		\$_1,000_00	\$0_0	\$0_0	DATE DUE	\$0.00	09/29/2020 DATE INCURRED	s
		SUBTOTALS \$	0.00	0.	00\$ 4,500.00			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)	,	
1. Loans received this period				\$ _	0.00			
(Total Column (b) plus unitemized loans	s of less than \$100.)					to	Contributor Codes	
Loans paid or forgiven this period  COM-Reci						D – Individual DM – Recipient Co (other than I	mmittee PTY or SCC)	
(Include loans paid by a third party that are also itemized on Schedule A.)  OTH - PTY-F						TH – Other (e.g., Y – Political Party	<i>t</i>	
<ol><li>Net change this period. (Subtract Line Enter the net here and on the Summary</li></ol>				NET \$ _	0.00 (May be a negative number)	SC	CC - Small Contrib	outor Committee
*Amounts forgiven or paid by another party also r ** If required.	must be reported on Schedule A.	)						orm 460 (Jan/201

SCHEDULE B-PART 1 (CONT.)

Schedule B – Part 1 (Continual Loans Received	hedule B – Part 1 (Continuation Sheet)  Amounts may be rounded to whole dollars.					ers period	CALIFORN FORM	<sup>4</sup> 460
SEE INSTRUCTIONS ON REVERSE through 12/31/2022							Page5	of8
NAME OF FILER						I.D. NUMBER		
MANUEL CANTU FOR LITTLE LAKE CITY SCHOOL BOARD 2020							1428912	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. 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 PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(t) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
Manuel Cantu Jr.	Program Coordinator City of Santa Fe Springs			PAID				CALENDAR YEAR
Norwalk, CA 90650 LOAN	,			S0_0. ☐ FORGIVEN	\$_1,000.00	0 0.0% RATE	\$ 1,000.00	\$0_00 PER ELECTION**
<sup>†</sup> ⊠ IND □ COM □ OTH □ PTY □ SCC	~	\$_1,000_00	\$0.00	so_o	DATE DUE	\$0.00	DATE INCURRED	s
Manuel Cantu	Program Coordinator City Of Santa Fe Springs			PAID				CALENDAR YEAR
Norwalk, CA 90650				\$0_0	\$500.00	-0_00% RATE	\$500_00	\$0_00 PERELECTION**
T⊠ IND □ COM □ OTH □ PTY □ SCC		\$500.00	\$0_00	so_o	DATEDUE	\$0.00	11/10/2020 DATE INCURRED	s
				☐ PAID				CALENDAR YEAR
				\$ FORGIVEN	-   \$	RATE %	\$	\$PER ELECTION**
† IND COM OTH PTY SCC		s	\$	\$	DATEDUÉ	\$	DATE INCURRED	s
				PAID				CALENDAR YEAR
				\$ FORGIVEN	-   \$	PATE	\$	\$PERELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	0.00	0.0	1,500.00	\$ 0.00		

†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.

Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER  MANUEL CANTU FOR LITTLE LAKE CITY SCHOOL BOARD 2020	Amounts may l to whole d			Statement covers period from07/01/2022 through12/31/2022	CALIFORNIA 460 FORM
CODES: If one of the following codes accurately describes 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	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance uses lating survey resear vivery and me	s	RAD radio airtime and production RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and pr TRC candidate travel, lodging, a TRS staff/spouse travel, lodging	on costs es roduction costs and meals g, and meals ees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	DR DESC	RIPTION OF PAYMENT	AMOUNT PAID
Gould & Orellana LLC Norwalk, CA 90650		PRO	Prof Servs thru 7/	/31/22	150.00
Gould & Oreliana LLC Norwalk, CA 90650		PRO	Prof Servs Thru 8/	/31/22	, 150.00
Gould & Orellana LLC		PRO	Professional Servi	ces thru 9/30/22	150.00
Norwalk, CA 90650	-				

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

Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) ......\$\_ 900.00 2. Unitemized payments made this period of under \$100 ......\$ 75.00 0.00 975.00

> FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

SUBTOTAL\$

SCHEDULE E

150.00

150.00

150.00

450.00

## Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)
--------------------

### CALIFORNIA 460

### CALIFORNIA FORM

### CALIFO

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MANUEL CANTU FOR LITTLE LAKE CITY SCHOOL BOARD 2020

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

PHO

POL

POS

PRO

PRT

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

MBR

MTG

OFC

OFC

CVC civic donations
FIL candidate filing/ballot fees
fND fundraising events

Independent expenditure supporting/opposing others (explain)\*
LEG legal defense

LIT campaign literature and mailings

MBR member communications RAD radio airtime and production costs
MTG meetings and appearances RFD returned contributions

MTG meetings and appearances RFD returned contributions
OFC office expenses SAL campaign workers' salaries
PET petition circulating TEL t.v. or cable airtime and production costs

phone banks
polling and survey research
postage, delivery and messenger services

TRC candidate travel, lodging, and meals
staff/spouse travel, lodging, and meals
TRS transfer between committees of the same candidate/sponsor

professional services (legal, accounting)

VOT voter registration
print ads

VOT woter registration
WEB information technology

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Could & Ovollone TTC	PRO	Prof Servs thru 10/31/2022	150.00
Norwalk, CA 90650			
Gould & Orellana LLC	PRO	Prof Servs Thru 11/30/22	150.00
Norwalk, CA 90650			
Gould & Orellana LLC	PRO	Duef Cours than 12/21/2022	150.00
Norwalk, CA 90650	PRO	Prof Servs thru 12/31/2022	150.00
		<u> </u>	
			ļ
			1
			1
		·	

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

SUBTOTAL \$

450.00

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be roun to whole dollars.	ded	Statement cove	2022 FC	FORNIA 460
SEE INSTRUCTIONS ON REVERSE			through12/31/3	2022 Page.	8 of8
NAME OF FILER				I.D. NUM	IBER
MANUEL CANTU FOR LITTLE LAKE CITY SCHOOL BOARD 2020				14289	12
CODES: If one of the following codes accurately describe	as the navment you may	v enter the code. Of	hanvisa describe t		
CMP campaign paraphernalia/misc.	MBR member communication	-	RAD radio airtime ar		
CNS campaign consultants	MTG meetings and appeara		RFD returned contri	butions	
CTB contribution (explain nonmonetary)*	OFC office expenses		SAL campaign work		_
CVC civic donations FIL candidate filing/ballot fees	PET petition circulating PHO phone banks			time and production cost l, lodging, and meals	5
FND fundraising events	POL polling and survey res	search		evel, lodging, and meals	
ND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and			en committees of the sar	me candidate/sponsor
LEG legal defense LT campaign literature and mailings	PRO professional services PRT print ads	(legal, accounting)	VOT voter registration WEB information tec	on hnology costs (internet, e	- mail\
Campaign inerature and mainings	PRI print aus		vvcb information tec	nnology 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
Manuel Canto Jr.	FIL Filing Fee	400.00	0.00	0.00	400.0
Norwalk, CA 90650					
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 400.00\$	0.00\$	0.00\$	400.0
Schedule F Summary					
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a			INCU	RRED TOTALS \$ _	0.00
<ol><li>Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p</li></ol>	payments on accrued exp	enses under \$100.).		.PAID TOTALS \$_	0.00
<ol><li>Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)</li></ol>	ter the difference here an			NET \$	0.00 ay be a negative number