COVER PAGE **Recipient Committee** CALIFORNIA **Campaign Statement** FORM Cover Page (Government Code Sections 84200-84216.5) Statement covers period Date of election if applicable: (Month, Day, Year) 07/01/2023 from For Official Use Only Campaign Finance through ___12/31/2023 11/08/2022 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Type of Statement: Primarily Formed Ballot Measure Preelection Statement Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report ○ Recall O Controlled ☐ 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) 1392470 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER BUELNA FOR COLLEGE BOARD 2022 GABRIEL BUELNA MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Norwalk CA 90650 (213)489-4792CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY 90650 DAVID L. GOULD Norwalk CA (213) 489-4792 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY AREA CODE/PHONE CITY STATE ZIP CODE STATE ZIP CODE AREA CODE/PHONE CA 90650 (213) 489-4792 Norwalk OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS (213) 489-4818 / DLGOULD@GOULDORELLANA.COM Verification I have used all reasonable diligence in preparing and reviewing this state he attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the f 01/16/2024 Executed on . Date 01/16/2024 Executed on Date onsible Officer of Sponsor Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on _

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Date

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3742)

5.	Officeholder or Candidate Controlled Comm	nittee	6.	Primarily Formed Ballo	t Measure (Committee		
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
	GABRIEL BUELNA							
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
•	LOS ANGELES COMMUNITY COLLEGE BOARD Distric	et 6						OPPOSE
J	,	CITY STATE ZIP OS ANGELES CA 90031		Identify the controlling office	eholder, can	didate, or state me	asure p	roponent, if any.
		OD MIGHED ON 30031		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PRO	OPONENT		
	Related Committees Not Included in this St not included in this statement that are controlled by you	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRIC	CT NO. IF	ANY
	contributions or make expenditures on behalf of your ca							
	COMMITTEE NAME	I.D. NUMBER				•		
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)				
		☐ YES ☐ NO						
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	вох)		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
	CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER				OFFICE COLICUT OF	1151.5	
				NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT
		YES NO						OPPOSE
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I	BOX)						
	CITY STATE ZIP	CODE AREA CODE/PHONE		Attacl	n continuatio	n sheets if necessa	nry	

Campaign Disclosure Statement Summary Page

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse

19. Outstanding Debts Add Line 2 + Line 9 in Column B above

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA

Statement covers period

					from	07/01/2023	FORM 400
SEE INSTRUCTIONS ON REVERSE					through .	12/31/2023	Page3 of13
NAME OF FILER							I.D. NUMBER
BUELNA FOR COLLEGE BOARD 2022							1392470
Contributions Received		Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE			nmary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	505.00	\$	5,5	505.00		
Loans Received Schedule B, Line 3		0.00			0.00	1/1 ti	hrough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	505.00	\$	5,5	505.00	20. Contributions Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3		0.00			0.00	21. Expenditures	Ψ
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	505.00	\$	5,5	505.00	Made \$	\$
Expenditures Made						Expenditure Limit	Summary for State
6. Payments Made Schedule E, Line 4	\$	3,144.33	\$	17,8	317.74	Candidates	
7. Loans Made Schedule H, Line 3		0.00			0.00	22 Cumulativ	ve Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	3,144.33	\$	17,8	317.74		Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		526.78		3,0	047.21	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00			0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$	3,671.11	\$	20,8	364.95		\$
Current Cash Statement		• • • •		-		<u> </u>	_ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	3,687.24	То	calculate Colum	n B. add		•
13. Cash Receipts Column A, Line 3 above		505.00	an	nounts in Column	A to the		
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	orresponding amount of y	your last	*Amounts in this section n reported in Column B.	nay be different from amounts
15. Cash Payments Column A, Line 8 above		3,144.33		port. Some amo		ported (1, solutili) D.	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	1,047.91	fig	ures that should	be		
If this is a termination statement, Line 16 must be zero.			ре	btracted from preriod amounts. If	this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	e first report being this calendar year try over the amo	ear, only		
Cook Equivalents and Outstanding Dahts				om Lines 2, 7, an		,	

any).

0.00

3,047.21

Schedule	A	A	4 b				SCHEDULE	
Monetary	Contributions Received		ts may be rounded whole dollars.	Statement cov	ers period	CALIFORNIA 460		
				from07/01/2023		FORM 400		
SEE INSTRUCTIO	ONS ON REVERSE			through	023	Page	4 of13	
NAME OF FILER	NO ON NEVEROL					I.D. NU	IMBER	
BUELNA FOR C	COLLEGE BOARD 2022					13924		
DATE RECEIVED	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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
12/21/2023	Karen Smith Burbank, CA 91501	⊠IND □COM □OTH □PTY □SCC	Educator Discovery Charter Prep.	Received through inter Democracy Engine 2125 14th St., SW Washington, DC 20009		500.00	-	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
)		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	\$ 500.00				
1. Amount re	A Summary ceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	500.00	IND-		1	
2. Amount re	ceived this period – unitemized monetary contributions	s of less than	\$100\$	5.00		Other	(e.g., business entity)	
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	-					Contributor Committee	

Out a late E							SCHEDULE !	
Schedule E	Amounts ma	y be round	ed	State	ment covers period		LIFORNIA 460	
Payments Made	to whole	e dollars.		from	07/01/2023	FOI	RM TOO	
SEE INSTRUCTIONS ON REVERSE				through	12/31/2023	Page	5 of	
NAME OF FILER						I.D. NUN	MBER	
BUELNA FOR COLLEGE BOARD 2022						139247	70	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations L candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member of meetings OFC office expection of PHO phone base POL polling ar POS postage,	communication and appearance benses rculating nks d survey reso delivery and	ns nces	RAD rad RFD retu SAL can TEL t.v. TRC can TRS stat TSF trar VOT vot	ribe the payment. io airtime and production arned contributions inpaign workers' salaries or cable airtime and production adidate travel, lodging, and ff/spouse travel, lodging, asfer between committee ar registration armation technology costs	duction costs d meals and meals s of the sar	me candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF	PAYMENT		AMOUNT PAID	
GOULD & ORELLANA, LLC		PRO					175.00	
Norwalk, CA 90650								
GOULD & ORELLANA, LLC		PRO					175.00	
NOTWALK, CA 90650								
American Express		CMP	Credit Card C	harges		1	41.42	
ew York, NY 10285								
* Payments that are contributions or independent expenditures m	nust also be sur	nmarized on	Schedule D.		su	IBTOTAL\$	391.4	
Schedule E Summary								
1. Itemized payments made this period. (Include all Schedule	E subtotals.)					\$	3,100.00	
2. Unitemized payments made this period of under \$100					•••••	\$	44.33	
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Pa	rt 1, Colum	ın (e).)			\$	0.00	
4. Total payments made this period. (Add Lines 1, 2, and 3. Er	nter here and o	n the Sumn	nary Page, Columi	n A, Line 6.)	то	TAL \$	3,144.33	

Schedule E

		SCHEDULE E (CONT.
Statement cover	s period	CALIFORNIA 460
from07/01/2	2023	FORM TOO
through	2023	Page6 of13
		I.D. NUMBER

Payments Made	to whole dollars.	from07/01/2023	FORM 460		
SEE INSTRUCTIONS ON REVERSE		through 12/31/2023	Page6 of13		
NAME OF FILER			I.D. NUMBER		
BUELNA FOR COLLEGE BOARD 2022			1392470		
CODES: If one of the following codes accurate	ely describes the payment, you may enter the coo	de. Otherwise, describe the payment	t.		
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and productio	n costs		

-	CODEC: It one of the following codes declined the payment, you may offer the codes of the payment.									
CMP	campaign paraphernalia/misc.	MBR	member com	munications	RAD	radio airtime and production costs				
CNS	campaign consultants	MTG	meetings and	l appearances	RFD	returned contributions				
CTB	contribution (explain nonmonetary)*	OFC	office expens	ses	SAL	campaign workers' salaries				
CVC	civic donations	PET	petition circul	ating	TEL	t.v. or cable airtime and production costs				
FIL	candidate filing/ballot fees	PHO	phone banks		TRC	candidate travel, lodging, and meals				
TEND	fundraising events	POL	polling and s	urvey research	TRS	staff/spouse travel, lodging, and meals				
Ð	independent expenditure supporting/opposing others (explain)*	POS	postage, deli	very and messenger services	TSF	transfer between committees of the same candidate/sponsor				
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)				
				·						
	NAME AND ADDRESS OF PAYER			0005 00	DECODIDE	N. OF DAMESTE				

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
American Express	CMP	Credit Card Charges	636.16
New IOIK, NI 10285			
American Express	CMP	Credit Card Charges	72.42
New York, NY 10285			
GOULD & ORELLANA, LLC	PRO		175.00
MOTWAIK, CA 90650			
American Express	CMP	Credit Card Charges	1,000.00
New York, NY 10285		*	
COULD & ORELLANA. T.L.C.	PRO	<u> </u>	175.00
Norwalk, CA 90650			

SUBTOTAL \$ 2,058.58 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E

			SCHEDU	JLE	E (CONT.)
State	ment covers period	CALI	FORNIA	1	60
om	07/01/2023	F	ORM		·UU
rough	12/31/2023		-	_	

Payments Made to whole dollars.			from	07/01/2023	FOR			
SEE INSTRUCTIONS ON REVERSE					throu	ugh 12/31/2023	Page	7 of 13
NAME OF FILER							I.D. NUME	ER
BUELNA FOR COLLEGE BOARD 2022							139247	0 —
CODES: If one of the following codes accurately descricted comparison paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR	member com- meetings and office expen petition circul phone banks polling and s postage, deli	munications d appearance ses lating survey resea	es	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production	n costs s coduction costs and meals , and meals es of the sar	ne candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTIO	ON OF PAYMENT		AMOUNT PAID
GOULD & ORELLANA. LLC Norwalk, CA 90650			PRO	-				175.0
NOTWAIR, CA 90050								
American Express			CMP	Eredit Card Pa	ayment			250.0
NEW IOIK, NI 10265								
GOULD & ORELLANA, LLC			PRO			•		175.0
Worwalk, CA 90650						,		
Secretary of State			CMP					50.0
Sacramento, CA 95814							_	
						1		

Schedule	e F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period

from 07/01/2023

through 12/31/2023

CALIFORNIA 460

Page 8 of 13

I.D. NUMBER

1392470

BUELNA FOR COLLEGE BOARD 2022

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COI	DES: If one of the following codes accurately describe	es the	payment, you may enter the code.	Otherwise	e, describe the payment.
CMP	campaign paraphernalia/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
	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
ND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
Ų, D	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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)

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
American Express New York, NY 10285	CMP Credit Card Charges	1,341.95	0.00	0.00	1,341.95
American Express New York, NY 10285	CMP Credit Card Charges	636.16	0.00	636.16	0.00
American Express ew York, NY 10285	CMP Credit Card Charges	1,137.21	0.00	1,072.42	64.79
* Payments that are contributions or independent expenditures must also be	SURTOTAL S	\$ 3.115.32	0.00	1.708.58	1.406.74

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTALS \$ 3,115.32\$ 0.00\$ 1,708.58\$ 1,406.74

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)

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

NET \$
\[
\frac{526.78}{May be a negative number}
\]

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

NAME OF FILER

BUELNA FOR COLLEGE BOARD 2022

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

print ads

POL

PRO

PRT

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*

CVC civic donations

L candidate filing/ballot fees
ND fundraising events

IND 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

OFC office expenses

PET petition circulating

PHO phone banks

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

phone banks

polling and survey research

postage, delivery and messenger services

TRC

candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals

transfer between committees of the sa

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

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
American Express New York, NY 10285	CMP Credit Card Charges	41.42	0.00	41.42	0.00
New York, NY 10285	CMP Credit Card Payment	0.00	117.44	0.00	117.44
American Express New York, NY 10285	CMP Credit Card Payment	0.00	469.08	0.00	469.08
American Express New York, NY 10285	CMP Credit Card Payment	0.00	424.53	0.00	424.53
	SUBTOTALS	41.42	1,011.05	41.42	1,011.05

professional services (legal, accounting)

	(CONT	

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

BUELNA FOR COLLEGE BOARD 2022

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA 160
from	07/01/2023	FORM 400
through.	12/31/2023	Page 10 of 13
	- 17 -	I.D. NUMBER
		1392470

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

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances RFD returned contributions CNS campaign consultants CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries VC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees РНО phone banks TRC candidate travel, lodging, and meals fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor IND LEG legal defense PRO professional services (legal, accounting) VOT voter registration PRT WEB information technology costs (internet, e-mail) campaign literature and mailings print ads LIT

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. 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
American Express New York, NY 10285	CMP Credit Card Payment	0.00	629.42	0.00	629.42
)					,
	:				
	SUBTOTALS	\$ 0.00	\$ 629.42	\$ 0.00	629.42

Schedule G Payments Made by an Agent or Independent	Amounts may be rounded			St	atement covers period	CALIFO	SCHEDULE
Contractor (on Behalf of This Committee)		to whole dollars.		from	07/01/2023	FOR	
SEE INSTRUCTIONS ON REVERSE				through	gh 12/31/2023	Page1	1 of 13
NAME OF FILER						I.D. NUMBE	R
BUELNA FOR COLLEGE BOARD 2022						1392470	
NAME OF AGENT OR INDEPENDENT CONTRACTOR							
American Express							
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* Civic donations candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also	MBR member of meetings a office expression phone bank postage, deproduced profession print ads	ommunication and appearan enses culating iks d survey rese lelivery and r al services (I	s aces earch nessenger services egal, accounting)	RAD ra RFD re SAL co TEL to TRC co TRS st TSF tr VOT vo	adio airtime and production eturned contributions ampaign workers' salaries v. or cable airtime and production andidate travel, lodging, and taff/spouse travel, lodging, ansfer between committees oter registration information technology costs	duction costs meals and meals of the same	-
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR I	DESCRIPTION C	OF PAYMENT		AMOUNT PAID
Verizon Wireless		OFC	T				113.8
Los Angeles, CA 90802							
Verizon Wireless		OFC					113.8
Los Angeles, CA 90802							`
American Express		1	Interest				196.6
New York, NY 10285							
Verizon Wireless		OFC					113.9
LOS Angeles, CA 90802		I	1			I	

* 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.

Attach additional information on appropriately labeled continuation sheets.

538.33

TOTAL* \$

Schedule G (Continuation Sheet)
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

		SCHEDULE G (CONT
State	ement covers period	CALIFORNIA /	20
from	07/01/2023	FORM 4	DU
through	12/31/2023	Page 12 of 13	3
		I.D. NUMBER	

WEB information technology costs (internet, e-mail)

1392470

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BUELNA FOR COLLEGE BOARD 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

campaign literature and mailings

American Express

CODES: If one	e of the following codes acc	rately describes the payment,	you may enter the code.	Otherwise, describe the payment.
---------------	------------------------------	-------------------------------	-------------------------	----------------------------------

PRT print ads

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMC	OUNT PAID
American Express	CMP	Interest			197.5
New York, NY 10285					
Verizon Wireless	OFC				122.3
Los Angeles, CA 90802					
American Express	CMP	Interest			180.79
New York, NY 10285			•		
Verizon Wireless	OFC	†			116.98
Los Angeles, CA 90802					
Attach additional information on appropriately labeled continuation sheets.			то	TAL* \$	617.62

* 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 G	(Continuation Sheet)
Payments M	ade by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

		SCHEDU	LEG (CONT.
Stat	ement covers period	CALIFORNIA	460
om_	07/01/2023	FORM	460

WEB information technology costs (internet, e-mail)

Contractor (on Benail of This Committee)	IIOIII	FORIVI
SEE INSTRUCTIONS ON REVERSE	through12/31/2023	Page 13 of 13
NAME OF FILER		I.D. NUMBER
BUELNA FOR COLLEGE BOARD 2022	_	1392470
NAME OF AGENT OR INDEPENDENT CONTRACTOR		
Provided Provided		•

American Express

LIT campaign literature and mailings

CO	DES: If one of the following codes accurately descri	bes the	payment, you may enter the code	. Otherwise	e, describe the payment.
CMP	campaign paraphernalia/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
	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
L	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration

PRT print ads

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
American Express	CMP	Interest	176.5
New York, NY 10285			
Clearme.com	TRC	Airport screening Clearing Service	189.0
LOS ANGELES, CA 90045			
Verizon Wireless	OFC		117.1
Los Angeles, CA 90802			
American Express	CMP	Interest	192.2
New York, NY 10285			
	.		

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

674.99

^{*} 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.