Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-	84216.5)	Statement covers period from01/01/2021 through01/16/2021	Date of election if applicable: (Month, Day, Year)	RECETVE LOS ANGELE 2021 JAN 21 CAMPAIGN F 1/19/21 P.	AM 8: 59.	1 of 9 For Official Use Only 02014
1. Type of Recipient Comm	ittee: All Committees	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
Officeholder, Candidate Cont     State Candidate Election (     Recall     (Also Complete Part 5)      General Purpose Committee     Sponsored     Small Contributor Commit     Political Party/Central Con	Committee [	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement     Semi-annual Statement     Termination Statement     (Also file a Form 410     Amendment (Explain	nt	Supplemental	Year Report
3. Committee Information		I.D. NUMBER 1434829	Treasurer(s)		2 16 2 17	
COMMITTEE NAME (OR CANDIDATE Anais Medina for Rio Hor			NAME OF TREASURER Sarah Daniels MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)			CITY	STATE	ZIP CODE 91761	AREA CODE/PHONE (909) 680-0294
CITY	STATE Z	IP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	/07/75/	31701	(303)000-0234
El Monte		91732 (626)393-0904	Anais Medina Diaz			
MAILING ADDRESS (IF DIFFERENT	NO. AND STREET OR F	P.O. BOX	MAILING ADDRESS			
CITY	STATE Z	IP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
			El Monte	CA	91732	(626)393-0904
OPTIONAL: FAX / E-MAIL ADDRESS anais4rio@gmail.com	8		OPTIONAL: FAX / E-MAIL ADD	RESS		
4. Verification  I have used all reasonable diligent under penalty of perjury under the				attached	schedules is true	and complete.   certify
Executed oil	/2021 Date	. B;				
Executed on01/18	/2021 Date	В;	1-1-1-Y-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	ole Officer of	Sponsor	
Executed on	Date	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent		
Executed on		Ву				
	Date		Signature of Controlling Officeholder, Candidate,	State Measure Proponent		DD0 F 100 / I 10044

FPPC Form 460 (Jan/2016)

# Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	RPAG	E-PA	RT
CALIF	ORN	A Z	16	0
Page _	2	of_	9	

					NAME OF BALL OT MEASURE			
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE			
Anais Medina Diaz								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF	APPLICABL	E)		BALLOT NO. OR LETTER	JURISDICT	ON	SUPPORT OPPOSE
Community College Board Trustee Area Distr	rict 1							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP					
	El Monte	CA	91732		Identify the controlling of	ficeholder, ca	ndidate, or state meas	ure proponent, if a
	EI Monte	CA	91/32		NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT	
Related Committees Not Included in this S					OFFICE SOUGHT OR HELD		Гриотриот	NO IE ANIV
not included in this statement that are controlled by you		ily formed	to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
contributions or make expenditures on behalf of your	canaidacy.							
COMMITTEE NAME	I.D. NUMBE	R						
				_				
NAME OF TREASURER	CONTROLL	ED COMMITT	EE?	7.	Primarily Formed Car			
WANTE OF THE AGONETY	☐ YES	□ NO			officeholder(s) or candidate	s) for which th	is committee is primarily	formed
	L 1120							Tormou.
	5000				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	ID T
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	). BOX)				NAME OF OFFICEHOLDER OR	CANDIDATE	-	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	). BOX)				NAME OF OFFICEHOLDER OR	CANDIDATE	-	ID T
•	P CODE	AREA COD			NAME OF OFFICEHOLDER OR		-	SUPPORT OPPOSE
•							OFFICE SOUGHT OR HE	SUPPORT OPPOSE
CITY STATE ZII	P CODE	AREA COD					OFFICE SOUGHT OR HE	SLD SUPPOR
•		AREA COD			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SLD SUPPORT SUPPORT OPPOSE
CITY STATE ZII	P CODE	AREA COD				CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT SUPPORT OPPOSE SLD SUPPORT
CITY STATE ZII	P CODE	AREA COD			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SLD SUPPORT SUPPORT OPPOSE
CITY STATE ZII COMMITTEE NAME	P CODE	AREA COD	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT OPPOSE
CITY STATE ZII	P CODE	AREA COD	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SLD SUPPORT OPPOSE  SLD SUPPORT OPPOSE  SLD SUPPORT OPPOSE
COMMITTEE NAME  NAME OF TREASURER	I.D. NUMBE	AREA COD	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT OPPOSE
CITY STATE ZII COMMITTEE NAME	I.D. NUMBE	AREA COD	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SLD SUPPORT OPPOSE  SLD SUPPORT OPPOSE  SLD SUPPORT OPPOSE
COMMITTEE NAME  NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	I.D. NUMBE	AREA COD	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SLD SUPPORT OPPOSE  SLD SUPPORT OPPOSE  SLD SUPPORT OPPOSE

# **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM 01/01/2021 from Page \_\_3 \_\_ of \_\_9 01/16/2021 through \_ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anais Medina for Rio Hondo College Board 2021

www.fppc.ca.gov

Anais Medina for Rio Hondo College Board 2021					1434829
Contributions Received	-	COLUMN A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	2,472.00	\$	2,472.00	
2. Loans Received Schedule B, Line 3		0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	2,472.00	\$	2,472.00	20. Contributions Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3		50.00		50.00	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	2,522.00	\$	2,522.00	Made \$\$
Expenditures Made					Expenditure Limit Summary for State
3. Payments Made Schedule E, Line 4	\$	458.51	\$	458.51	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	458.51	\$	458.51	(if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		2,067.48		2,067.48	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		50.00		50.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	2,575.99	\$	2,575.99	\$
Current Cash Statement			Г		<b></b> \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	2,209.62	То	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		2,472.00	am	nounts in Column A to the	
4. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	rresponding amounts m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		458.51		oort. Some amounts in dumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	4,223.11	fig	ures that should be	
If this is a termination statement, Line 16 must be zero.			pe	btracted from previous riod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	e first report being filed this calendar year, only my over the amounts	
Cash Equivalents and Outstanding Debts			fro	m Lines 2, 7, and 9 (if y).	
18. Cash Equivalents See instructions on reverse	\$	0.00			
19. Outstanding Debts Add Line 2 + Line 9 in Column B ebove	\$	2,067.48			
			•		FPPC Form 460 (Jan FPPC Advice: advice@fppc.ca.gov (866/275

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cover	C	CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through01/16/20	)21 Pa	age4_	_ of9	
NAME OF FILER	a for Rio Hondo College Board 2021					). NUMBER 134829		
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	-	R ELECTION TO DATE REQUIRED)	
01/12/2021	Carlos G. Salcedo for School Board 2020 (ID# 1429921) Long Beach, CA 90802	□IND ☑COM □OTH □PTY □SCC		300.00	300.	00 52021	\$300.00	
01/06/2021	Diaz for El Monte Union High School District 2017 (ID# 1398359)	□IND □COM □OTH □PTY □SCC		500.00	500.	00 \$2021	\$500.00	
01/15/2021	Belinda Faustinos Rosemead, CA 91770	⊠IND □COM □OTH □PTY □SCC	Executive Director Nature for All	100.00	100.	00 52021	\$150.00	
01/16/2021	Gary Gero Santa Ana, CA 90403	⊠IND □COM □OTH □PTY □SCC	Chief Sustainability Officer Los Angeles County	100.00	100.	00 S2021	\$100.00	
01/16/2021	Yvette Martinez Whittier, CA 90602	⊠IND □COM □OTH □PTY □SCC	Executive Director CA Democratic Party	250.00	250.	00 \$2021	\$350.00	
at the second programmer			SUBTOTAL	\$ 1,250.00				

2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$

 COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

**CALIFORNIA** 

**FORM** 

Statement covers period

from.

SUBTOTAL\$

900.00

01/01/2021

				through 01/16/	2021 Page	50	of9
NAME OF FILER						UMBER	
Anais Medina	for Rio Hondo College Board 2021				1434	829	
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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	TO	ELECTION DATE EQUIRED)
01/13/2021	Maria Morgan El Monte, CA 91731	☑IND □COM □OTH □PTY □SCC	District Community Liaison El Monte City School District	100.00	100.00	S2021	\$100.00
01/06/2021	Adriana Pinedo	⊠IND □COM □OTH □PTY □SCC	Project Coordinator Community Partners	500.00	500.00	S2021	\$500.00
01/15/2021	Teresa Pinedo La Verne, CA 91750	☑IND □COM □OTH □PTY □SCC	Educator El Monte City School District	100.00	100.00	S2021	\$100.00
01/07/2021	Cathy Romero Los Angeles, CA 90064	☑IND □COM □OTH □PTY □SCC	Communications (International Alliance of Theatrical Stage Employees) IATSE Local 871	100.00	100.00	S2021	\$100.00
01/15/2021	Bruce Salto Long Beach, CA 90804	⊠IND □COM □OTH □PTY □SCC	Director California Conservation Corps	100.00	100.00	\$2021	\$100.00

\*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

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

Schedule	С								SCHEDULI	
Nonmonetary Contributions Received			Amounts may be rounded to whole dollars.			Statement covers period from01/01/2021			CALIFORNIA 46	
SEE INSTRUCTION	NS ON REVERSE				thro	ough 01/16/20	21	Page	6 of 9	
NAME OF FILER Anais Medina	for Rio Hondo College Board 2021							I.D. NUMB		
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)	DESCRIPTION GOODS OR SER		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE DAR YEAR - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY								

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$

SCC

#### Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.  (Include all Schedule C subtotals.)	0.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$50.00

 \*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

0.00

SCC - Small Contributor Committee

### Schedule E Payments Made

# Amounts may be rounded to whole dollars.

		SCHEDULE B
Stateme	ent covers period	CALIFORNIA 160
from	01/01/2021	FORM 400
through _	01/16/2021	Page7 of9
		I.D. NUMBER
		1434829

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anais Medina for Rio Hondo College Board 2021

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	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
ш	campaign literature and mailings	PRT	print ads	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
Sarah Daniels Ontario, CA 91761	PRO	Committee set-up fee	300.00
Sarah Daniels Ontario, CA 91761	PRO	Bookkeeping and treasurer services	100.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL\$	400.00
Schedule E Summary		4.00

Itemized payments made this period. (Include all Schedule E subtotals.)  \$\$	400.00
2. Unitemized payments made this period of under \$100	58.51
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	0.00
4. Total payments made this period, (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	458.51

#### Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** 01/01/2021 through\_ 01/16/2021

I.D. NUMBER

1434829

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anais Medina for Rio Hondo College Board 2021

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

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

LEG legal defense PRO professional services (legal, accounting)

campaign literature and mailings PRT print ads VOT voter registration

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
David Diaz Avelar El Monte, CA 91732	Reimbursement for online software subscription	0,00	1,500.00	0.00	1,500.0
David Diaz Avelar El Monte, CA 91732	Reimbursement for lawn signs and t-shirts	0.00	567.48	0.00	567.48
* Payments that are contributions or independent expenditures must					

summarized on Schedule D.

SUBTOTALS \$

0.00\$

2,067.48\$

0.00\$

2,067.48

#### Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 2,067.48

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 

0.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and 

Schedule G	
Payments M	lade by an Agent or Independent
	on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA AGO
from	01/01/2021	FORM 460
through_	01/16/2021	Page 9 of 9
		I.D. NUMBER

1434829

SCHEDINE C

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anais Medina for Rio Hondo College Board 2021

NAME OF AGENT OR INDEPENDENT CONTRACTOR

David Diaz Avelar

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

EG legal defense PRO professional services (legal, accounting) VOT voter registration

Γ campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

<sup>\*</sup> 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		AMOUNT PAID
Mitchell Publishing and mailers Inc. Los Angeles, CA 90033	CMP	Lawn signs and t-shirts	567.4
Political Data Inc. Norwalk, CA 90650	WEB	Online software subscription	1,500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

2,067.48

<sup>\*</sup> 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.