Recipient Committee Campaign Statement Cover Page	Statement covers period from01/01/2022 through _06/30/2022	LOS ANGELES COUNTY Date of Election Familica AM 11: 13 CAMPAIGN FINANCE (Month, Day, Year)	CALIFORNIA 460 FORM 460 Page 1 of 5 For Official Use Only 018532 C09419
State Candidate Election Committee Recall General Purpose Committee Sponsored	rimarily Formed Ballot Measure committee) Controlled) Sponsored rimarily Formed Candidate/ fficeholder Committee	2. Type of Statement Pre-election Statement Semi-Annual Statement Termination Statement Amendment	☐ Quarterly Statement ☐ Special Odd-Year Statement ☐ Supplemental Pre-election Statement - Attach Form 495
3. Committee Information	I.D. Number 1343731	Treasurer(s)	
COMMITTTEE NAME Sandra Salazar For Cerritos College 2	020	NAME OF TREASURER Jane Leiderman STREET ADDRESS	
STREET ADDRESS (NO PO BOX)		CITY Encino	STATE ZIP CODE AREA CODE/PHONE CA 91436 323/655-4065
	TATE ZIP CODE AREA CODE/PHONE CA 91436 323/655-4065	NAME OF ASSISTANT TREASURER, IF ANY	
MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS	
CITY	TATE ZIP CODE	CITY	STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	
4. Verification I have used all reasonable diligence in prepart complete. I certify under penalty of perjury under penalty of penal	,SIGNATURE C	F CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PRO	

Recipient Committee Campaign Statement Cover Page - Part 2

COVER PAGE - PART 2

CALIFORNIA 460

Page

Statement covers period

01/01/2022

		through 06/30/2022	
Officeholder or Candidate Controlled Committee	ee	6. Primarily Formed Ballot Measure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE	
Sandra Şalazar		<u> </u>	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	CT NUMBER IF APPLICABLE)	BALLOT NO: OR LETTER JURISDICTION	SUPPORT
Board of Education Los Angeles	and a little state of the state		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP	Identify the controlling officeholder, candidate, or state	measure proponent, if any.
		NAME OF OFFICEHOLDER OR CANDIDATE OR PROPONENT	
Related Committees Not Included in this State			
not included in this statement that are controlled by you receive contributions or make expenditures on behalf of		OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
COMMITTEE NAME	I.D. NUMBER		
		 Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this com 	
NAME OF TREASURER	CONTROLLED COMMITTEE ?	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGH	
COMMITTEE STREET ADDRESS (NO P.O. BOX)			SUPPORT.
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGH	
COMMITTEE NAME	I.D. NUMBER		SUPPORT OPPOSE
		NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGH	T OR HELD
NAME OF TREASURER	CONTROLLED COMMITTEE ?		SUPPORT
COMMITTEE STREET ADDRESS (NO P.O. BOX)			OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGH	
			SUPPORT

Campaign Disclosure Statement Summary Page

NAME OF FILER Sandra Salazar For Cerritos College 2020

1343731

Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ 0.00	\$	Column B CALENDAR YEAR TOTAL TO DATE 0.00	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections.
2. Loans Received	0.00		5,000.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+ 2	\$ 0.00	\$	5,000.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C. Line 3	0.00		0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0.00	\$	5,000.00	Made \$\$
Expenditures Made			- 1	
6. Payments Made	\$ 50.00	\$_	50.00	Expenditure Limit Summary
7. Loans Made	0.00		0.00	for State Candidates
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 50.00	· \$_	50.00	22. Cumulative Expenditures Made *
9. Accrued Expenses (Unpaid Bills) Schedule F. Line 3	0.00		0.00	(If Subject to Voluntary Expenditure Limits)
10. Nonmonetary Adjustment Schedule C. Line 3	0.00	,	0.00	
11. TOTAL EXPENDITURES MADE	\$ 50.00	\$_	50.00	[발문 기원 발문] 기계 (1982년 - 1982년
Current Cash Statement 12. Beginning Cash Balance	\$ 8,388.06			\$
13. Cash Receipts	0.00			
14. Miscellaneous Increases to Cash	0.00			* Amounts in this Section may be different from amounts reported in Column B.
15. Cash Payments	50.00			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 8,338.06			
17. LOAN GUARANTEES RECEIVED	\$ 0.00			
Cash Equivalents and Outstanding Debts 18. Cash Equivalents				
19. Outstanding Debts Add Lines 2 + Line 9 in Column B above	\$ 5,000.00	-1		FPPC Form 460 -(JAN/201 State of California/

	gart y de								SCHED	ULE B - PART 1
Schedule B - Part 1 Loans Received				ing sign Historia Historia			Statement coverage from01/	ors period 01/2022	CALIFORNIA FORM	460
							through 06/	30/2022	Page 4	of 5
NAME OF FILER Sandra Salaza	r For Ce	rritos Colle	ege 2020						LD. NUMBER 13437	31
FULL NAME, STREET ADDRESS AND OF LENDER	ZIP CODE	IF INDIVID OCCUPATION & IF COMMITTEE,	EMPLOYER	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	AMOUNT PA OR FORGIV THIS PERK	EN BALANCE.AT	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
New Economy Strategies				5,000.00		☐ PAID	5000.0	0.00	5,000.00	CALENDAR YEAR
Norwalk, CA 90650 Contributor Code: OTH						FORGI	DUE DATE 12/31/201	INTEREST RATE		PER ELECTION *

				SUBTOTALS	(b) \$ 0.00	(C		(e)	.00
(Total Co 2. Loans pa (Total Co	ceived this p lumn (b) plus aid or forgive olumn (c) plu	eriod s unitemized lo n this period s loans under	\$100 paid	s than \$100.)			\$ \$	0.00	** Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC OTH - Other PTY - Political Party SCC - Small Contributor Committee
	•	•		n Line 1.)			NET \$	0.00	FPPC Form 460 -(JAN/2016)

Schedule E Payments Made		Statement covers period from 01/01/2022	CALIFORNIA 460
		through 06/30/2022	Page 5 of 5
NAME OF FILER Sandra Salazar For Cerritos	College 2020		I.D. NUMBER
			1343731
CODES: If one of the following accurately de CMP campaign paraphernalia/misc. CNS campaign consultants	escribes the payment, you may enter the code. Oth MBR member communications MTG meetings and appearances	nerwise, describe the payment. RAD radio airtime and production RFD returned contributions	
CODES: If one of the following accurately de	escribes the payment, you may enter the code. Ot	RAD radio airtime and production	n costs ts nd meals

NAME AND ADD	RESS OF PAYEE		CODE or	DESCRIPTION OF PAYMENT		AMOUNTPAID

		SUBTOTAL \$	0.00
Schedule E Summary			
1. Itemized payments made this period. (Include all Schedule E subtotals.)			0.00
2. Unitemized payments made this period of under \$100		\$	50.00
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 Line 1, 2, and 3. Enter here and on the Summar	y Page, Column A, Line 6.)	TOTAL \$	50.00