,,		Data Stars
Recipient Committee Campaign Statement Cover Page		RECEIVED BY
	Statement covers period from 01/01/23	Date of election if applicable ANGELES COUNTY (Month, Day, Year) 2023 UL 31 AM 9: 06 November 3, 2020
SEE INSTRUCTIONS ON REVERSE	through <u>06/30/23</u>	November 3, 2020 CAMPAIGN FINANCE C11528
I. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Use Complete Part 6) rimarily Formed Candidate/ Officeholder Committee Use Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)
s committee information	NUMBER 432072	Treasurer(s)
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	152072	NAME OF TREASURER
Dena Florez for Bassett USD School Board 2020		Dena Florez MAILING ADDRESS
STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	La Puente CA 91744 626-552-5662 NAME OF ASSISTANT TREASURER, IF ANY
La Puente CA 9174		, mm2 or 10010 mm 112100 (214 m 1101
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY STATE ZIP CODE AREA CODE/PHONE
La Puente CA 9174	4 626-552-5662	·
OPTIONAL: FAX / E-MAIL ADDRESS		
dflorez4busd#gmail.com . Verification		
I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of	•	·
Executed on July 29, 2023	_{By} <u>Dena Flor</u>	
Executed on July 29, 2023	By Dena Flor Signature of Contro	TEZ Olling 0 nt or Responsible Officer of Sponsor
Executed on	Ву	ignatur leasure Proponent
Executed on	By	ignature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
Page of

Officeholder or Candidate Controlled Comm	nittee			6.	Primarily Formed Balle	ot Measure	Committee		,
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Dena Florez									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER	IF APPLIC	ABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	П	SUPPORT
Bassett Unified School District Board Member						1			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP						
	La Puente	CA	91744		Identify the controlling offic	eholder, candi	date, or state meas	ure propoi	nent, if any.
	· · · · · · · · · · · · · · · · · · ·				NAME OF OFFICEHOLDER, CA	ANDIDATE, OR F	PROPONENT		
Related Committees Not Included in this Statement that are controlled by you o contributions or make expenditures on behalf of your cand	r are primarily				OFFICE SOUGHT OR HELD		DIST	RICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER	1					I		·
NAME OF TREASURER	CONTROLLE			7.	Primarily Formed Can- officeholder(s) or candidate(s				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	вох)				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
	CODE	AREA COI	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	t			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT (OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLE	D COMMI			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)								☐ OPPOSE
CITY STATE ZIP (CODE	AREA COI	DE/PHONE		Atta	ach continuati	on sheets if necess	ary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER Dena Florez for Bassett USD School Board 2020 1432072 Column A Column B **Calendar Year Summary for Candidates** Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 2,550.00 1. Monetary Contributions Schedule A. Line 3 1/1 through 6/30 .7/1 to Date 0 923.00 2. Loans Received...... Schedule B. Line 3 20. Contributions 0 3,473.00 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 Received 0.00 0.00 Nonmonetary Contributions..... Schedule C, Line 3 21. Expenditures Made 3,473.00 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 4,417.17 6. Payments Made...... Schedule E, Line 4 **Candidates** 0.00 0.00 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made* 4,417.17 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (if Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date 0.00 (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C. Line 3 4,417.17 **Current Cash Statement** 501.43 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I. Line 4 amounts from Column B reported in Column B. of your last report. Some 0 15. Cash Payments Column A, Line 8 above amounts in Column A may 501.43 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED...... Schedule B. Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). 18. Cash Equivalents...... See instructions on reverse \$ 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ _ FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A		Amount	ts may be rounded				SCHEDULE A
	ontributions Received	to	whole dollars.	Statement cov	ers period	CALI	ORNIA 460
· · · · · · · · · · · · · · · · · · ·				from 01/01/23	 · 		ORM 400
SEE INSTRUCTIONS	ON REVERSE			through <u>06/30/23</u>	· · · · · · · · · · · · · · · · · · ·	Page	of
NAME OF FILER				-		I.D. NU	MBER
Dena Florez for	Bassett USD School Board 2020					143207	2
	FULL NAME, STREET ADDRESS AND ZIP CODE OF		IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	DATE	PER ELECTION
DATE	CONTRIBUTOR	CONTRIBUTOR	OCCUPATION AND EMPLOYER	RECEIVED THIS	CALENDAR Y	EAR	TO DATE
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	PERIOD	(JAN. 1 - DEC	. 31)	(IF REQUIRED)
		□IND					·
		□сом					•
		□отн					
		□PTY					
		□scc					
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		□ IND □ COM]			
		□ OTH			1		
		PTY		1			
		□scc					
,	,		SUBTOTAL	\$ 0.00			
Schedule A S	Summary				*Con	tributor C	odes
	ved this period – itemized monetary contribution	ne.				- Individu	
(Include all S	chedule A subtotals.)	15.	\$	00	СОМ		ent Committee
-					0.71		than PTY or SCC)
2 Amount recei	ved this period – unitemized monetary contribut	tions of less than	\$100 \$ ^{0.0}	00		– Other (– Politica	e.g., business entity)
/ (11041)(1000)	to an poriod amornized monetary continuat	31 1000 111011	- γ . • • ψ				Contributor Committee
3. Total monetai	ry contributions received this period.				<u> </u>		·
(Add Lines 1	and 2. Enter here and on the Summary Page, C	Column A, Line 1	.)T OTAL \$ ^{0.0})0		FPPC	Form 460 (Jan/2016))
•		·	•	F	PPC Advice: advic		ca.gov (866/275-3772)

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Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary C	ontributions Received	to whole o	lollars.	Statement cov from <u>01/01/23</u>		FO	ORNIA 460
				through <u>06/30/23</u>		Page	of
NAME OF FILER					u j	I.D. NUN	ABER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \(\) (JAN. 1 - DE(/EAR	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 □SCC					
		□IND □COM □OTH □PTY □SCC					
		· · · · · · · · · · · · · · · · · · ·	SUBTOTAL	\$			

*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

Sched	lule	B -	Part	1
Loans	Re	ceiv	ed	

Amounts may be rounded to whole dollars.

	CONTEDUCE D-17((C)					
Statement covers period from 01/01/23	CALIFORNIA 460					
through <u>06/30/23</u>	Page of					
	I.D. NUMBER					
	1432072					

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dena Florez for Bassett USD School Board 20	20					•	1432072	·
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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Dena Florez La Puente, CA 91744	University Administrator Associated Students, Inc			\$ \$ forgiven	\$ 923.00	0.00 %	\$	\$PER ELECTION**
† ₩ IND □ COM □ OTH □ PTY □ SCC	Toe #	\$	\$	s	N/A DATE DUE	s_0.00	DATE INCURRED	\$
				\$ \$ forgiven	\$	% RATE	\$	\$PER ELECTION**
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
,				\$ \$ forgiven	\$	% RATE	\$	\$
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
	S	SUBTOTALS \$	0.00	\$	\$ 923.00	\$		
					,	(Enter (e) on Schedu	ile E. Line 3)	

Schedule B Summary

1.	Loans received this period	\$ 0.00
	(Total Column (b) plus unitemized loans of less than \$100.)	0
2.	Loans paid or forgiven this period	\$
	(Total Column (c) plus loans under \$100 paid or forgiven.)	
	(Include loans paid by a third party that are also itemized on Schedule A.)	0
3.	Net change this period. (Subtract Line 2 from Line 1.)	\$
	Enter the net here and on the Summary Page, Column A, Line 2.	

(May be a negative number)

†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.

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

Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		from 01/	ment covers period /01/23 06/30/23	CALIFOR	400
SEE INSTRUCTIONS ON REVERSE		 	· · · · · · · · · · · · · · · · · · ·	through		Page	of
NAME OF FILER						1.D. NUMBE	К
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)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE:	BALANCE OUTSTANDING TO DATE
	□IND □COM		LENDER			CALENDAR YEAR	
	□OTH □PTY □SCC		DATE	· .		PER ELECTION (IF REQUIRED)	
	□IND □COM		LENDER			CALENDAR YEAR	
	□OTH □PTY □SCC		DATE	· · · · ·		PER ELECTION (IF REQUIRED)	
	□ IND		LENDER			CALENDAR YEAR	
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
	□IND □COM		LENDER			CALENDAR YEAR	
	□OTH □PTY □SCC		- DATE			PER ELECTION (IF REQUIRED)	
			SUE	BTOTAL	\$	Enter on Summary Page, Line 17 only.	

Schedule	e C		to whole dollars.						SCHEDULE
Nonmone	etary Contributions Received		to whole uohars.			tatement covers	period	CALIF	PRNIA 460
	ONS ON REVERSE				thro	ugh <u>6/30/23</u>		Page	of
NAME OF FILER								I.D. NUMI	BER
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 SERV		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE AR 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 □SCC							
Attach addit	ional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL \$)			
 Amount re (Include al Amount re Total nonn 	C Summary ceived this period – itemized nonmonetar Il Schedule C subtotals.) ceived this period – unitemized nonmone nonetary contributions received this period 1 and 2. Enter here and on the Summar	tary contribut	ions of less than \$100		\$_		— INE	other th I – Other (e. Y – Political I	nt Committee an PTY or SCC) g., business entity)
•			,		• -				

Supportii	of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be ro to whole dollar		Statement cove	rs period	CALIFORNIA 460	
SEE INSTRUCTI	IONS ON REVERSE			through		Page	of
NAME OF FILER	3					I.D. NUME	BER
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - I	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution			,		
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					.,
		Nonmonetary Contribution					
	Support Dppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	Support Dppose	Independent Expenditure					
			SUBTOTA	L \$			
Schedule	D Summary						
1. Itemized o	contributions and independent expenditures made	e this period. (Include a	all Schedule D subtotal	s.)		\$ _	
2. Unitemize	ed contributions and independent expenditures m	ade this period of unde	er \$100			\$_	

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be r to whole dolla	ounded rs.	Statement cover	s period	SCHEDULE D (CONT.) CALIFORNIA 460 FORM Page of		
							,	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CALEND	VE TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
·		Monetary Contribution	·					
		Nonmonetary Contribution						
	Support Doppose	Independent Expenditure						
		Monetary Contribution						
		Nonmonetary Contribution						
	Support Doppose	Independent Expenditure						
	<u> </u>		SUBTOTA	L \$				

Schedule E Payments Made	to whole dollars.			fr	Statement covers perion 07/01/21	CALII	ORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Dena Florez for Bassett USD School Board 2020				tr	rough 12/31/21	Page I.D. NUI	
CODES: If one of the following codes accurately described 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 and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating urvey resear	es ch	RA RF SA TE TR TR	D radio airtime and prod D returned contributions L campaign workers' sa L t.v. or cable airtime an C candidate travel, lodgs S staff/spouse travel, lor T voter registration	duction costs laries d production cost ing, and meals dging, and meals mittees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPT	TION OF PAYMENT		AMOUNT PAID
							·
-							
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.	·			SUBTOTAL	\$ 0.00
Schedule E Summary		•					2.00
 Itemized payments made this period. (Include all Schedul Unitemized payments made this period of under \$100 						\$	0.00
3. Total interest paid this period on loans. (Enter amount from4. Total payments made this period. (Add Lines 1, 2, and 3.							0.00

Schedule E (Continuation Sheet) Payments Made	Amounts may b to whole do		Statement covers period 01/01/23 from	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		,	through <u>06/30/23</u>	Page of
NAME OF FILER Dena Florez for Bassett USD School Board 2020				I.D. NUMBER 1432072
CODES: If one of the following codes accurately described 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 and OFC office expens PET petition circui PHO phone banks POL polling and s POS postage, deli	nmunications d appearances les lating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and procure candidate travel, lodging, a staff/spouse travel, lodging.	on costs s oduction costs and meals g, and meals ees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	,			
			·	
	· · · · · · · · · · · · · · · · · · ·			

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

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Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	Statement coverage from 01/01/23	ers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE			through 06/30/2	3	Page of
NAME OF FILER Dena Florez for Bassett USD School Board 2020	·				I.D. NUMBER 1432072
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and reprofessional services (In PRT)	ns nces earch messenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trav TRS staff/spouse tra	nd production co butions kers' salaries time and producel, lodging, and r avel, lodging, and en committees o	ction costs meals d meals f the same candidate/sponsor
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 F THIS PERI (ALSO REPORT	IOD BALANCE AT CLOSE
					·
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	•	\$
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized	schedule F, Column (b) su accrued expenses under S	btotals for \$100.)	INCU	RRED TOTA	ALS \$
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subtot payments on accrued exp	tals for payments on enses under \$100.).		PAID TOTA	ALS \$
Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	er the difference here and	l		N	NET \$ May be a negative number
					FPPC Form 460 (Jan/2016)

Schedule F	Amounts may be rounded to whole dollars.	Statement covers period	SCHEDULE F (CONT.)		
(Continuation Sheet) Accrued Expenses (Unpaid Bills)		from	FORM 460		
,		through <u>06/30/23</u>	Page of		
NAME OF FILER			I.D. NUMBER		
Dena Florez for Bassett USD School Board 2020			1432072		

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. RFD returned contributions CNS campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

POS postage, delivery and messenger services

LEG legal defense

PRO professional services (legal, accounting)

TSF transfer between committees of the same candidate/sponsor voter registration

PRT print ads

LIT

campaign literature and mailings

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
•					
	SUBTOTALS \$			\$	\$

WEB information technology costs (internet, e-mail)

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

Schedule G			-				SCHEDULE G
		nts may be roun whole dollars.	ded		otatement covers period	CALIFOR	RNIA 460
SEE INSTRUCTIONS ON REVERSE				thro	ough 06/30/23	Page	of
NAME OF FILER		···	-, -			I.D. NUMBE	R
Dena Florez for Bassett USD School Board 2020						1432072	
NAME OF AGENT OR INDEPENDENT CONTRACTOR							
CODES: If one of the following codes accurately describes		-	er the code.				
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 * Payments that are contributions or independent expenditures must also be seen that the contributions or independent expenditures must also be seen that are contributions or independent expenditures must also be seen that the contributions or independent expenditures must also be seen that the contributions or independent expenditures must also be seen that the contributions or independent expenditures must also be seen that the contributions or independent expenditures must also be seen that the contributions or independent expenditures must also be seen that the contributions or independent expenditures must also be seen that the contributions or independent expenditures must also be seen that the contributions or independent expenditures must also be seen that the contributions or independent expenditures must also be seen that the contributions or independent expenditures must also be seen that the contributions or independent expenditures must also be seen that the contributions or independent expenditures must also be seen that the contributions or independent expenditures must also be seen that the contributions or independent expenditures must also be seen that the contributions or independent expenditures must also be seen that the contributions or independent expenditures must also be seen that the contributions or independent expenditures must also be seen that the contributions or independent expenditures must also be seen that the contributions or independent expenditures must also be seen that the contributions or independent expenditures must also be seen that the contributions or independent expenditures must also be seen that the contributions or independent expenditures must also be seen that the contr	MBR member co MTG meetings a OFC office expe PET petition circ PHO phone banl POL polling and POS postage, do PRO professiona PRT print ads	nd appearances nses culating ks survey research elivery and messe al services (legal,	enger services accounting)	RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and producandidate travel, lodging, an staff/spouse travel, lodging, transfer between committee voter registration information technology costs	luction costs d meals and meals s of the same ca	•
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR		DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
,							

* 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.

FPPC Form 460 (Jan/2016))

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TOTAL* \$

								SCHEDULE F
Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement coverage from 01/01/23	ers period	CALIFORNIA 460 FORM	
SEE INSTRUCTIONS ON REVERSE					through06/30/2	3	Page	_ of
NAME OF FILER				· -			I.D. NUMBER	· · · · · · · · · · · · · · · · · · ·
Dena Florez for Bassett USD School Board 20	20						1432072	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENESS THIS PERIOD	BALANCEAL	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID \$ FORGIVEN	\$		s	SPER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		-		PAID \$ FORGIVEN	\$	%	s	\$PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also be	SUBTOTALS	\$	\$	\$.	\$	-	ı
Schedule H Summary						(Enter (e) on Schedule I, Line 3)		
(Total Column (b) plus unitemized loans					•		. [**If Required
2. Payments received on loans					\$			

(Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

Schedule I		Amounts may be rounded		SCHEDULE			
Miscellaneous Inc	creases to Cash	to whole dollars.	Statement covers period	CALIFORNIA 460			
			from	FORM TOO			
			through	- Page of			
SEE INSTRUCTIONS ON REVE NAME OF FILER	ERSE			I.D. NUMBER			
Dena Florez for Bassett U	SD School Board 2020			1432072			
DATE	FULL NAME AND ADDRESS OF S		DESCRIPTION OF RECEIPT	AMOUNT OF			
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUI	MBER)		INCREASE TO CASH			
	-						
			<u> </u>				
Attach additional inform	mation on appropriately labeled continuatio	n sheets.	SUBTO	TAL\$			
Schedule I Summa	iry						
1. Itemized increases to	cash this period		\$				
2. Unitemized increases	s to cash of under \$100 this period		\$				
3. Total of all interest re	ceived this period on loans made to ot	hers. (Schedule H, Column (e).)	\$				
4. Total miscellaneous i	ncreases to cash this period. (Add Line 14.)	es 1, 2, and 3. Enter here and on the					
Summary Page; Line	9 14.)			FPPC Form 460 (Jan/2016))			
			FPPC Advice:	advice@fppc.ca.gov (866/275-3772)			

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