

# Recipient Committee Campaign Statement Cover Page

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
① 2/24/23  
2023 FEB 27 PM 3:0  
CAMPAIGN FINANCE

Statement covers period  
from 10/25/2022  
through 12/31/2022

Date of election if applicable:  
(Month, Day, Year)  
9/8/2022

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall  
*(Also Complete Part 5)*
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- 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 Termination)*
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER  
1453968

**Treasurer(s)**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Elect Jesus Henao Saugus Union School District Trustee Area 1 2022

STREET ADDRESS (NO P.O. BOX)

| CITY                 | STATE     | ZIP CODE     | AREA CODE/PHONE     |
|----------------------|-----------|--------------|---------------------|
| <u>Santa Clarita</u> | <u>CA</u> | <u>91350</u> | <u>818-570-3301</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
|      |       |          |                 |

OPTIONAL: FAX / E-MAIL ADDRESS

NAME OF TREASURER  
Jesus Henao

MAILING ADDRESS

| CITY                 | STATE     | ZIP CODE     | AREA CODE/PHONE     |
|----------------------|-----------|--------------|---------------------|
| <u>Santa Clarita</u> | <u>CA</u> | <u>91350</u> | <u>818-570-3301</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
|      |       |          |                 |

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that th

Executed on 12/31/2023  
Date

Executed on 12/31/2023  
Date

Executed on 12/31/2023  
Date

Executed on 12/31/2023  
Date

\_\_\_\_\_  
Assistant Treasurer

\_\_\_\_\_  
Proprietor or Responsible Officer of Sponsor

\_\_\_\_\_  
File, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

|  |               |       |       |
|--|---------------|-------|-------|
| NAME OF OFFICEHOLDER OR CANDIDATE  |               |       |       |
| Jesus Henao  |               |       |       |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) |               |       |       |
| Saugus Union School District   |               |       |       |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)                              | CITY          | STATE | ZIP   |
|  | Santa Clarita | CA    | 91350 |

**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   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |
| CITY              | STATE ZIP CODE AREA CODE/PHONE  |

|                   |   |
|-------------------|---|
| COMMITTEE NAME    | I.D. NUMBER   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |
| CITY              | STATE ZIP CODE AREA CODE/PHONE  |

**6. Primarily Formed Ballot Measure Committee**

|   |                     |   |
|---|---------------------|---|
| NAME OF BALLOT MEASURE  |                     |   |
| BALLOT NO. OR LETTER  | JURISDICTION        | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| Identify the controlling officeholder, candidate, or state measure proponent, if any. |                     |   |
| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT   |                     |   |
| OFFICE SOUGHT OR HELD   | DISTRICT NO. IF ANY |   |

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from 10/25/2022  
through 12/31/2022

CALIFORNIA  
FORM **460**

Page 1 of 1

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect Jesus Henao Saugus Union School District Trustee Area 1 2022

I.D. NUMBER

1453968

## Contributions Received

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3    | \$ 3,995   | \$ 5,570                                   |
| 2. Loans Received..... Schedule B, Line 3            | -5,000   | 0  |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | \$ -1,205  | \$ 5,570                                   |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 0  |  |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ -1,005  | \$ 5,570                                   |

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

## Expenditures Made

|  | Column A | Column B |
|--|----------|----------|
| 6. Payments Made..... Schedule E, Line 4                   | \$ 0     | \$ 0     |
| 7. Loans Made..... Schedule H, Line 3                      | 0        | 0        |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$ 0     | \$ 0     |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | 0        | 0        |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | 0        | 0        |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10      | \$ 0     | \$ 0     |

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

## Current Cash Statement

|  |          |
|--|----------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16             | \$ 1,300 |
| 13. Cash Receipts..... Column A, Line 3 above                              | -1,205   |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | 0        |
| 15. Cash Payments..... Column A, Line 8 above                              | 0        |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 0     |

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

|  |      |
|--|------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ 0 |
|--|------|

## Cash Equivalents and Outstanding Debts

|  |      |
|--|------|
| 18. Cash Equivalents..... See instructions on reverse            | \$ 0 |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ 0 |

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from 10/25/2022  
through 12/31/2023

**CALIFORNIA FORM 460**

Page 1 of 1

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect Jesus Henao Saugus Union School District Trustee Area 1 2022

I.D. NUMBER

1453968

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/31/2022         | Jesus Henao<br><br>Santa Clarita, CA 91350  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | LEOLA Commerical, Inc.  | 3,995                       | 3,995  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   |                             |  |                                       |

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 3,995
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 3,995

\*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

# Schedule B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10/25/2022  
through 12/31/2022

**CALIFORNIA 460**  
**FORM**

Page 1 of 1

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect Jesus Henao Saugus Union School District Trustee Area 1 2022

I.D. NUMBER

1453968

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD   | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE              |
|---|---|--|------------------------------------|--|--|----------------------------------|--------------------------------|--|
| Jesus Henao<br><br>Santa Clarita, CA 91350<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed   | \$ 5000  | \$ 0                               | <input checked="" type="checkbox"/> PAID \$ 1,205<br><input checked="" type="checkbox"/> FORGIVEN \$ 3,995 | \$ 0<br><br>N/A<br>DATE DUE                        | 0 %<br>RATE                      | \$ 5000<br><br>DATE INCURRED   | CALENDAR YEAR<br>\$ 2022<br><br>PER ELECTION**<br>\$ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |   | \$   | \$                                 | <input type="checkbox"/> PAID \$<br><input type="checkbox"/> FORGIVEN \$                                   | \$<br><br>DATE DUE                                 | %<br>RATE                        | \$<br><br>DATE INCURRED        | CALENDAR YEAR<br>\$<br><br>PER ELECTION**<br>\$      |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |   | \$   | \$                                 | <input type="checkbox"/> PAID \$<br><input type="checkbox"/> FORGIVEN \$                                   | \$<br><br>DATE DUE                                 | %<br>RATE                        | \$<br><br>DATE INCURRED        | CALENDAR YEAR<br>\$<br><br>PER ELECTION**<br>\$      |
| <b>SUBTOTALS \$</b>   |   |  |                                    |  |  |                                  |                                |  |

(Enter (e) on Schedule E, Line 3)

## Schedule B Summary

- Loans received this period ..... \$ 5,000  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$ -5,000**  
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.

**Statement of Organization  
Recipient Committee**

Statement Type

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Initial  | <input type="checkbox"/> Amendment                 | <input checked="" type="checkbox"/> Termination – See Part 5 |
| <input type="radio"/> Not yet qualified<br>or<br><input type="radio"/> Date qualification threshold met | Date qualification threshold met<br>____/____/____ | Date of termination<br>12 / 31 / 2022                        |

|   |   |
|---|---|
| Date Stamp  | <b>CALIFORNIA FORM 410</b><br>For Official Use Only |
| RECEIVED BY<br>LOS ANGELES COUNTY<br>① 2/24/23<br>2023 FEB 27 PM 3:01<br>CAMPAIGN FINANCE |   |

| 1. Committee Information  |  |             |  | I.D. Number (if applicable)                             |  |                                 |  | 2. Treasurer and Other Principal Officers |  |  |  |
|---|--|-------------|--|---|--|---------------------------------|--|---|--|--|--|
| NAME OF COMMITTEE<br>Elect Jesus Henao Saugus Union School District Trustee Area 1 2022 |  |             |  |   |  |                                 |  | NAME OF TREASURER                         |  |  |  |
| STREET ADDRESS (NO P.O. BOX)  |  |             |  |   |  |                                 |  | STREET ADDRESS (NO P.O. BOX)              |  |  |  |
| STREET ADDRESS (NO P.O. BOX)  |  |             |  |   |  |                                 |  | CITY STATE ZIP CODE AREA CODE/PHONE       |  |  |  |
| CITY<br>Santa Clarita   |  | STATE<br>CA |  | ZIP CODE<br>91350                                       |  | AREA CODE/PHONE<br>818-570-3301 |  | NAME OF ASSISTANT TREASURER, IF ANY       |  |  |  |
| FULL MAILING ADDRESS (IF DIFFERENT)   |  |             |  |   |  |                                 |  | STREET ADDRESS (NO P.O. BOX)              |  |  |  |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)<br>jesus@jesusscv.com                        |  |             |  |   |  |                                 |  | CITY STATE ZIP CODE AREA CODE/PHONE       |  |  |  |
| COUNTY OF DOMICILE<br>Los Angeles   |  |             |  | JURISDICTION WHERE COMMITTEE IS ACTIVE<br>Santa Clarita |  |                                 |  | NAME OF PRINCIPAL OFFICER(S)              |  |  |  |
| Attach additional information on appropriately labeled continuation sheets.             |  |             |  |   |  |                                 |  | STREET ADDRESS (NO P.O. BOX)              |  |  |  |
|   |  |             |  |   |  |                                 |  | CITY STATE ZIP CODE AREA CODE/PHONE       |  |  |  |

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the

|             |                   |    |       |  |
|-------------|-------------------|----|-------|--|
| Executed on | <u>12/31/2022</u> | By | _____ | ASSISTANT TREASURER  |
|             | DATE              |    |       |  |
| Executed on | <u>12/31/2022</u> | By | _____ | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
|             | DATE              |    |       |  |
| Executed on | _____             | By | _____ | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
|             | DATE              |    |       |  |
| Executed on | _____             | By | _____ | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
|             | DATE              |    |       |  |