Reci	pient	Committ	ee
Cam	paign	Stateme	nt
	r Pag		

CALIFORNIA 460 RECEIVED BY

			NEW TOTAL FILE	SCOUNTY	Page _1 of _17
		Statement covers period	Date of election if applicable:	_0 00.0,0	For Official Use Only
		from 9/25/2022	2022 001 27	AM 10: 54	Por Cilicial Ose Ciliy
SE	E INSTRUCTIONS ON REVERSE	through <u>10/22/2022</u>		FINANCE	
1.	Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
	State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor 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 Terminat Amendment (Explain below)		Quarterly Statement Special Odd-Year Report
3.	Committee Information	D. NUMBER 440375	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	140373	NAME OF TREASURER		
	Glendora Forward		Marco A. Villa		
	•		MAILING ADDRESS		
					,
	STREET ADDRESS (NO P.O. BOX)		CITY	STATE Z	IP CODE AREA CODE/PHONE
	·		Glendora		91741 626-224-2614
	CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF A	ANY	
	Glendora CA 9174				
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO.	×	MAILING ADDRESS		
	CITY STATE ZIP CC	DDE AREA CODE/PHONE	CITY	STATE Z	ZIP CODE AREA CODE/PHONE
	Glendora CA 91740	1			
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4.		:			
	I have used all reasonable diligence in preparing and review	ng this statement and to	mation contained herein	n and in the attached	d schedules is true and complete. I
	certify under penalty of perjury under the laws of the State of	California that the foreç			
	Executed on 10/26/2022	Ву _	Treasurer or Assistant Treasure	er	
	Executed on	BySignature of Control	illing Officeholder, Candidate, State Measure Proponent	or Responsible Officer of S	Sponsor
	Executed onDate	By	gnature of Controlling Officeholder, Candidate, State Med	asure Proponent	
	Executed on	By ————————————————————————————————————	gnature of Controlling Officeholder, Candidate, State Med	asure Proponent	
					FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	AGE - PART 2
CALIFORNIA FORM	460
Dama 2	e 17

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE N/A			NAME OF BALLOT MEASURE N/A					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER JURISDICTION			SUPPORT OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	Y STATE ZIP		Identify the controlling offic	eholder, candi	date, or state	measure prop	onent, if any.	
Related Committees Not Included in this Stat	oment: List one committees		NAME OF OFFICEHOLDER, CA	ANDIDATE, OR F	ROPONENT			
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candidate.	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY	
COMMITTEE NAME N/A	I.D. NUMBER							
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s) for which this	committee is	primarily forme	at names of d.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	ox)		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	
CITY STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	·		Att	ach continuati	on sheets if n	ecessary		

Campaign	Disclosure	Statement
Summary	Page	

Amounts may be rounded to whole dollars.

Statement covers period from 9/25/2022 CALIFORNIA FORM 460

through 10/22/2022 Page 3 of 17

I.D. NUMBER

www.fppc.ca.gov

SEE INSTRUCTIONS_ON REVERSE NAME OF FILER spindora torward 1440375 Column A Column B **Calendar Year Summary for Candidates Contributions Received** TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and **General Elections** 142.06 3,187.06 1/1 through 6/30 7/1 to Date ٥ \$_2,795 20. Contributions 142.06 3,187.06 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 392.06 Received Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures s 356.35 s 1,687.30 Made 142.06 3,187.06 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 646.14 2,043.65 **Candidates** 0 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made* 646.14 2,043.65 8. 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 (mm/dd/yy) 646.14 2,043.65 2,043.65 **Current Cash Statement** 1,647.49 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B, 142.06 13. Cash Receipts Column A, Line 3 above add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I. Line 4 amounts from Column B reported in Column B. of your last report. Some 646.14 amounts in Column A may 1,143.41 be negative flaures 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 \$ 0 only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). FPPC Form 460 (Jan/2016)) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement covers period from 9/25/2022		CALIFORNIA 460	
SEE INSTRUCTIO	ONS ON REVERSE			through 10/22/2022	2	Page 4	of
NAME OF FILER	Bobola Forward					1.D. NUMBER 1440375	
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	R ELECTION TO DATE REQUIRED)
10/20/22	Stephen Slackey Glendora CA 91741	IND COM OTH PTY SCC	Retired Public School Teacher - Hacienda La Puente USD	100	100	100	
		OTH SCC					
		IND COM OTH PTY SCC					
		OTH SCC	_				
		IND COM OTH PTY SCC					
			SUBTOTAL S	100			
Amount red (Include all Amount red	A Summary ceived this period – itemized monetary contributions Schedule A subtotals.)				OTH PTY	tributor Codes Individual Recipient Cor (other than PT Other (e.g., bu Political Party Small Contribu	TY or SCC) usiness entity)
3. Total monet (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	.)TOTAL \$ 14	2.06	PPC Adulco: adui		460 (Jan/2016))

Schedule A (Continuation Sheet)

SCHEDULE A (CONT.)

Monetary (Nonetary Contributions Received		loliars.	Statement cov from 9/25/2022	ers period	california 460		
				through 10/22/2022		Page _		
NAME OF FILER Marco A. Villa						1.D. NU 14403	1	
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 T CALENDAR \(\) (JAN. 1 - DEC	YEAR	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						
			SUBTOTAL	\$				

*Contributor Codes IND - Individual COM – Reciplent 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	Am		Statement cov from 9/25/2022	ers period	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE				1	through 10/22/20	22	Page <u>6</u>	of <u>17</u>
NAME OF FILER	W12 1 W 12 1 W 12 W 1						I.D. NUMBER	
Marco A. Villa							1440375	
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	RECEIVED THIS	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE
			-	PAID				CALENDAR YEAR
•				\$	- \$	RATE	\$	\$
				FORGIVEN				PER ELECTION
† IND COM OTH PTY SCC		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$
LIND COM COIN CIPIT COCC			 	PAID	5/1/2552	 		CALENDAR YEAR
				\$	_ \$	%	\$	\$
				FORGIVEN	}	RATE		PER ELECTION*
				 s	_	s		s
TO IND COM OTH PTY SCC		\$	\$	<u> </u>	DATE DUE		DATE INCURRED	<u> </u>
				PAID				CALENDAR YEAR
				\$	- \$	RATE	\$	\$
				FORGIVEN	1			PER ELECTION
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	S	SUBTOTALS S	\$ 0	\$ 0	\$ 0	\$ 0		
Sahadula B Summanı	**** **** **** **** **** ****					(Enter (e) on Sche	dule E, Line 3)	1.0 M . G03
Schedule B Summary 1. Loans received this period				۰ 0				
(Total Column (b) plus unitemized loar					***			
2. Loans paid or forgiven this period				\$ <u>0</u>			Contributor Codes ND – Individual	3
(Total Column (c) plus loans under \$10 (Include loans paid by a third party that		dulo A)				٥	OM - Recipient C	
3. Net change this period. (Subtract Lin	e 2 from Line 1.)			.NET \$ 0			TH - Other (e.g.,	
Enter the net here and on the Summa							TY - Political Par CC - Small Contr	•
				((May be a negative number)	C		

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

SCHEDULE B - PART 2 Amounts may be rounded Schedule B - Part 2 Statement covers period CALIFORNIA to whole dollars. from 9/25/2022 **Loan Guarantors FORM** through 10/22/2022 Page 7 SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1440375 FULL NAME, STREET ADDRESS AND ZIP CODE OF IF AN INDIVIDUAL, ENTER **AMOUNT** BALANCE CONTRIBUTOR CUMULATIVE OCCUPATION AND EMPLOYER **GUARANTEED** OUTSTANDING LOAN CONTRIBUTOR CODE* TO DATE (IF SELF-EMPLOYED, ENTER THIS PERIOD TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) LENDER CALENDAR YEAR □сом □отн PER ELECTION (IF REQUIRED) DATE □ PTY □scc CALENDAR YEAR LENDER □сом □отн PER ELECTION (IF REQUIRED) DATE □ PTY □scc CALENDAR YEAR LENDER □сом □отн PER ELECTION (IF REQUIRED) DATE ☐ PTY □scc

> □IND □COM □OTH

□ PTY □ SCC LENDER

DATE

SUBTOTAL \$0

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

CALENDAR YEAR

PER ELECTION (IF REQUIRED)

Enter on Summary Page,

Line 17 only.

Schedule	e C		Amounts may be rounded						SCHEDULE C
	etary Contributions Received		to whole dollars.	Statement covers period from 9/25/2022			CALIFORNIA 460		
SEE INSTRUCT	IONS ON REVERSE				through			Page 8	of
NAME OF FILER								1.D. NUME 144037	
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	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		OTH 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 S	6 0			
1. Amount re (Include a 2. Amount re 3. Total nonr	C Summary ecceived this period – itemized nonmonetar II Schedule C subtotals.) ecceived this period – unitemized nonmonet monetary contributions received this period s 1 and 2. Enter here and on the Summary	tary contributi	ions of less than \$100		\$)	OTH	(other th - Other (e. - Political I	at Committee an PTY or SCC) g., business entity)
							dvice: advic		orm 460 (Jan/2016)) .gov (866/275-3772) www.fppc.ca.gov

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be ro to whole dollar	ounded 's.	Statement cover from 9/25/2022		CALIFORNIA 460		
SEE INSTRUCT	IONS ON REVERSE			through 10/22/2022		Page	of 17	
NAME OF FILER	"Flendord Foward					1.D. NUM 14403	1	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OF MEASURE NUMBER OR LETTER AND JURISDICTIO OR COMMITTEE		DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
10/3/2022	Zondra Bord School Board Glendora Unified School District 1 Z Support	Monetary Contribution Nonmonetary Contribution Independent Expenditure		500	1,500		1,500	
- 14	Support Doppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
		Monetary Contribution Nonmonetary Contribution Independent						
	Support Dppose	Expenditure	SUBTOTAL	\$ 500				
			SUBTOTAL			2		
	D Summary						500	
1. Itemized	contributions and independent expenditures r	made this period. (Include	all Schedule D subtotals.)			······ Þ -	500 n	
2. Unitemize	ed contributions and independent expenditure	es made this period of und	er \$100			\$ _	500	
3. Total conf	tributions and independent expenditures mad	le this period. (Add Lines 1	and 2. Do not enter on t			FPPC	C Form 460 (Jan/2016) ca.gov (866/275-3772)	

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees NAME OF FILER Marco Villa		Amounts may be to whole dol	rounded llars.	Statement cover from 9/25/2022 through 10/22/2022		SCHEDULE D (CONT.) CALIFORNIA 460 FORM Page 10 of 17 I.D. NUMBER 1440375		
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	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	
		☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent						
	Support Oppose Support Oppose	Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure						
			SUBTOTAL	\$ 0				
						EDD4	En-m 460 (Inm (2016))	

							SCHEDULE
Schedule E	Amounts may b				Statement cove	rs period CA	LIFORNIA 460
Payments Made					from 9/25/2022		FORM TOO
SEE INSTRUCTIONS ON REVERSE					through 10/22/2022		ge 11 of 17
MAHAMMA GIEN AVA FIVOUR							. NUMBER 140375
CODES: If one of the following codes accurately describe	es the payment, y	ou may e	nter the code.	Otherw	ise, describe the	payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CIL candidate filling/ballot fees FND fundralising 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 PRO professional PRT print ads	d appearances lating urvey resea very and me	es rch essenger services		RFD returned contril SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	ters' salaries time and production i, lodging, and mea evel, lodging, and me en committees of the on	ls eals e same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCR	RIPTION OF PAYMENT		AMOUNT PAID
Zondra Borg Re-Elect Zondra Borg Glendora School Board 2022 #14488 Glendora CA 91740	53	СТВ					500
						`	
* Payments that are contributions or independent expenditures must also b	e summarized on Sche	dule D.			***************************************	SUBTO	TAL \$ 1,000
Schedule E Summary					****		
1. Itemized payments made this period. (Include all Schedul	e E subtotals.)						\$
2. Unitemized payments made this period of under \$100							
3. Total interest paid this period on loans. (Enter amount from	m Schedule B, Par	t 1, Colur	nn (e).)				\$_0
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Sumi	nary Page, Coli	umn A	Line 6.)	TOTAL	s 646.14

Schedule E (Continuation Sheet) Payments Made		Amounts may be rounded to whole dollars.				9/25/202 from		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Marco Villa						through <u>10/2</u>	2/2022	Page	BER
CODES: If one of the following codes 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/oppose LEG legal defense LIT campaign literature and mailings	sing others (explain)*	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si	munications appearances es ating arvey researd ery and mes	s h senger services	Other	RAD radio ai RFD returned SAL campaig TEL t.v. or c TRC candida TRS staff/sp TSF transfer VOT voter re	time and production to contributions on workers' salaries able airtime and prote travel, lodging, a buse travel, lodging between committee	n costs duction costs and meals and meals es of the same	e candidate/sponsor
NAME AND ADDI (IF COMMITTEE, ALSO			CODE (OR .	DESC	CRIPTION OF PA	YMENT		AMOUNT PAID
			·						
	· · · · · · · · · · · · · · · · · · ·								

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

SUBTOTAL \$ 0

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	Statement cove	ers period	CALIFORNIA 460		
Accided Expenses (Oripaid Bills)			110111		- OKI	VI
			through 10/22/202	.2	Page 13	of 17
SEE INSTRUCTIONS ON REVERSE					I.D. NUMBE	
NAME OF FILER					1440375	
CODES: If one of the following codes accurately describes	s the payment, you may	enter the code. Oth	nerwise, describe th	e payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member communicatio MTG meetings and appearar		RAD radio airtime a RFD returned contri		sts	
CTB contribution (explain nonmonetary)*	OFC office expenses	ices	SAL campaign work	kers' salaries		
CVC civic donations FIL candidate filing/ballot fees	PET petition circulating PHO phone banks		TEL t.v. or cable air	time and produc el, lodging, and r	tion costs meals	
FND fundraising events	POL polling and survey rese	arch	TRS staff/spouse tr	avel, lodging, an	d meals	B 1-1-4
IND independent expenditure supporting/opposing others (explain)* LEG legal defense	POS postage, delivery and r PRO professional services (I	nessenger services egal. accounting)	TSF transfer betwe VOT voter registrati		of the same ca	andidate/sponsor
LIT campaign literature and mailings	PRT print ads	ogai, accounting,	WEB Information tec	chnology costs (i	nternet, e-ma	il)
NAME AND ADDRESS OF CREDITOR	CODE OR	(a) OUTSTANDING	(b) AMOUNT INCURRED	(c) AMOUNT F		(d) OUTSTANDING
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	BALANCE BEGINNING OF THIS PERIOD	THIS PERIOD	THIS PER		ALANCE AT CLOSE OF THIS PERIOD
				}	İ	
			<u> </u>			
					Ì	
 Payments that are contributions or independent expenditures must also be summarized on Schedule D. 	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0	
Schedule F Summary						
Total accrued expenses incurred this period. (Include all Seaccrued expenses of \$100 or more, plus total unitemized and seaccrued expenses of \$100 or more, plus total unitemized and seaccrued expenses.)	chedule 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 page 1.2.)	dule E Column (c) subtot	als for navments on			0	
Net change this period. (Subtract Line 2 from Line 1. Ento on the Summary Page, Column A, Line 9.)	er the difference here and	1			0	
on the Summary Fage, Solumn A, Line 3./					May b	e a negative number

SCH	FDUI	FF	(CONT.

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

Amounts may be rounded to whole dollars.

	,
Statement covers period from 9/25/2022	CALIFORNIA 460
through <u>10/22/2</u> 022	Page of
	1.D. NUMBER 1440375

NAME OF FILER

Marco Villa

1.D. NUMBER

1440375

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

RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions CNS campaign consultants MTG meetings and appearances SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses PET petition circulating TEL t.v. or cable airtime and production costs 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 TSF transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) LIT campaign literature and mailings PRT print ads

^{*} 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
	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0

Schedule G							SCHEDULE G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		nts may be whole doll			Statement covers period from 9/25/2022	CALIFO FOR	RNIA 460
SEE INSTRUCTIONS ON REVERSE					through 10/22/2022	Page 15	of
NAME OF FILER						I.D. NUMBE	
						1440375	
NAME OF AGENT OR INDEPENDENT CONTRACTOR							
CODES: If one of the following codes accurately describes the		_					
	T petition circo O phone bank L polling and S postage, de O professiona T print ads	nd appearai nses culating ks survey rese elivery and r al services (l	nces	R S/ TI TI TI V	AD radio airtime and production returned contributions AL campaign workers' salaries t.v. or cable airtime and prod candidate travel, lodging, and staff/spouse travel, lodging, a transfer between committees voter registration information technology costs	uction costs d meals and meals s of the same c	-
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	· · · · · · · · · · · · · · · · · · ·	CODE	OR	DESCRI	PTION OF PAYMENT		AMOUNT PAID
•							
	·						
Attach additional information on appropriately labeled continuation	n sheets.					TOTAL* \$	0
* Do not transfer to any other schedule or to the Summary Page. This total may no independent contractor as reported on Schedule E.	ot equal the am	nount paid to	o the agent or		FPPC Advice: ad		orm 460 (Jan/2016)) .gov (866/275-3772)

Schedule H Loans Made to Others*			nay be rounded lie dollars.		Statement cov from <u>9/25/2022</u>	ers period	CALIFORM FORM	1460
SEE INSTRUCTIONS ON REVERSE					through10/22/20	22	Page 16	of 17
NAME OF FILER						<u> </u>	I.D. NUMBER	
Marco Villa							1440375	
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 (FORGIVENES THIS PERIO	SS BALANCE AT	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
	-	\$	s	PAID \$	\$ DATE DUE	% RATE	\$DATE INCURRED	CALENDAR YEAR \$
		\$	\$	PAID \$	\$DATE DUE	**************************************	\$DATE INCURRED	CALENDAR YEAR \$ PER ELECTION**
*Loans that are contributions to another candidate of also be summarized on Schedule D. Loans forgiver reported on Schedule E.		SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0		
Schedule H Summary 1. Loans made this period	s of less than \$100.) ments of less than \$100.) ? from Line 1.)				s <u>0</u> s <u>0</u>	(Enter (e) on Schedule I, Line 3)	- - -	**If Required

Schedule I	Δπ	nounts may be re	nunded	SCHEDULE			
	ous Increases to Cash	to whole dolla	rs.	Statement covers period from 9/25/2022	california 460		
				through	Page 17 of 17		
SEE INSTRUCTIONS	S ON REVERSE				I.D. NUMBER		
NAME OF FILER							
Marco Villa					1440375		
DATE	FULL NAME AND ADDRESS OF SOURCE		DES	CRIPTION OF RECEIPT	AMOUNT OF		
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DE3	ONE HONO! RECEIP!	INCREASE TO CASH		
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Attach additio	nal information on appropriately labeled continuation sheets.			SUBTOTAL	.\$ 0		
Schedule I S	Summary						
	eases to cash this period			s ⁰	_		
2. Unitemized in	ncreases to cash of under \$100 this period			\$ <u>~</u>	-		
3. Total of all int	terest received this period on loans made to others. (Schedul	le H, Column ((e).)	\$ <u>0</u>	_		
Summary Pa	aneous increases to cash this period. (Add Lines 1, 2, and 3. age, Line 14.)			TOTAL \$	FPPC Form 460 (Jan/2016))		
				FPPC Advice: adv	ice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov		