Recipient (Committee
Campaign	Statement
Cover Pag	е

COVER PAGE CALIFORNIA 460

Cover Page		REC	ELES COUNT	3	-ORM
	Statement covers period from 7/1/2023	Date of election if applicable: (Month, Day, Year)	B-2 PH12: 0 PAIGN FINAM	Page	for Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2023	N/A CAM	BVICH LINE.		
1. 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 Iso Complete Part 6) rimarily Formed Candidate/ officeholder Committee Iso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termina Amendment (Explain below)		Quarterly Sta Special Odd-	
3. Committee information	. NUMBER 447179	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Briones for School Board 2026		Florencio Briones			
		MAII ING ADDRESS			
STREET ADDRESS (NO P.O. BOX)			STATE ZI	PCODE	AREA CODE/PHONE
•		El Monte		91732	(626) 532-7230
CITY STATE ZIP COI	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF	ANY		
El Monte CA 91732					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY	STATE ZI	P CODE	AREA CODE/PHONE
5111 531	THE TOOL HOLE	3	OINIE Z	OODL	5327230
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS			3027200
flo@florenciobriones.com		flo@florenciobriones.com			
I. Verification					
I have used all reasonable diligence in preparing and reviewin	-		in the attached	schedules is	s true and complete. I
certify under penalty of perjury under the laws of the State of 0	California that				
Executed on 1/31/2024					
Executed on					
Date			ponsible Officer of S	ponsor	
Executed on			roponent		
Executed on	. Ву				
Date	S) S	ignature of Controlling Officeholder, Candidate, State Me	asure Proponent		PC Form 460 (Jan/2016)
				FF	F C FOITH 400 (5 m. 7 mozo)

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

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	GE - PART 2
CALIFORNIA FORM	460

COMMITTEE ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER NAME OF OFFICEHOLDER OR CANDIDATE OFFICE	tee	t Measure Committee	rimarily Formed Ballot	6.			ittee	Controlled Comm	older or Candidate (Officeho
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Governing Board Member, El Monte Union High School District Board of Trustees, Area 4 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP El Monte CA 9173 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 TO Primarily Formed Candidate/Officeholder officeholder officehol			AME OF BALLOT MEASURE					IDATE	OFFICEHOLDER OR CAND	NAME OF C
Governing Board Member, El Monte Union High School District Board of Trustoes, Area 4 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP El Monte CA 9173 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 CONTROLLED COMMITTEE? COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) COMMITTEE NAME LD. NUMBER 7. Primarily Formed Candidate/Officeholder officeholder(s) or candidate(s) for which this committee name of the price officeholder o									cio Briones	Florenci
Residential/business address (No. and street) City State ZiP El Monte CA 9173 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 T. Primarily Formed Candidate/Officeholder officeholder(s) or candidate(s) for which this committee officeholder(s) or candidate(s) for which this committee officeholder(s) or candidate(s) for which this committee name of officeholder or candidate officeholder or candidate of officeholder or candidate of officeholder or candidate of officeholder or candidate of officeholde	SUPPORT	JURISDICTION	ALLOT NO. OR LETTER		ABLE)	IF APPLIC	RICT NUMBER	LOCATION AND DISTR	SOUGHT OR HELD (INCLUDE	OFFICE SO
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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 LD. NUMBER					ZIP	STATE	ITY	(NO. AND STREET) C	TIAL/BUSINESS ADDRESS	RESIDENTI
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 CONTROLLED COMMITTEE? YES NO COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) COMMITTEE NAME I.D. NUMBER 7. Primarily Formed Candidate/Officeholder officeholder(s) or candidate(s) for which this committee officeholder(s) or candidate(s) for which this committee officeholder officeholder or candidate of officeholder or candidate of officeholder or candidate. COMMITTEE NAME I.D. NUMBER NAME OF OFFICEHOLDER OR CANDIDATE OFFICE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE	ate measure proponent, if any.	holder, candidate, or state	dentify the controlling office		9173	CA	El Monte			
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CONTROLLED COMMITTEE? YES						R	I.D. NUMBER		EE NAME	COMMITTE
CONTROLLED COMMITTEE? YES										
CONTROLLED COMMITTEE? YES	Committee List names of	idate/Officeholder Co	rimarily Formed Cand	7.						
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) NAME OF OFFICEHOLDER OR CANDIDATE OFFICE	e is primarily formed.	for which this committee is p	fficeholder(s) or candidate(s)						TREASURER	NAME OF T
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L YES L NO	SUPPORT					□ NO	☐ YES			
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CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets	if necessary	ch continuation sheets if n	Attac		E/PHONE	AREA COL	ODE	STATE ZIP C		CITY

Campaign	Disclosure	Statement
Summary I	Page	

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 7/1/2023 CALIFORNIA FORM 460

through 12/31/2023 Page 3 of 14

I.D. NUMBER

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER Briones for School Board 2026 1447179 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 1,659.00 1/1 through 6/30 7/1 to Date 0 20. Contributions 839.00 1,659.00 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 Received Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made 839.00 1,659.00 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 2,110.89 1,111.93 6. Payments Made...... Schedule E, Line 4 **Candidates** 22. Cumulative Expenditures Made* 2,110.89 1,111.93 SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Total to Date Date of Election 0 (mm/dd/yy) 10. Nonmonetary Adjustment...... Schedule C, Line 3 1,111.93 2,110.89 **Current Cash Statement** 2340.79 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 839.00 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 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 1,111.93 amounts in Column A may 2.067.86 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 \$ 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 Monetary	A Contributions Received		nts may be rounded whole dollars.	Statement cov	ers period	CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through12/31/202	23	Page _4 of14		
NAME OF FILER Briones for	School Board 2026	-				1.D. NI 1447	UMBER 179	
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 TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/29/2025	Jeff Seymour West Covina, CA 91791	☑ IND □ COM □ OTH □ PTY □ SCC	College Instructor Cal Poly Pomona	\$150.00	\$150.00			
10/29/2023	Maria Morgan El Monte, CA 91731	☑ IND □ COM □ OTH □ PTY □ SCC	Community Liaison El Monte City School District	\$100.00	\$100.00			
10/1/2023	Robin Truiett-Theodorson Baltimore, MD 21209	☑ IND □ COM □ OTH □ PTY □ SCC	Administator Banner Neighborhoods Community Corporation	\$150.00	\$150.00			
10/1/2023	Mary Ann Lutz Monrovia, CA 91016	☑IND □COM □OTH □PTY □SCC	Consultant Lutz & Company, Inc.	\$150.00	\$150.00			

□ scc SUBTOTAL \$ *Contributor Codes

□ COM □отн □ PTY

Schedule A Summary

- 1. Amount received this period itemized monetary contributions. 550.00 (Include all Schedule A subtotals.)

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

(other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee

IND - Individual

3. Total monetary contributions received this period.

FPPC Form 460 (Jan/2016))

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

COM - Recipient Committee

	Am	Amounts may be rounded						SCHEDULE B - PART 1			
Schedule B – Part 1	A	Statement cov	ers period	CALIFORNIA 460							
Loans Received				ł	from <u>7/1/2023</u>		FORM	400			
					through	023	Page _5	of_14			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					tinough		I.D. NUMBER	<u> </u>			
							1447179				
Briones for School Board 2026											
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 PAII 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				PAID	DATE DUE		DATE INCURRED	CALENDAR YEAR			
				PAID							
				5	. \$	RATE	\$	\$			
				FORGIVEN				PER ELECTION*			
TO NO. TO SAY THEY THEY		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$			
T IND COM OTH PTY SCC	-	-		PAID			-	CALENDAR YEAR			
				\$. \$	%	\$	\$			
				FORGIVEN		RATE		PER ELECTION*			
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	5		DATE DUE	*	DATE INCURRED	\$			
		SUBTOTALS \$	0	\$ 0	\$ 0	\$ 0					
						(Enter (e) on Sche	edule E, Line 3)				
Schedule B Summary				. 0							
Loans received this period (Total Column (b) plus unitemized loan	ne of less than \$100 \	•••••		\$							
Loans paid or forgiven this period	15 Of 1655 trial \$100.)			<u>0</u>			l'Contributor Codes ND – Individual	S			
(lotal Column (c) plus loans under \$1	00 paid or forgiven.)			- ,			COM - Recipient C				
(Include loans paid by a third party that				NET 0			other than) OTH - Other (e.g.,	PTY or SCC)			
Net change this period. (Subtract Lin Enter the net here and on the Summa				NET \$		· F	PTY - Political Par	ty			
Litter the tier nere and on the Sulfillia	iy rage, column A, Line Z.						CCC Cmall Contr	ibutor Committee			

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

** If required.

(May be a negative number)

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

SCC - Small Contributor Committee

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							SCHE	DULE B - PART		
Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.			Statement covers period from 7/1/2023			CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				through.	12/31/2023		Page 6	of		
NAME OF FILER Briones for School Board 2026						- 1	1.D. NUMBER 1447179			
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		MULATIVE O DATE	BALANCE OUTSTANDING TO DATE		
	□IND □COM		LENDER			CALE	NDAR YEAR			
	□ OTH □ PTY □ SCC		DATE			PER (IF F	ELECTION REQUIRED)			
	☐ IND		LENDER			CALE	NDAR YEAR			
	□OTH □PTY □SCC		DATE			PER (IF R	ELECTION REQUIRED)			
	□IND	<u>:</u>	LENDER			CALE	NDAR YEAR			
	□ COM □ OTH □ PTY □ SCC		DATE		:	PER (IF R	ELECTION REQUIRED)			
	□IND		LENDER				NDAR YEAR			
	□ COM □ OTH □ PTY □ SCC		DATE			PER (IF R	ELECTION EQUIRED)			
			SUE	BTOTAL S	5 n	Sum	Enter on mary Page, e 17 only.	· · · · · · · · · · · · · · · · · · ·		

Schedule Nonmone	C etary Contributions Received	·	Amounts may be rounded to whole dollars.		Statement covers period from 7/1/2023			CALIFORNIA 460		
SEE INSTRUCTIONAME OF FILER Briones for S	I.D. NUMB	Page 7 of 14 I.D. NUMBER 1447179								
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 C GOODS OR SERVI	FAIR N	OUNT/ IARKET LUE	CUMULA DA CALENDA (JAN 1 - I	TE AR 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								
Attach addition	onal information on appropriately labeled	continuation	sheets.	SUBTO	AL\$ o	÷		,	e de Milione	
Amount red (Include all	C Summary ceived this period – itemized nonmonetar Schedule C subtotals.)				\$ <u>^</u>		IND - COM - OTH - PTY	(other that – Other (e.g., – Political P	t Committee an PTY or SCC) g., business entity)	

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$ _____

FPPC Form 460 (Jan/2016))
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Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees			Amounts may be ro to whole dollar				CALIFORNIA 460		
SEE INSTRUCT	TIONS ON REVERSE				through12/31/2023	3	Page8	14 of	
NAME OF FILER			-				1.D. NUME		
DATE	MEASURE NUMBER OR L	DFFICE, AND DISTRICT, OR ETTER AND JURISDICTION, MMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	Support Support	☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Contribution Nonmonetary Contribution Monetary Contribution Onetary Contribution Contribution						
	☐ Support	☐ Oppose	Independent Expenditure						
				SUBTOTAL	\$ 0		, , ,		
	D Summary								
Itemized (Initemize	contributions and indepe	ndent expenditures made pendent expenditures ma	e this period. (Include a	ill Schedule D subtotals. r \$100)	····· ·	\$)	
3. Total cont	tributions and independe	nt expenditures made thi	s period. (Add Lines 1	and 2. Do not enter on	the Summary Page	e.) TOTA	\$		
	·	·	` `			,		Form 460 (Jan/2016))	

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

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		from	Page 9 of 14
NAME OF FILER			I.D. NUMBER
Briones for School Board 2026			1447179

	PES: If one of the following codes accurately describes			•				
	campaign paraphernalia/misc.			mmunication			radio airtime and production costs	
CNS	campaign consultants	MTG	meetings a	ınd appearan	ces	RFD	returned contributions	
СТВ	contribution (explain nonmonetary)*	OFC	office expe	nses		SAL		
CVC	civic donations	PET	petition circ	culating		TEL	t.v. or cable airtime and production costs	S
FIL	candidate filing/ballot fees	PHO	phone ban	ks		TRC	candidate travel, lodging, and meals	
	fundraising events	POL	polling and	survey resea	arch	TRS	staff/spouse travel, lodging, and meals	
	independent expenditure supporting/opposing others (explain)*	POS	postage, de	elivery and m	essenger services	TSF	transfer between committees of the sam	ne candidate/sponsor
	legal defense				egal, accounting)	VOT	voter registration	·
	campaign literature and mailings		print ads	(10	.g,		information technology costs (internet, e	e-mail)
						·		_
	NAME AND ADDRESS OF PAYEE			CODE	OR	DESCRIPTION	ON OF PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
El Sombrero Restaurant 3550 Santa Anita Ave., El Monte, CA 91731	MTG		\$205.08
Southwest Airlines 2702 Love Field Dr., Dallas, TX 75235	TRC	-	\$267.96
Florencio Briones 12609 Elliott Avenue, El Monte, CA 91732		Reimbursement for photographer	\$200.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 673.04

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	873.04 \$	
2. Unitemized payments made this period of under \$100	238.89	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	1,111.93	

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Schedule E						s	CHEDULE E (CONT.)
(Continuation Sheet)		Amounts may be rounded to whole dollars.			tement covers period		DRNIA 460
Payments Made				from _	7/1/2023	FOF	RM 400
SEE INSTRUCTIONS ON REVERSE				throug	jh _12/31/2023	Page of	
NAME OF FILER						I.D. NUM	BER
Briones for School Board 2026	,					144717	79
CODES: If one of the following codes accurately	describes the payment, y	ou may e	nter the code.	Otherwise, o	describe the paymen	t.	
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 (explete) LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings an OFC office expens PET petition circu PHO phone banks POL polling and s postage, del PRO professional PRT print ads	d appearance ses lating s urvey resear ivery and me	ch	RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaried two or cable airtime and procandidate travel, lodging, a staff/spouse travel, lodging transfer between committed voter registration information technology cost	s oduction costs and meals g, and meals ees of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBE		CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
El Monte Council PTA		cvc					\$200.00
* Payments that are contributions or independent expenditures n	nust also be summarized on Scho	edule D.				SUBTOTAL	\$ 200.00
							10011 10010

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

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TSF transfer between committees of the same candidate/sponsor

WEB information technology costs (internet, e-mail)

VOT voter registration

			SCHEDUL
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from 7/1/2023	CALIFORNIA 460
		through	Page 11 of 14
SEE INSTRUCTIONS ON REVERSE			1.D. NUMBER
NAME OF FILER			I.D. NUMBER
Briones for School Board 2026			1447179
CODES: If one of the following codes accurately des	cribes the payment, you may enter the coo	de. Otherwise, describe the payme	nt.
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	on costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salarie	S
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and pr	
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging,	
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging	g, and meals

POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

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
Payments that are contributions or independent expenditures must also be ummarized on Schedule D.	SUBTOTALS	<u> </u>	\$ 0	<u> </u> \$ 0	\$ 0

Schedule F Summar	Summarv
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LEG

legal defense

campaign literature and mailings

independent expenditure supporting/opposing others (explain)*

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

	accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED IDIALS \$
2.	Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	PAID TOTALS \$
3.	Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$
		May be a negative number FPPC Form 460 (Jan/2016))
		FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 7/1/2023	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through	Page 12 of 14
NAME OF FILER			I.D. NUMBER
Briones for School Board 2026			1447179
NAME OF AGENT OR INDEPENDENT CONTRACTOR CODES: If one of the following codes accurately describes	s the payment, you may enter the code.	Otherwise, describe the payment.	
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	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the candidate travel, lodging, and staff/spouse travel, lodging, a	action costs meals nd meals of the same candidate/sponsor

^{*} 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	DR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	-			
Attach additional information on appropriately labeled continuation sheets.			TOTA	L* \$ 0

* 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.

SCHEDULE H

Schedule H Loans Made to Others*	to whole dollars.				CALIFORNIA 460 FORM			
SEE INSTRUCTIONS ON REVERSE					through12/31/20	023	Page 13	of 14
NAME OF FILER					,		I.D. NUMBER	
Briones for School Board 2026							1447179	
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 FORGIVENES THIS PERIOD	S BALANCE AI	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$	s	PAID S FORGIVEN S	\$	% RATE	\$	\$PER ELECTION**
-		\$	\$	PAID S FORGIVEN \$	\$	% RATE	\$DATE INCURRED	CALENDAR YEAR S PER ELECTION**
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		
Schedule H Summary 1. Loans made this period	s of less than \$100.) nents of less than \$100.) 2 from Line 1.)				\$ 0 NET \$ 0	(Enter (e) on Schedule I, Line 3)	-	**If Required
-					(May	, se a negauve number)		

Schedule I		Amounts may be rounded to whole dollars.		Statement cov	SCHEDULE		
Miscellaneo	us Increases to Cash	to whole dollars.	f	Statement covers period from 7/1/2023		california 460	
			,	hrough12/31/20	23	Page of	
SEE INSTRUCTIONS NAME OF FILER	ON REVERSE					I.D. NUMBER	
Briones for Scho	ool Board 2026					1447179	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIF	TION OF RECEIPT		AMOUNT OF	
						-	
	•						
Attach addition	nal information on appropriately labeled continuation sheets.			=:	SUBTOTAL \$	0	
Schedule I S	ummary		·	0			
	eases to cash this period						
2. Unitemized in	creases to cash of under \$100 this period			\$_ 0 _			
3. Total of all inte	erest received this period on loans made to others. (Sch	edule H, Column (e).)		\$_0			
4. Total miscella	neous increases to cash this period. (Add Lines 1, 2, an	d 3. Enter here and on th	he	готаL \$0		FPPC Form 460 (Jan/2016))	
)				PPC Advice: advice	(1417/2016) (1417/2016) egfppc.ca.gov@fppc.ca.gov@fppc.ca.gov@fppc.ca.gov	