

**Recipient Committee  
Campaign Statement  
Cover Page**

**AMENDMENT**

ATM  
Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
JUL 17 PM 2:18  
CAMPAIGN FINANCE  
DISCLOSURE SECTION

405  
5722 COVER PAGE  
CALIFORNIA FORM 460  
Page 1 of 3  
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018387  
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Statement covers period  
from 1-1-2022  
through 6-30-2022

Date of election if applicable:  
(Month, Day, Year) 2023

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 1358636

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee to Re-Elect Terrence Williams for School Board

STREET ADDRESS AND PO BOX  
CITY STATE ZIP CODE AREA CODE/PHONE  
Monrovia CA 91016 626-266-6758

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
CITY STATE ZIP CODE AREA CODE/PHONE  
OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Terrence G. Williams  
M  
CITY STATE ZIP CODE AREA CODE/PHONE  
Monrovia CA 91016 626-266-6758  
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 certify under penalty of perjury under the laws of the State of California that the for

ad schedules is true and complete. I

Executed on 7-17-2023 By \_\_\_\_\_  
Date  
Executed on 7-17-2023 By \_\_\_\_\_  
Date  
Executed on \_\_\_\_\_ By \_\_\_\_\_  
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent  
Executed on \_\_\_\_\_ By \_\_\_\_\_  
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period from <u>1-1-2022</u> through <u>6-30-2022</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>2</u> of <u>3</u>
I.D. NUMBER <u>1352636</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO RE-ELECT TERENCE WILLIAMS FOR SCHOOL BOARD

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
<u>3-15-2022</u>	<u>SEBASTIAN JIMENEZ MONROVIA City Council #1443183</u>	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		<u>\$150<sup>00</sup></u>		
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<u>3-15-2022</u>	<u>BECKY SHEVLIN for Mayor of Monrovia #1445429</u>	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		<u>\$150<sup>00</sup></u>		
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<u>3-15-2022</u>	<u>LARRY SPICER MONROVIA City Council #1440221</u>	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		<u>\$220<sup>00</sup></u>		
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL \$</b>				<u>520<sup>00</sup></u>		

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 520<sup>00</sup>
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0<sup>00</sup>
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... TOTAL... \$ 520<sup>00</sup>

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>1-1-2022</u> through <u>6-30-2022</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>3</u>	I.D. NUMBER <u>1358636</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

COMMITTEE TO REELECT TENANCE WILLIAMS FOR SCHOOL BOARD

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>SERBIA TIMENEZ Monrovia City Council # 1443183 Monrovia, CA 91016</u>	<u>CTB</u>		<u>\$150<sup>00</sup></u>
<u>BECKUS STEULIN for Mayor of Monrovia # 14452429 Monrovia CA 91016</u>	<u>CTB</u>		<u>\$150<sup>00</sup></u>
<u>LARA SOKSEL for City Council of Monrovia # 1440221 Monrovia CA 91016</u>	<u>CTB</u>		<u>\$220<sup>00</sup></u>

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

**SUBTOTAL \$** 520<sup>00</sup>

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	<u>520<sup>00</sup></u>
2. Unitemized payments made this period of under \$100.....	\$	<u>0</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$	<u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$</b>	<u>520<sup>00</sup></u>