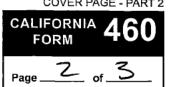
Recipienฮ committee Campaign Statement Cover Page		RECEIVE ANGELE	ED -BY GE OF	COVER PAGE LIFORNIA 460
from	123 - (Month, I	Day, Year) 2023 AUG 29	PM 12: 15	For Official Use Only
SEE INSTRUCTIONS ON REVERSE through	30/23	CAMPAIGN	ESECTION	
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, 4 Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Primarily Formed Candidate Committee Sponsored Also Complete Part 6) Primarily Formed Candidate Committee Officeholder Committee (Also Complete Part 7)	Illot Measure Preel Semi (Also Amer	Statement: dection Statement -annual Statement ination Statement file a Form 410 Termination) ndment (Explain below)	☐ Quarterly St☐ Special Odd	atement I-Year Report
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	CODE/PHONE NAME OF AS MAILING ADI	REASURER 110 Barajas DRESS SISTANT TREASURER, IF ANY	STATE ZIP CODE	AREA CODE/PHONE SUZ (19433 AREA CODE/PHONE
I have used all reasonable diligence in preparing and reviewing this statement a certify under penalty of perjury under the laws of the State of California that the Executed on 8/29/3 Executed on Date Executed on Date	Signature of Controlling O	asurer	nsible Officer of Sponsor	is true and complete. I
Date	Signature of Controlling O	micenoider, Candidate, State Measure Pror	ponent	

Recipient Committee Campaign Statement Cover Page — Part 2



5. Officeholder or Candidate Controlled Committee				Primarily Formed Ballo					
NAME OF	OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
Nata	ha Bacaias - school	Board member							
OFFICE SC	UGHT OR HELD (INCLUDE LOCATION AN	D DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT		
CAUM	I labotter & Chaldisla	ct School board memb	er				OPPOSE		
	IAL/BUSINESS ADDRESS (NO. AND STRE		•	'		-			
	,	•		Identify the controlling office	holder, candi	date, or state measure	proponent, if any.		
whitter ca 90005				NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT					
Dalatad	Committees Not Included in th	is Statement: 1/11							
not includ	ed in this statement that are controlled by	you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRIC	T NO. IF ANY		
contributio	ons or make expenditures on behalf of yo	ur candidacy.							
COMMITTE	E NAME	I.D. NUMBER							
			7.	Primarily Formed Cand	lidate/Offic	eholder Committe	e List names of		
NAME OF	REASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s)	for which this	committee is primarily f	formed.		
COMMITTE	E ADDRESS STREET ADDRESS (N	YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR I			
COMMITTE	E ADDRESS STREET ADDRESS (F	NO P.O. BOX)					SUPPORT		
CITY	STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	OPPOSE		
OIII	on the	Zii Oost / Makeosti Holla		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR I	SUPPORT		
		Lip wwwpsp					☐ OPPOSE		
COMMITTE	E NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR I	HELD SUPPORT		
							OPPOSE		
NAME OF	REASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	HELD.		
		☐ YES ☐ NO		THE ST STRIBETORS IN SIX	071111111111111111111111111111111111111		☐ SUPPORT		
COMMITTE	E ADDRESS STREET ADDRESS (N	NO P.O. BOX)					OPPOSE		
CITY	STATE	ZIP CODE AREA CODE/PHONE		Atta	ch continuati	on sheets if necessary			

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 111 2023 CALIFORNIA 460 FORM 460

through 10130|2023 Page 3 of 3

I.D. NUMBER 1408(004)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1408604 2018 Baraias For School Board Column A Column B **Calendar Year Summary for Candidates Contributions Received** TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE General Elections 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 20. Contributions SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made TOTAL CONTRIBUTIONS RECEIVED.......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made...... Schedule E. Line 4 **Candidates** 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made* 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) **Current Cash Statement** 2300 To calculate Column B. 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 15. Cash Payments Column A, Line 8 above amounts in Column A may

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).

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