			0218	9/29	GLS COVER PAGE
Ca Co	cipient Committee mpaign Statement over Page vernment Code Sections 84200-84216.5)		Date Sta	Υ 1	FORM 460
(00.		Statement covers period from01/01/2022	Date of election if applicable AGELES CO (Month, Day, Year)		age1 of7
SEE	INSTRUCTIONS ON REVERSE	through09/24/2022	11/08/2022 CAMPAIGN FIN		0/2/6/
	 State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee 	rimarily Formed Ballot Measure committee Controlled Sponsored Soc Complete Part 6) rimarily Formed Candidate/ Officeholder Committee Sto Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Quarterly Special C	Statement Odd-Year Report ental Preelection It - Attach Form 495
	Committee information	NUMBER 1454051 ct 2022	Treasurer(s) NAME OF TREASURER Deborah Pacheco		
	STREET ADDRESS (NO P.O. BOX)		MAILING ADDRESS CITY STA		AREA CODE/PHONE
	CITY STATE ZIP CO Whittier CA 9060 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	5 (562)758-0918	Whittier CANAME OF ASSISTANT TREASURER, IF ANY Yolanda Miranda MAILING ADDRESS	A 90605	(562)758-091
	728 W. Edna Place CITY STATE ZIP CO Covina CA 9172 OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE	728 W. Edna Place CITY STA		AREA CODE/PHONE (626) 915-763
	garymendez@aol.com Verification		OPTIONAL: FAX / E-MAIL ADDRESS		
	have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California			ched schedules is	strue and complete. I certify
	Executed on	Ву		Rear of Spanear	- -
	Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	fficer of Sponsor	-
	Executed on	Ву		<u> </u>	_

Recipient Committee Campaign Statement Cover Page — Part 2

	COVERP	AGE-PART2
CALIF	FORNIA DRM	460
Page _	2 (of

Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballot	Measure Co	ommittee		-	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
Gary Mendez								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION			SUPPORT	
Whittier Union High School District Distric	t 5						OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Identify the controlling officeholder, candidate, or state measure proponent, if a								
. Wh	ittier CA 90605		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROP	PONENT			
Related Committees Not Included in this Sta not included in this statement that are controlled by you contributions or make expenditures on behalf of your care	or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	F ANY	
COMMITTEE NAME	I.D. NUMBER							
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)					
	YES NO							
COMMITTEE ADDRESS (NO P.O. BO)X)		NAME OF OFFICEHOLDER OR CA	ANDIDATE C	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE	
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGI	UT OR UELD	 	
			NAME OF OFFICEHOLDER OR CA	NDIDATE 1	OFFICE SOUGI	HT OK HELD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE (OFFICE SOUG	HT OR HELD	SUPPORT	
	YES NO						OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	JX)							
CITY STATE ZIP C	ODE AREA CODE/PHONE		Attach	continuation	sheets if ne	ecessary		

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM

Statement covers period

from _

01/01/2022

Current Cash Statement 12. Beginning Cash Balance	SEE INSTRUCTIONS ON REVERSE				through	09/24/2022	Page of	
Column A Column A Column A Column A Column A Column B Col	NAME OF FILER						I.D. NUMBER	
Monetary Contributions Schedule A, Line 3 1,000.00 \$ 1,000.00	Mendez for Whittier Union High School District 2022		<u> </u>			<u> </u>	1454051	
1. Monetary Contributions	Contributions Received	TOTAL THIS PERIOD			CALENDAR YEAR	Running in Both the State Primary and		
2. Loans Received	1. Monetary Contributions Schedule A, Line 3	\$	1,000.00	\$	1,000.00		27/1 to Date	
\$ Schedule C, Line 3	2. Loans Received Schedule B, Line 3		4,000.00		4,000.00	1	liough 6/30 // to Date	
4. Nonmonetary Contributions Schedule C, Line 3 0.00 0.00 \$ 5,000.00 \$ 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ 5,000.00 \$ 5,000.00 \$ \$ 5,000.00 \$ \$ \$ 5,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	5,000.00	\$	5,000.00		\$	
Expenditures Made 6. Payments Made 7. Loans Made 8. Submoth Lines 3	4. Nonmonetary Contributions		0.00		0.00	21 Evpenditures		
6. Payments Made	5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	5,000.00	\$	5,000.00	Made \$	\$	
6. Payments Made	Expenditures Made					Expenditure Limit	Summary for State	
8. SUBTOTAL CASH PAYMENTS	6. Payments MadeSchedule E, Line 4	. \$ -	1,870.00	\$-	1,870.00			
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ 1,870.00 \$ 1,870.00 \$ 30	7. Loans Made Schedule H, Line 3		0.00		0.00	22 Cumulativ	o Evnandituras Mada*	
10. Nonmonetary Adjustment	8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	1,870.00	\$	1,870.00			
11. TOTAL EXPENDITURES MADE	9. Accrued Expenses (Unpaid Bills)		300.00		300.00		Total to Date	
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 0.00 13. Cash Receipts Column A, Line 3 above 5,000.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 0.00 15. Cash Payments Column A, Line 8 above 11,870.00 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 3,130.00 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00 18. Cash Equivalents and Outstanding Debts 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 4,300.00 Add Line 2 + Line 9 in Column B above \$ 4,300.00 Add Line 2 + Line 9 in Column B above \$ 4,300.00 Add Line 2 + Line 9 in Column B above \$ 4,300.00 Add Line 2 + Line 9 in Column B above \$ 4,300.00	10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)		
12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 0.00 13. Cash Receipts	11. TOTAL EXPENDITURES MADE	\$	2,170.00	\$	2,170.00		_ \$	
13. Cash Receipts	Current Cash Statement						_	
13. Cash Receipts	12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0.00	То	calculate Column B, add			
14. Miscellaneous Increases to Cash	13. Cash Receipts Column A, Line 3 above		5,000.00	am	ounts in Column A to the			
15. Cash Payments Column A, Line 8 above 1, 575.00 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 3, 130.00 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00 18. Cash Equivalents and Outstanding Debts 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 4,300.00 19. Outstanding Debts \$ 4,300.00 19. Outstanding Debts FPPC Form 460 (Jan	14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last		nay be different from amounts	
16. ENDING CASH BALANCE	15. Cash Payments Column A, Line 8 above		1,870.00			! `		
If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED	16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	3,130.00	fig	ures that should be			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 4,300.00 FPPC Form 460 (Jan	If this is a termination statement, Line 16 must be zero.			ре	riod amounts. If this is			
18. Cash Equivalents	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	this calendar year, only			
18. Cash Equivalents	•							
FPPC Form 460 (Jan	18. Cash Equivalents See instructions on reverse	\$	0.00			*		
,	19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	4,300.00					
				ı			FPPC Form 460 (Jan/20	

, .								
Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cov	-	CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through _09/24/2	022	Page4	of	
NAME OF FILER						I.D. NUMBER	R	
Mendez for	Whittier Union High School District 2022					1454051		
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	PER ELECTION TO DATE (IF REQUIRED)	
09/12/2022	Flewelling & Moody, Inc. Los Angeles, CA 90041	□IND □COM 図OTH □PTY □SCC		1,000.00	1,	000.00 G202	2 \$1,000.0	
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	1,000.00				
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	1,000.00	IND- COM	tributor Codes - Individual 1 - Recipient Co (other than	ommittee PTY or SCC)	
2. Amount re	eceived this period – unitemized monetary contributions	s of less than \$	\$100 \$	0.00	OTH	- Other (e.g.,	business entity)	

3. Total monetary contributions received this period.

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

SCC - Small Contributor Committee

PTY - Political Party

1,000.00

Schedule B – Part 1	Amo	ounts may be ro	ounded	Statement cov	ers period	CALIFORNIA 460			
Loans Received		to whole dollar	s.		from01/0	1/2022	FORM 400		
				ĺ					
SEE INSTRUCTIONS ON REVERSE					through09/2	4/2022	Page5	of	
NAME OF FILER							I.D. NUMBER		
Mendez for Whittier Union High School	District 2022						1454051		
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 PAI OR FORGIVE THIS PERIO	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Hannibal Aguilar	Driver UPS			PAID				CALENDAR YEAR	
Pasadena, CA 91106	025			\$0_0	0 \$ _2,500.00	0_0% RATE	\$_2,500_00	\$2,500_00 PERELECTION**	
¹⊠ IND □ COM □ OTH □ PTY □ SCC		\$0_00	\$_2,500.00	\$0.0	DATE DUE	\$0.00	09/24/2022 DATE INCURRED	\$ G2022 2,500.00	
Gary Mendez	Teacher Tai Crane Karate Dojo			PAID				CALENDAR YEAR	
Whittier, CA 90605 This is a loan				\$O_O FORGIVEN	\$ _1,500.00	-0.00% RATE	\$ 1,500.00	\$1,500_00 PERELECTION **	
T⊠ IND □ COM □ OTH □ PTY □ SCC		\$0_0	\$_1,500_00	\$0_0	DATE DUE	\$0.00	09/20/2022 DATE INCURRED	\$G2022 1,500.00	
				☐ PAID				CALENDAR YEAR	
				\$ FORGIVEN	_ \$	RATE	\$	\$ PER ELECTION ***	
† IND COM OTH PTY SCC		\$	s	\$	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS \$	4,000.00	0.	00\$ 4,000.00	\$ 0.00			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)			
Loans received this period (Total Column (b) plus unitemized loan				\$	4,000.00		Contributor Codes		
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that) paid or forgiven.)			\$	0.00	0	D – Individual OM – Recipient Co (other than I I'H – Other (e.g., IY – Political Party	PTY or SCC) business entity)	
Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.)y Page, Column A, Line 2.			NET \$ _	4,000.00 (May be a negative number)		CC - Small Contrib		

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

** If required.

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

. •										SCHEDULE
Schedule E Payments Made	Amounts may to whole		d		8	tateme	nt covers p		CALIFO FOR	RNIA 160
	to whole	dollars.			fro	m	01/01/202	22		
SEE INSTRUCTIONS ON REVERSE					thr	ough _	09/24/202	22	Page6	of
NAME OF FILER									I.D. NUME	BER
Mendez for Whittier Union High School District 2022									1454051	<u>. </u>
CODES: If one of the following codes accurately describes	the payment, y	ou may e	nter the	code. O	therwise,	describ	e the payr	ment.		
campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member cor MTG meetings at OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	nd appearar nses ulating s survey rese elivery and r	earch nessenger		RFD SAL TEL TRC TRS TSF	returne campa t.v. or candid staff/sp transfe voter r	ed contribution ign workers' cable airtime ate travel, loo couse travel, or between coegistration	salaries and product dging, and m lodging, and	ion costs eals I meals I the same	e candidate/sponsor mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR		DESCRIPTION	N OF PAY	MENT			AMOUNT PAID
Fidel Rodriguez dba Alternative Source LA		LIT		-	-	-				1,752.0
Monterey Park, CA 91754										
									_	
Payments that are contributions or independent expenditures m	ust also be sumn	narized on	Schedul	e D.				SUBT	OTAL\$	1,752.0
Schedule E Summary										
1. Itemized payments made this period. (Include all Schedule I	E subtotals.)								\$	1,752.00
2. Unitemized payments made this period of under \$100									\$	118.00
3. Total interest paid this period on loans. (Enter amount from	Schedule B. Part	1. Colum	n (e).)						\$	0.00

			•				
Schedule F Accrued Expenses (Unpaid Bills)			Amounts may be rounded		Statement covers period	CALIFORNIA FORM	460
			to whole dollars.	fro	m01/01/2022	- FURIVI	
SEFI	NSTRUCTIONS ON REVERSE			thr	ough09/24/2022	Page7	of7
	OF FILER					I.D. NUMBER	
Men	dez for Whittier Union High School District 2022					1454051	
CO	DES: If one of the following codes accurately describ	es the	payment, you may enter the code. O	Otherwis	e, describe the payment.		
CMP		MBR			radio airtime and production c	osts	
CNS		MTG		RFD	returned contributions		
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries	-t't-	
CVC		PET	petition circulating	TEL.	t.v. or cable airtime and produ		
FIL FND	candidate filing/ballot fees fundraising events	PHO POL	phone banks polling and survey research	TRC TRS	candidate travel, lodging, and staff/spouse travel, lodging, as		
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees		lato/enoneor
LEG	legal defense	PRO		VOT	voter registration	or the same candio	atersportsor
ш	campaign literature and mailings	PRT	print ads		information technology costs (internet, e-mail)	

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. 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
Yolanda Miranda & Assoc.	PRO	0.00	300.00	0.00	300-00
Covina, CA 91722		·			
* Payments that are contributions or independent expenditures must also be	SUBTOTALS \$	0.00	300.00	0.00\$	

Schedule F Summary

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.)	300.00
	 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.)	0.00
	8. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	300.00 May be a negative number