2

LOS ANSELES COUNTY 2023 JAN II AMII: 42 CAMPAIGN FINANCE

C	Recipient Committee Campaign Statement Cover Page						,	Det	e Stamp		F	FORNIA 46	
					ement covers period 23/2022	_	Date of election if applicable: (Month, Day, Year)				Page .	or Official Use Only	┧
88	E INSTRUCTIONS ON REVERSE	_		through .	12/31/2022	_	November 8, 2022						
1.	Type of Recipient Committee:  Officeholder, Cendidate Controlled Cookie State Candidate Election Committee (Kin Complet Parts)  General Purpose Committee Spensoned Small Contributor Committee Political Party/Central Committee	onunittee lee	Proceedings of the control of the co	rimarily Formative Controlled Sponsore Complete Part	med Ballot Messure d g med Candidate/ Committee	,	2. Type of Statement:  Proclection Statement Semi-ennual Statement Termination Statement (Also file a Form 410 Ti Amendment (Explain be	ermination)	-	Quart	erly State	ement eer Report	_
3.	Committee Information COMMITTEE NAME (OR CANDIDATES NAME Glendora Forward	IF NO COM	144	NUMBER 40375			Treasurer(s)  NAME OF TREASURER  MAJOO A. VIIIa  MAJUNG ADDRESS						_ _
	STREET ADDRESS (NO P.O. BOX)						Glendora		CA	ZIP COI 91741		AREA CODE/PHOI 626-224-2614	Æ
	CITY	STATE	ZIP COO	Æ	AREA CODE/PHONE		NAME OF ASSISTANT TREASUR	ER, IFANY					_
	Glendora MAILING ADDRESS (IF DIFFERENT) NO. AND	GA STREET ON	91741 P.O. BOX		626-224-2614		NAILING ADDRESS						_
	CITY Glendora	STATE	ZIP COD 91740	Œ	AREA CODE/PHONE		ату		STATE	ZIP CO	DE	AREA CODE/PHO	NE
	OPTIONAL: FAX/E-MAILADDRESS	- Un	81140				OPTIONAL: FAX/E-MAIL ADDRI	ESS					_
4.	Verification I have used all reasonable diligence in pre- certify under penalty of perjury under the I			•			ied	herein and in	the etter	ched sche	edules is	true and complete. I	_
	Executed on		_					Treasurer			_		
	Date Evented on				B			oponent or Respon		r of Sporaer			
	Executed on Date				Бу	Sign	sture of Controlling Officeholder, Candidate, S	State Messure Pro	ponort				
	Executed on Data		_		Ву	Sign	eture of Controlling Officeholder, Ceredidate, S	State Message Pto	ponent		_		

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## Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460

Page 2 of 17

5.	Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	Messure C	Committee			
	NAME OF OFFICEHOLDER OR CANDIDATE N/A			NAME OF BALLOT MEASURE N/A			\		
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N			
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling office	older, candid	late, or state	ponent, if any.		
•				NAME OF OFFICEHOLDER, CAN	DIDATE, OR P	ROPONENT			
	Related Committees Not included in this State not included in this statement that are controlled by you or contributions or make expanditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	.IFANY	
	COMMITTEE NAME N/A	I.D. NUMBER							
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candi officeholder(s) or candidate(s)	date/Office for which this	committee is	ist names of ed.		
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B			NAME OF OFFICEHOLDER OR O	ANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT DPPOSE	
	CITY STATE ZIP CO			NAME OF OFFICEHOLDER OR O	ANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE	
	COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR O	ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	
	NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE	
	CITY STATE ZIP CO			Attac	ch continuatio	n sheets if n	ecessary		

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Campaign Disclosure Statement	Amounts may be rounded to whole dellars.						SUMMARY PAGE
Summary Page	to whose dominar.				ment covers pe 23/2022	ried	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Marco A. Villa				through.	12/31/2022		Page 3 of 17 LD. NUMBER 1440375
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column CALENDARY TOTAL TO D	TEAR		Both th	nmary for Candidates e State Primary and
1. Monetary Contributions	\$ 455.00 0 \$ 455.00 0 \$ 455.00	\$ \$ \$	3,642.06 0 3.642.06 0 3.642.06		20. Contribution Received 21. Expenditure Made	1/1 tons \$ 2,7	7/1 to Date  85 \$ 847.06  8.35 \$ 2.949.60
Expenditures Made  6. Payments Made Schodule E, Line 4  7. Loans Made Schedule H, Line 3  8. SUBTOTAL CASH PAYMENTS Add Lines 6+7  9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3  10. Nonmonetary Adjustment Schedule C, Line 3  11. TOTAL EXPENDITURES MADE Add Lines 8+9+10	\$\frac{1.262.30}{0}\$ \$\frac{1.262.30}{0}\$ 0 \$\frac{0}{1.262.30}\$ \$\frac{0}{1.262.30}\$	\$ \$	3.305.95 0 3.305.95 0 0 3.305.95		Candidates	Cumulati (# Subject to lection	Summary for State  We Expenditures Mede* Whitery Expenditure Limit  Total to Date  \$ 3.305.95
Current Cash Statement  12. Beginning Cash Balance	s <u>0</u>	ed At em of en be shi pre thi file on	calculate Colum d emounts in Co to the correspon nums from Col your lest report nounts in Colum negative figure outs be subtrace vious period as is the first rep d for this calem the carry over the m Lines 2, 7, as y).	olumn nding humn B . Some nn A may s that that from mounts. If ort being dar year, e emounts	*Amounts in the reported in Col		may be different from smounts
19. Outstanding Debts Add tine 2+ Line 9 in Column Bebove	•	ĺ			FPPC A	dvice: ad	FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule Monetary	A Contributions Received	Anious	its may be rounded whole dellars.	Statement con from 10/23/202	2	CALIFORNIA 460	
NAME OF FILER Marco Villa	ONS ON REVERSE			through 12/31/2	022	Page LD. NU 14403	JMBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (F COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (F SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE 1 CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
11/17/22	Marco Villa Glendora CA 91741	☑IND □COM □OTH □PTY □SCC	Business Operations Manager Caltech/JPL	280	880		880
11/30/22	Ain Rachel Glendora, CA 91741	ØIND □COM □OTH □PTY □SCC	Real Estate Broker/Owner Harmony Home Inc	150	150		150
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL (	430		5. a	
Amount re (Include al	A Summary  ceived this period – itemized monetary contribution  I Schedule A subtotals.)  ceived this period – unitemized monetary contribution		•		OTI PT	(other H Other ( Y Politics	al lent Committee than PTY or SCC) (e.g., business entity) d Party
3. Total mone	etary contributions received this period. 1 and 2. Enter here and on the Summary Page, C			5		FPP	Contributor Committee CForm 460 (Jan/2016)) .ca_gov (856/275-3772) www.fppc.ca_gov

Schedule A Monetary C	Schedule A (Continuation Sheet) Monetary Contributions Received  NAME OF FILER  Marco A. Villa		be rounded lollars.	Statement confrom 10/23/2022 through 12/31/2	2	SCHEDULE A (CONT.) FORNIA 460  5 of 17  JABBER	
Marco A. Villa  DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO EVIEN LD. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF EUSPRESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDARY (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)
(P-COMMITTEE, ALSO ENTER LL. NUMBER)		☐IND ☐COM ☐OTH ☐PTY ☐SCC	·	renou	(John 1-Jaco	,	(in indicates)
		□IND □COM □OTH □PTY □SCC					
		IND   COM   OTH   PTY   SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	\$			小一种海影片

\*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

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	Am	ounts may be ros	writed				SCHET	ULE B - PART 1
Schedule B - Part 1		to whole dollars		-	Statement cov	-	CALIFORN	<sup>1A</sup> 460
Loans Received				1	from 10/23/202	2	FORM	400
SEE INSTRUCTIONS ON REVERSE					through 12/31/2	2022		of <u>17</u>
NAME OF FILER			-				I.D. NUMBER	
Marco A. Villa							1440375	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (F COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (F SELFEMPLOYED, ENTER	OUTSTANDING BALANCE BEGINNING THIS	(A) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIO	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
	NAME OF BUSINESS)	PERIOD		PAID	PERIOD			CALENDAR YEAR
				5	_		s	s
				FORGIVEN		RATE	,	PER ELECTION <sup>29</sup>
† IND COM OTH PTY SCC		s	\$	\$	DATE DUE	s	DATE INCURRED	\$
				I PAID				CALENDAR YEAR
				s	-   \$	5	s	\$
				☐ FORGIVEN		RATE		PER ELECTION <sup>69</sup>
†□INTO □COM □OTH □PTY □SCC		s	<b>s</b>	\$	DATEDUE	\$	DATE INCURRED	\$
		,		PAID				CALENDARYEAR
		1		\$	-   5		\$	<b>\$</b>
				☐ FORGIVEN		RATE		PER ELECTION <sup>68</sup>
TO IND COM COTH CPTY CSCC		\$	<b>\$</b>	s	DATE DUE	s	DATE DICURRED	<b>\$</b>
	S	UBTOTALS \$	0 ;	0	<b>\$</b> 0	<b>\$</b> 0		机场系统
0.1.1.1.D.0						(Enter (a) on School	tule E, Line 3)	
Schedule B Summary				. 0				
<ol> <li>Loans received this period</li></ol>			***************************************	\$				
Loans paid or forgiven this period				s <u>0</u>			Contributor Codes	}
(Total Column (c) plus loans under \$10	0 paid or forgiven.)						(D Individual OM Recipient C	edimic
(include loans paid by a third party that	t are also itemized on Sche	dule A.)		0		. ا		PTY or SCC)
<ol> <li>Net change this period. (Subtract Line Enter the net here and on the Summary</li> </ol>	y Page, Column A, Line 2.	*****************************	***************************************	.NE1 \$		P	MH — Other (e.g., l TY — Political Part CC — Small Contri	y

\*Amounts forgiven or pald by another party also must be reported on Schedule A. \*\* If required.

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Schedule B — Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.			ment covers period /23/2022		
SEE INSTRUCTIONS ON REVERSE				through	12/31/2022	Page 7	of .17
NAME OF FILER						LD. NUMBE 1440375	R
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND □COM		LENDER			CALENDAR YEAR	
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
	□iND		LEXCER			CALENDAR YEAR	
	□СОМ □ОТН □РТҮ		DATE			PER ELECTION (IF REQUIRED)	
	□scc					1	
	□IND		LENDER			S	
	□отн □РТҮ		DATE			PER ELECTION (IF REQUIRED)	
	□scc		LEXIDER		<u> </u>	CALENDAR YEAR	<del> </del>
	☐ IND					1	
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
	.1		SUB	TOTAL	<b>\$</b> 0	Enter on Summery Page,	

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Schedule	C		Amounts may be rounded						SCHEDULE C
Nonmone	etary Contributions Received		to whole dollars.		fron	10/23/2022	period	CALIFO FOR	RNIA 460
SEE INSTRUCTION	ONS ON REVERSE				tiet	12/31/2022	<u>!</u>	Page 8	cf
NAME OF FILER					<b>'</b>			1.D. NUME 144037	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (F COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (F SELFEMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE IR YEAR	PER ELECTION TO DATE (IF REQUIRED)
·		□IND □COM □OTH □PTY □SCC							
		OTH SCC							
		IND   COM   OTH   PTY   SCC							
		□IND □COM □OTH □PTY □SCC							
Attach additi	ional information on appropriately labeled	continuation	sheets.	SUBT	OTAL S	<b>5</b> 0	z. , ¥	,	P
Amount re (include al	C Summary ceived this period – itemized nonmonetal	***************************************			\$		CON	(other th	nt Committee an PTY or SCC) g., business entity)
3. Total nonn	eceived this period — uniternized nonmone monetary contributions received this period s 1 and 2. Enter here and on the Summar	đ.				)			entry Intributor Committee

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Supportii	y of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be re to whole delian		Statement cover from 10/23/2022	<u> </u>	CALIFORNIA 460		
SEE INSTRUCTI NAME OF FILER Marco Villa	IONS ON REVERSE			through 12/31/20	22	Page 9 I.D. NUME 144037		
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 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		Monetary Contribution						
		Normonetary Contribution		-				
	☐ Support ☐ Oppose	Independent Expenditure				l		
	El colput El coloss	Monetary			<del> </del>	-		
		Contribution  Nonmonetary				İ		
		Contribution Independent						
	☐ Support ☐ Oppose	Expenditure						
		Monetary Contribution		1				
		Nonmonetary Contribution						
		- Independent			1			
	Support Dppose	Expenditure			192 2	14. 17.		
			SUBTOTAL	L \$ 0				
Schedule	D Summary							
	contributions and independent expenditures made							
2. Unitemize	d contributions and independent expanditures m	ade this period of unde	er \$100			\$ 0		

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Summary Supportir	ation Sheet) y of Expenditures ng/Opposing Other es, Measures and o	<i>r</i> Committees	Amounts may be a to whole dollar		Statement covers from 10/23/2022 through 12/31/202		FORM		
DATE	NAME OF CANDIDATE, OF MEASURE NUMBER OR LET OR COM	TTER AND JURISDICTION,	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDA (JAN.1-D	E TO DATE IR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
-	Support Support	☐ Oppose ☐ Oppose ☐ Oppose	Monetary Contribution  Nonmonstary Contribution  Independent Expenditure  Monetary Contribution  Independent Expenditure  Monetary Contribution  Independent Expenditure  Monetary Contribution  Independent Expenditure  Monetary Contribution  Contribution  Independent Expenditure  Monetary Contribution  Independent Expenditure  Independent Expenditure  Expenditure						
<del></del>		and the state of t	<u> </u>	SUBTOTAL	\$ 0	\$41 .c.		and the second second	

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Schedule E	Amounts may b	a emmedad		SCHEDULE (					
Payments Made	to whole do			Statement covers period	CALIF	ORNIA 460			
i dymonia mado				from 10/23/2022		RM TOU			
SEE INSTRUCTIONS ON REVERSE				through 12/31/2022	Page _				
NAME OF FILER Marco Villa					1.0. NUX				
1920CO VIIIQ					14403				
CODES: If one of the following codes accurately described  CMP campaign parapherralis/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  civic donations  candidate filing/beflot fees  FIL represents  IND large and described filing/beflot fees  IND candidate filing/beflot fees  IND candidate filing/beflot fees  LEG legal defense  LEG campaign literature and mailings	s the payment, yr MBR member com MTG meetings and OFC office expens PET petition circuit PHO phone banks POL postage, deliv PRO professional s PRT print ads	munications I appearances es ating urvey research very and mess	n Senger servloss	wise, describe the payment.  RAD radio altime and production of RFD returned contributions  SAL campetin worklors' sataries  TRC candidate travel, lodging, and  TRS staff/spouse travel, lodging, and  TSF transfer between committees  VOT with registration  Information technology costs	uction costs I meals and meals of the sam	ne candidate/sponsor			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. MUMBER)		CODE 0	OR DESC	RIPTION OF PAYMENT		AMOUNT PAID			
Meta Platforms, Inc			Facebook Ads in vote	support of candidate and get	out the	331.99			
Menio Park, CA 94025	13								
Robocent			Text campaign in	support of candidate and get	out the	419.02			
Virginia Beach, VA 23454	•		1000			]			
LA County Registrar-Recorder			PAC Late Filing F	-ees		250.00			
Norwalk, CA 90650	8								
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.		sui	BTOTAL	\$ 1,001.01			
Schedule E Summary									
1. Itemized payments made this period. (Include all Schedule	E subtotals.)				\$	1,001.01			
2. Unitemized payments made this period of under \$100					\$_ <sup>2</sup>	261.29			
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Par	B, Part 1, Column (e).)\$							
Total payments made this period. (Add Lines 1, 2, and 3, Enter here and on the Summary Page, Column A, Line 6.)									

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Schedule E Amounts m										SC	CHEDULE E (CONT.)
(C	ontinuation Sheet) yments Made		s may be ro rhole dellar					ement covers 10/23/2022	period	CALIFO FOR	
SEE	INSTRUCTIONS ON REVERSE						throug	h_12/31/202	2	Page_1	2 of 17
	e of filer rco Villa									1.D. NUME 1440375	
CMF CNS CTB CVC FIL FND IND	fundrelsing events	MBR mem MTG meet OFC office PET pettic PHO phon POL polli	ther communitings and ap expenses on circulation to banks og and surve age, delivery assional sen	nications pearances g ey research and mess	ı Lenger serv <del>i</del>	<b>ce</b> s	RAD I	adio airtime an eturned contrib campaign work v. or cable airti candidate trave dati/spouse tra	d production utilions ers' salaries me and prod I, lodging, an wal, lodging, a n committees n	uction costs d meets and meets of the same	o candidato/sponsor mail)
	NAME AND ADDRESS OF PAYER (IF COMMITTEE, ALSO ENTER LD. NUMBER			CODE (	R	DES	CRIPTION	OF PAYMENT			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 cover from 10/23/202	2	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE		through 12/31/2022		Page 13 of 17	
NAME OF FILER					LD. NUMBER 1440375
CODES: If one of the following codes accurately describes CMP campaign paraphematia/misc. CTB contribution (explein nonmonetary)* CVC cVC cVC cVC contribution (explein nonmonetary)* CVC child donations candidate filing/bailot fees FND fundraising events IND independent exponditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearar office expenses PET petition circulating phone banks poiling and survey rese possage, delivery and in professional services (in print ads	ns nces arch nessenger services	RAD radio airtime at RFD returned contril SAL campaign work TEL tv. or cable airtime TRC candidate trave TRS staff/spouse tra	nd production co butions cers' salarles time and product ai, lodging, and n aveal, lodging, and an committees of on	ilon costs neaks I meaks I the same candida <del>ta/</del> sponsor
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 PÉRIOD	(c) AMOUNT P THIS PERI (ALSO REPORT	OD BALANCE AT CLOSE
Peyments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	; 0 4	0 (	0	<b>\$</b> 0
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all Sc accrued expenses of \$100 or more, plus total unitemized at 2. Total accrued expenses paid this period. (Include all Scheduler)	ccrued expenses under \$ tule F. Column (c) subtot	i100.) als for payments on			0
accrued expenses of \$100 or more, plus total unitemized por 3. Net change this period. (Subtract Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.)	-	_			IET \$ 0  May be a negative number (PPPC Form 450 (lan/2015))

SCHEDULE F

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dellars.	Statement cover from 10/23/202 through 12/31/2	2	SCHEDULE F (CONT.)  CALIFORNIA 460  FORM  Page 14 of 17		
NAME OF FILER Marco Villa					I.D. NUMBER 1440375	
CODES: If one of the following codes accurately describes  CMP campaign paraphemalia/misc.  CNS campaign consultants  CTB contribution (explain normonetary)*  CVC dvic donations  FIL candidate flingheliot fees  FND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings  Payments that are contributions or independent expenditures must a	MBR member communication MTG meetings and appears OFC office expenses PET petition droutating PHO phone banks POL poiling and survey rese POS postage, delivery and r PRO professional services (PRT print ads	ns noes earch nessenger services legal, accounting)	Otherwise, describe the payment.  RAD radio airlime and production costs returned contributions SAL tellory campaign workers' salaries TEC TRC TRC TRS staff/spouse travel, lodging, and meals STSF transfer between committees of the same candidate/spons VOT WEB Information technology costs (internet, e-mail)			
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. MUNSER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b)  AMOUNT INCURRED THIS PERIOD	(c) AMCUNT PAI THIS PERIO (ALSO REPORT OF	D BALANCE AT CLOSE	

SUBTOTALS \$ 0

\$0

\$0

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\$0

Schedule G						SCHEDULE G	
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	<b>t</b> Amou	nts may be rounded whole dollars.	[	Statement covers period rom 10/23/2022	CALIFO FOR	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE			,	trough 12/31/2022	Page 15	of	
NAME OF FILER					LD. NUMB	ER	
					1440375	5	
NAME OF AGENT OR INDEPENDENT CONTRACTOR							
CODES: If one of the following codes accurately describe	s the payment,	you may enter the	code. Otherwi	se, describe the paymer	nt		
CMP campalgn paraphermalia/misc. CNS campalgn consultants CTB contribution (explain nonmonetary)* CVC civic donations Fil. candidate filing/ballot fees FND findralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campalgn literature and mailings  * Payments that are contributions or independent expenditures must also be	PRO professions PRT print ads	nd appearances rses usating is survey research silvery and messenger se al services (legal, eccount	RIF SA TE TR TR TR TY TR TR TR TR TR TR TR TR TR TR TR TR TR	L tv. or cable sirtime and pro C candidate travel, lodging, a S staff/spouse travel, lodging	s duction costs and meals , and meals es of the same o	•	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIP	TION OF PAYMENT		AMOUNT PAID	
				·			
Attach additional information on appropriately labeled continue	ation sheets.	<del></del>		- :: ',	TOTAL*	<b>5</b> 0	

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<sup>\*</sup> 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			ury be rounded	Г	Statement cover	rs period	CALIFOR	NIA 460
Loans Made to Others*		to winc	rie dollers.	i	from 10/23/202	2	FORM	···· 400
							1	
SEE INSTRUCTIONS ON REVERSE				1	through 12/31/2	2022	Page 16	_ of 17
NAME OF FILER							LD. NUMBER	
Marco Villa							1440375	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(e) CUTSTANDING	(6)	(c)	OUTSTANDING	(e)	(0	6
OF RECIPIENT	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	AMOUNT LOANED THIS	FORGIVENES	BALANCE AT	INTEREST	ORIGINAL AMOUNT OF	CUMULATIVE LOANS
(IF COMMITTEE, ALSO ENTER LD. NUMBER)	NAME OF BUSINESS)	PERIOD	PERIOD	THIS PERIOD	CLOSE OF THIS	RECEIVED	LOAN	TO DATE
		l	1	□ PAID	1	1	1	CALENDAR YEAR
		i	1		1.	_	١.	
		1		ļ	•	RATE		
				FORGIVEN				PER ELECTION
		\$	s	\$	DATE DUE	\$	DATE INCURRED	s
· · · · · · · · · · · · · · · · · · ·			<del>                                     </del>	<del> </del>	DATE DUE	<del>                                     </del>	DAJE INCURREL	
				□ PAED	1	}		CALENDARYEAR
		ļ	1	s	\$	s	\$	s
		}	}	□ FORGIVEN	1	RATE	1	PER ELECTION
		1.	1.			1.		T CKEECING
			,	S	DATE DUE		DATE INCURRE	s
*Loans that are contributions to another candidate	or committee must						5. * ·	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
elso be summarized on Schedule D. Loans forgive	n must also be	SUBTOTALS	<b>\$</b> 0	\$0	20	50	of a	
reported on Schedule E.		SUBTUIALS	•	•				
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary					_	•	•	
1. Loans made this period					s <sup>0</sup>			
(Total Column (b) plus unitemized loan:	s of less than \$100.)				0			**If Required
2. Payments received on loans					\$			
(Total Column (c) plus unitemized payr	nents of less than \$100.)				NET 40			
<ol><li>Net change this period. (Subtract Line 2 (Enter the net here and on the Summa)</li></ol>				************	NET \$			
(Cites are use tiese sun ou ale 20mis)	raye, Country, Line 7.	,						

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Schedule I Miscellaneous Inci SEE INSTRUCTIONS ON REVER NAME OF FILER Marco Villa		Amounts may be rounded to whole defiant.	Statement covers period from 10/23/2022 through 12/31/2022	CALIFORNIA 460 FORM Page 17 of 17 LD. NUMBER 1440375
DATE RECEIVED	FULL NAME AND ADDRESS OF SOL	····	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	· · · · · · · · · · · · · · · · · · ·	·		
	tion on appropriately labeled continuation	sheets.	SUBTOTA	uL\$ 0
Unitemized increases in the state of all interest records. Total of all interest records.	cash this period  co cash of under \$100 this period  sived this period on loans made to other	ers. (Schedule H, Column (e).)s 1, 2, and 3. Enter here and on the	\$ 0 \$ 0	