Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		LOS ANGELES	ate Stamp	CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period  from07/01/2022  through12/31/2022	Date of election if applicables N 23 P (Month, Day, Year) CAMPAIGN F	M 3: 11 INANCE	Page1 of11 For Official Use Only
<ul> <li>State Candidate Election Committee</li> <li>Recall</li> <li>(Also Complete Part 5)</li> <li>General Purpose Committee</li> <li>Sponsored</li> <li>Small Contributor Committee</li> </ul>	omplete Parts 1, 2, 3, and 4.  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)	Spec	rterly Statement bial Odd-Year Report blemental Preelection ement - Attach Form 495
3. Committee Information	D. NUMBER 1398148	Treasurer(s)  NAME OF TREASURER  DAVID L. GOULD  MAILING ADDRESS  CITY  Norwalk	STATE ZIP CO	
Norwalk CA 906  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I	50 (213)489-4792	NAME OF ASSISTANT TREASURER, IF ANY Ingrid Orellana MAILING ADDRESS		
CITY STATE ZIP CO	ODE AREA CODE/PHONE	CITY	STATE ZIP CO	ODE AREA CODE/PHONE

4. Verification

OPTIONAL: FAX / E-MAIL ADDRESS

I have used all reasonable diligence in preparing and reviewing this statem under penalty of perjury under the laws of the State of California that the for

nd complete. I certify

(213)489-4792

Executed on	01/21/2023	
	Date	
Executed on	01/21/2023	
	Date	
Executed on	1	
Excepted on	Date	
Executed on		
	Date	

(213)489-4818 / DLGOULD@GOULDORELLANA.COM

Зу.	Signature of Controlling Officeholder, Candidate, State Measure Proponent	
٠		

OPTIONAL: FAX / E-MAIL ADDRESS

Norwalk

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

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CA

90650

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2			
CALIFORNIA FORM		4	<b>60</b>
Page	2	of:	11

NAME OF OFFICEHOLDER OR CANDIDATE		N	AME OF BALLOT MEASURE				
JUAN M. BENITEZ							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER IF APPLICABLE)	B	ALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
Board of Education Long Beach Unif	.Sch. District 3						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	Long Beach CA 90802	lo	dentify the controlling of	ficeholder, ca	ndidate, or st	tate measure p	roponent, if any
	nong seach CA 90002	N	AME OF OFFICEHOLDER, CA	NDIDATE, OR PE	OPONENT		
	in this Statement: List any committees offer by you or are primarily formed to receive of for your candidacy.	ō	PFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER	_					
NAME OF TOFACIDED	CONTROLLED COMMITTEE?		Primarily Formed Can				
NAME OF TREASURER	CONTROLLED COMMITTEE?		Primarily Formed Can				
		0		s) for which thi	s committee is		
	YES NO	N	fficeholder(s) or candidate(	s) for which thi	OFFICE SOU	s primarily forme	d. SUPPORT
COMMITTEE ADDRESS STREET ADDRES	YES NO	N N	fficeholder(s) or candidate(	candidate	OFFICE SOU	GHT OR HELD	SUPPORT SUPPORT
COMMITTEE ADDRESS STREET ADDRES	YES NO SS (NO P.O. BOX)  TE ZIP CODE AREA CODE/PHONE	N N	fficeholder(s) or candidate( AME OF OFFICEHOLDER OR  AME OF OFFICEHOLDER OR	candidate  Candidate  Candidate  Candidate	OFFICE SOU	GHT OR HELD  GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS  CITY STAT  COMMITTEE NAME  NAME OF TREASURER	YES NO  SS (NO P.O. BOX)  TE ZIP CODE AREA CODE/PHONE  1.D. NUMBER  CONTROLLED COMMITTEE?	N N	AME OF OFFICEHOLDER OR  AME OF OFFICEHOLDER OR  AME OF OFFICEHOLDER OR	candidate  Candidate  Candidate  Candidate	OFFICE SOU	GHT OR HELD  GHT OR HELD  GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	SUMMART PAGE
Statement covers period	CALIFORNIA 460
from07/01/2022	FORM 400
through12/31/2022	Page3 of11
	I.D. NUMBER

BENITEZ FOR SCHOOL BOARD 2022 1398148 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 22,725.00 1/1 through 6/30 7/1 to Date 0.00 0.00 2. Loans Received ...... Schedule B. Line 3 20. Contributions SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ \_\_\_\_\_ 0.00 22,725.00 Received Nonmonetary Contributions ...... Schedule C, Line 3 0.00 21. Expenditures Made 0.00 22,725.00 **Expenditures Made Expenditure Limit Summary for State Candidates** S 37,708.44 7. Loans Made ...... Schedule H. Line 3 0.00 0.00 22. Cumulative Expenditures Made\* 37,708.44 (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date (mm/dd/vv) 10. Nonmonetary Adjustment ...... Schedule C, Line 3 0.00 0.00 37,708.44 **Current Cash Statement** To calculate Column B. add 13. Cash Receipts ...... Column A, Line 3 above amounts in Column A to the corresponding amounts \*Amounts in this section may be different from amounts 95.00 from Column B of your last reported in Column B. report. Some amounts in 8,525.00 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 25,452.12 figures that should be 16. ENDING CASH BALANCE ........... Add Lines 12 + 13 + 14, then subtract Line 15 S \_\_\_\_\_ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_\_\_ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts 0.00 18. Cash Equivalents ...... See instructions on reverse \$ \_\_\_\_\_ 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ \_\_\_\_\_ FPPC Form 460 (Jan/2016)

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www.fppc.ca.gov

Schedule D SCHEDULE D **Summary of Expenditures** Statement covers period **CALIFORNIA** Amounts may be rounded Supporting/Opposing Other to whole dollars. **FORM** 07/01/2022 Candidates, Measures and Committees through  $\frac{12}{31/2022}$ Page \_\_\_4\_\_\_ of \_\_11\_ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER BENITEZ FOR SCHOOL BOARD 2022 1398148 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE 09/23/2022 Rex Richardson for Mayor 2022 900.00 900.00 X Monetary Contribution Nonmonetary Contribution Independent Expenditure X Support Oppose Kailee Caruso for City Council 2022 09/24/2022 400.00 400.00 X Monetary Contribution Nonmonetary Contribution ☐ Independent Expenditure X Support ☐ Oppose 09/24/2022 Megan Kerr for City Council 2022 200.00 200.00 X Monetary Contribution □ Nonmonetary Contribution Independent Expenditure Oppose X Support SUBTOTAL \$ 1,500.00 **Schedule D Summary** 1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)......\$

 Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts	may be	rounded
to wh	ole doll	ars.

	SCHEDULE D (CONT.)
Statement covers period	CALIFORNIA 460
from07/01/2022	FORM 400
through 12/31/2022	Page5 of11
	I.D. NUMBER

NAME OF FILER 1398148 BENITEZ FOR SCHOOL BOARD 2022 **CUMULATIVE TO DATE** PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION TYPE OF PAYMENT **AMOUNT THIS** DATE CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) **PERIOD** (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE 500.00 2,000.00 09/24/2022 Nubia Flores Monetary Board of Education Contribution City of Long Beach Unified School District District 1 □ Nonmonetary Contribution Independent Expenditure X Support Oppose Contribution □ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support Oppose Contribution □ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support Oppose Monetary Contribution □ Nonmonetary Contribution Independent Expenditure ☐ Support Oppose

SUBTOTAL \$

500.00

Schedule E Payments Made	Amounts may t		d		Statement cov	vers period	CALIFO	
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  BENITEZ FOR SCHOOL BOARD 2022					through12/3	1/2022	Page	
CODES: If one of the following codes accurately describes  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 com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munication d appearan ses lating survey rese ivery and r	s ces	F F S T T S	radio airtime returned com SAL campaign wo EL t.v. or cable a RC candidate tra RS staff/spouse t transfer betw voter registra	and production of tributions orkers' salaries airtime and produ vel, lodging, and travel, lodging, a een committees	osts ction costs meals nd meals of the san	s ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	-	CODE	OR	DESCRI	PTION OF PAYMENT			AMOUNT PAID
GOULD & ORELLANA. LLC Norwalk, CA 90650		PRO						300.00
Partners of Parks Long Beach, CA 90815		cvc						1,000.0
GOULD & ORELLANA. LLC Norwalk, CA 90650		PRO						300.0
* Payments that are contributions or independent expenditures n	nust also be summ	arized on	Schedule D.			SUE	STOTAL\$	1,600.0
Schedule E Summary								
1. Itemized payments made this period. (Include all Schedule	•							
2. Unitemized payments made this period of under \$100								
3. Total interest paid this period on loans. (Enter amount from	-	-						
4. Total payments made this period. (Add Lines 1, 2, and 3. Er	nter here and on ti	ne Summ	ary Page, Colu	mn A, Lir	ie 6.)	TOT	AL \$	8,525.00

## Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.
Statement covers period	CALIFORNIA 160
from 07/01/2022	FORM 400
through 12/31/2022	Page 7 of 11
	I.D. NUMBER

1398148

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

CNS campaign consultants

NAME OF FILER

BENITEZ FOR SCHOOL BOARD 2022

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs 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 PHO

candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

LEG legal defense professional services (legal, accounting) PRO VOT voter registration

LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

CODE	OR	DESCRIPTION OF PAYMENT	AMOL	INT PAID
PRO				150.00
CTB				900.00
СТВ				400.00
CTB				200.00
CTB				500.00
	CTB CTB	CTB  CTB	CTB  CTB	CTB  CTB

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

SUBTOTAL \$

2,150.00

## Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.
Statement covers period	CALIFORNIA 160
from07/01/2022	FORM TOU
through 12/31/2022	Page8 of11
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER BENITEZ FOR SCHOOL BOARD 2022 1398148

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 petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PET candidate filing/ballot fees PHO TRC candidate travel, lodging, and meals phone banks FIL TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) GOULD & ORELLANA, LLC PRO 150.00 Norwalk, CA 90650 Citi Cards 4,000.00 Phoenix, AZ 85062 Long Beach Forward CVC 250.00 Long Beach, CA 90802 GOULD & ORELLANA, LLC PRO 150.00 Norwalk, CA 90650 PRO 150.00 GOULD & ORELLANA, LLC Norwalk, CA 90650

SUBTOTAL \$

4,700.00

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

Schedule G Payments Made by an Agent or Independent	. Amounts may be rounded	Statement covers period	SCHEDULE CALIFORNIA ACO			
Contractor (on Behalf of This Committee)	to whole dollars.	from07/01/2022	FORM 460			
SEE INSTRUCTIONS ON REVERSE		through	Page 9 of11			
NAME OF FILER			I.D. NUMBER			
BENITEZ FOR SCHOOL BOARD 2022  NAME OF AGENT OR INDEPENDENT CONTRACTOR			1398148			
Citi Cards						
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.						

CO	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise	e, 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
பா	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

<sup>\*</sup> 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	OR	DESCRIPTION OF PAYMENT	 AMOUNT PAID
a Mexicana	OFC			345.8
ong Beach, CA 90806				
Super Mex	OFC			423.6
long Beach, CA 90802				
Office Depot	OFC			554.3
Long Beach, CA 90807				
Starbucks	OFC			 550.0
Long Beach, CA 90807	E			

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

1,873.91

<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 G (Continuation Sheet)
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

		SCHEDO	LL G (CONT.
State	ement covers period	CALIFORNIA	460
from	07/01/2022	FORM	<b>400</b>

SCHEDULE G (CONT.)

SEE INSTRUCTIONS ON REVERSE	through	Page10 of11
NAME OF FILER		I.D. NUMBER
BENITEZ FOR SCHOOL BOARD 2022		1398148
AND		

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Citi Cards

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 MTG meetings and appearances RFD returned contributions CNS campaign consultants CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs PET 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 campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

<sup>\*</sup> 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	OR	DESCRIPTION OF PAYMENT	AM	MOUNT PAID
Partners of Parks	CVC	T			1,750.00
Long Beach, CA 90815					
				İ	
	-				
	<u> </u>				
Attach additional information on appropriately labeled continuation sheets.			тс	TAL* \$	1,750.00

\* 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.

FPPC Form 460 (Jan/2016)

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Schedule I				SCHEDULE
discellaneous Increases to Cash		Amounts may be rounde to whole dollars.	from 07/01/2022	
EE INSTRUCTIONS ON REVE	ERSE		through12/31/2022	Page <u>11</u> of <u>11</u>
AME OF FILER				I.D. NUMBER
BENITEZ FOR SCHOOL B	OARD 2022			1398148
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach additional info	ormation on appropriately labeled continuation sheets.		SUB	TOTAL \$ 0.00
Schedule I Sumn	nary	•		
	s to cash this period.		\$	0.00
2. Unitemized increa	ses to cash of under \$100 this period		\$	95.00
<ol><li>Total of all interest</li></ol>	t received this period on loans made to others. (Scheo	lule H, Column (e).)	\$	0.00
	us increases to cash this period. (Add Lines 1, 2, and			95 00
Summary Page, L	_ine 14.)		IOIAL \$	95.00