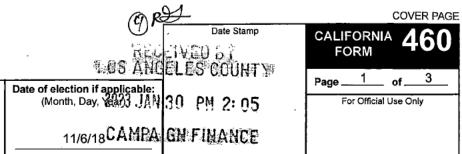
<b>Recipient Committee</b>
Campaign Statement
Cover Page



SEE INSTRUCTIONS ON REVERSE	from Jul. 1, 2022 through Dec. 31, 2022	(Month, Day, Wald) JAN 30 PM		For Official Use Only
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall (Also Complete Part 5) ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee	Primarily Formed Ballot Méasure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)		erly Statement al Odd-Year Report
	D. NUMBER 1412619	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Yes on HS 2018		David R. Norton		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)	<del></del>	CITY	STATE ZIP COD	E AREA CODE/PHONE
		Arcadia	CA 91006	
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	0,1 0,000	020/020 1110
Arcadia CA 9100	6 626/523-4115	•		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	·	
		· · ·		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP COL	E AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
yesonHS2018@zoho.com		or notific. They all marked the second		
4. Verification		<del></del>	···	
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of	ng this statemen California that th		sche	dules is true and complete. !
Executed on			_	_
Executed onDate	BySignature of Contro	illing Officeholder, Candidate, State Measure Proponent or Res	ponsible Officer of Sponsor	_
Executed onDate	BySi	gnature of Controlling Officeholder, Candidate, State Measure	Proponent	<del></del>
Executed on	BySi	gnature of Controlling Officeholder, Candidate, State Measure	Proponent	<del></del>

## Recipient Committee Campaign Statement Cover Page — Part 2

CALIF		460
Page _	2 (	of 3

Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	t Measure C	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
			Measure HS: El Monte U	Jnion High S	School Distr	ict Bond Is	sue
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		Z SUPPORT
			HS	El Monte	e Union HSD □ oppos		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP			Identify the controlling office	holder, candid	late, or state ı	measure pro	ponent, if any.
			NAME OF OFFICEHOLDER, CAND	DIDATE, OR PRO	PONENT		
Related Committees Not Included in this Stat	'Ament' List any committees		Edward Zuniga				
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office	eholder Co	mmittee L	ist names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary							

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period fromJul. 1, 2022	CALIFORNIA 460
through Dec. 31, 2022	Page3 of3
	I.D. NUMBER
	1412619

Yes on HS 2018			1412619
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	\$ 0 0 0	\$	20. Contributions Received \$ 0 \$ 0  21. Expenditures Made \$ 50.00 \$ 0.00
Expenditures Made  6. Payments Made	\$ 0.00 \$ 0.00 0	\$ 50.00 0 \$ 50.00 0 0 0 \$ 50.00	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement  12. Beginning Cash Balance	0 0 000 \$ 17,291.61	To calculate Column B, add amounts in Column 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	*Amounts in this section may be different from amounts reported in Column B.
18. Cash Equivalents	0	any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov