

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

2/1/2021 PM

COVER PAGE

|                            |   |                               |
|----------------------------|---|-------------------------------|
| Date Stamp                 | RECEIVED BY:<br>LOS ANGELES COUNTY<br>2021 FEB -3 PM 4:19<br>CAMPAIGN FINANCE | CALIFORNIA<br>FORM <b>460</b> |
| Page <u>1</u> of <u>13</u> |   |                               |
| For Official Use Only      |   |                               |

**Statement covers period**

from 07/01/2020

through 12/31/2020

**Date of election if applicable:**  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee  |
| <input type="checkbox"/> State Candidate Election Committee                      | <input type="checkbox"/> Controlled   |
| <input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i>                 | <input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i>   |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i> |
| <input type="checkbox"/> Sponsored   |   |
| <input type="checkbox"/> Small Contributor Committee                             |   |
| <input type="checkbox"/> Political Party/Central Committee                       |   |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement                                  |
| <input checked="" type="checkbox"/> Semi-annual Statement                                   | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**3. Committee Information**

I.D. NUMBER  
1379206

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Julia Ruedas for El Monte City School District 2018

STREET ADDRESS (NO P.O. BOX)

|                 |           |              |                       |
|-----------------|-----------|--------------|-----------------------|
| CITY            | STATE     | ZIP CODE     | AREA CODE/PHONE       |
| <u>El Monte</u> | <u>CA</u> | <u>91731</u> | <u>(626) 235-8411</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

|            |       |          |                 |
|------------|-------|----------|-----------------|
| <u>N/A</u> |       |          |                 |
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |

OPTIONAL: FAX / E-MAIL ADDRESS  
ruedas4schoolboard@gmail.com

**Treasurer(s)**

NAME OF TREASURER  
Yolanda Miranda

MAILING ADDRESS

|               |           |              |                       |
|---------------|-----------|--------------|-----------------------|
| CITY          | STATE     | ZIP CODE     | AREA CODE/PHONE       |
| <u>Covina</u> | <u>CA</u> | <u>91722</u> | <u>(626) 915-7635</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to I under penalty of perjury under the laws of the State of California that the foregoing is tr

les is true and complete. I certify

Executed on 01/28/2021  
Date

By .

Executed on 01/28/2021  
Date

By .

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Julia Ruedas

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Board of Education El Monte City School

| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY            | STATE     | ZIP          |
|---|-----------------|-----------|--------------|
|   | <u>El Monte</u> | <u>CA</u> | <u>91731</u> |

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| COMMITTEE NAME    | I.D. NUMBER   |
|-------------------|---|
|                   |   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |
| CITY              | STATE ZIP CODE AREA CODE/PHONE  |
| COMMITTEE NAME    | I.D. NUMBER   |
|                   |   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |
| CITY              | STATE ZIP CODE AREA CODE/PHONE  |

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|
|                      |              |   |

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|
|                       |                     |

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
|                                   |                       |   |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

SUMMARY PAGE

Amounts may be rounded  
to whole dollars.

|  |                                       |
|--|---------------------------------------|
| Statement covers period<br>from <u>07/01/2020</u><br>through <u>12/31/2020</u> | <b>CALIFORNIA<br/>FORM</b> <b>460</b> |
|  | Page <u>3</u> of <u>13</u>            |
|  | I.D. NUMBER<br>1379206                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Julia Ruedas for El Monte City School District 2018

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ <u>5,000.00</u>   | \$ <u>5,240.00</u>                         |
| 2. Loans Received ..... Schedule B, Line 3            | <u>1,770.00</u>  | <u>19,044.00</u>                           |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ <u>6,770.00</u>   | \$ <u>24,284.00</u>                        |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | <u>0.00</u>  | <u>125.00</u>                              |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ <u>6,770.00</u>   | \$ <u>24,409.00</u>                        |

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

|                            |                  |             |
|----------------------------|------------------|-------------|
|                            | 1/1 through 6/30 | 7/1 to Date |
| 20. Contributions Received | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

**Expenditures Made**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ <u>6,760.66</u>   | \$ <u>7,060.66</u>                         |
| 7. Loans Made ..... Schedule H, Line 3                      | <u>0.00</u>  | <u>0.00</u>                                |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ <u>6,760.66</u>   | \$ <u>7,060.66</u>                         |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | <u>-200.00</u>   | <u>878.35</u>                              |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | <u>0.00</u>  | <u>125.00</u>                              |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ <u>6,560.66</u>   | \$ <u>8,064.01</u>                         |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |                 |
|---|-----------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ <u>6.03</u>  |
| 13. Cash Receipts ..... Column A, Line 3 above                              | <u>6,770.00</u> |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | <u>0.00</u>     |
| 15. Cash Payments ..... Column A, Line 8 above                              | <u>6,760.66</u> |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>15.37</u> |

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 any).

\*Amounts in this section may be different from amounts reported in Column B.

If this is a termination statement, Line 16 must be zero.

|   |                |
|---|----------------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ <u>0.00</u> |
|---|----------------|

**Cash Equivalents and Outstanding Debts**

|   |                     |
|---|---------------------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ <u>0.00</u>      |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ <u>19,922.35</u> |

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period  
from 07/01/2020  
through 12/31/2020

**CALIFORNIA FORM 460**

Page 4 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Julia Ruedas for El Monte City School District 2018

1379206

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 07/01/2020         | Blanca Rubio for Assembly 2020 (ID# 1414082)<br>Sacramento, CA 95814                            | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 2,500.00                    | 2,500.00   |                                       |
| 07/01/2020         | Susan Rubio for Senate 2022 (ID# 1415107)<br>Sacramento, CA 95815                               | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 2,500.00                    | 2,500.00   |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 5,000.00                    |  |                                       |

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 5,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 5,000.00

**\*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

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 12/31/2020 | Page 5 of 13               |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Julia Ruedas for El Monte City School District 2018

I.D. NUMBER

1379206

| 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 PAID OR FORGIVEN THIS PERIOD*   | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN             | (g) CUMULATIVE CONTRIBUTIONS TO DATE              |
|---|--|---|---------------------------------|--|---|-------------------------------|---|---|
| Julia Ruedas<br>El Monte, CA 91731  | Teacher<br>Botello Family Child Care   | \$ 204.00                                     | \$ 0.00                         | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 204.00                                       | 0.00% RATE<br>\$ 0.00         | \$ 204.00<br>07/09/2018 DATE INCURRED   | CALENDAR YEAR<br>\$ 2,070.00 PER ELECTION**<br>\$ |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |  |   |                                 |  | DATE DUE  |                               |   |   |
| Julia Ruedas<br>El Monte, CA 91731<br>This is a loan  | Teacher<br>Care  | \$ 2,500.00                                   | \$ 0.00                         | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 2,500.00                                     | 0.00% RATE<br>\$ 0.00         | \$ 2,500.00<br>08/10/2018 DATE INCURRED | CALENDAR YEAR<br>\$ 2,070.00 PER ELECTION**<br>\$ |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |  |   |                                 |  | DATE DUE  |                               |   |   |
| Julia Ruedas<br>El Monte, CA 91731  | Teacher<br>Botello Family Child Care   | \$ 7,200.00                                   | \$ 0.00                         | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 7,200.00                                     | 0.00% RATE<br>\$ 0.00         | \$ 7,200.00<br>09/19/2018 DATE INCURRED | CALENDAR YEAR<br>\$ 2,070.00 PER ELECTION**<br>\$ |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |  |   |                                 |  | DATE DUE  |                               |   |   |
| <b>SUBTOTALS \$</b>   |  | 0.00 \$                                       | 0.00 \$                         | 0.00 \$  | 9,904.00 \$                                     | 0.00                          |   |   |

**Schedule B Summary**

(Enter (e) on Schedule E, Line 3)

- Loans received this period ..... \$ 1,770.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$** 1,770.00  
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†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

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

**Schedule B – Part 1 (Continuation Sheet)**  
**Loans Received**

Amounts may be rounded to whole dollars.

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 12/31/2020 | Page <u>6</u> of <u>12</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Julia Ruedas for El Monte City School District 2018

I.D. NUMBER

1379206

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN             | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE              |
|---|---|--|------------------------------------|--|--|----------------------------------|--|--|
| Julia Ruedas<br>El Monte, CA 91731<br>Loan  | Care  |  |                                    | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 6,500.00<br>DATE DUE                            | 0.00%<br>RATE<br>\$ 0.00         | \$ 6,500.00<br>10/09/2018<br>DATE INCURRED | CALENDAR YEAR<br>\$ 2,070.00<br>PER ELECTION**<br>\$ |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ 6,500.00                                      | \$ 0.00                            | \$ 0.00  |  |                                  |  |  |
| Julia Ruedas<br>El Monte, CA 91731  | Teacher<br>Botello Family Child<br>Care   |  |                                    | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 530.00<br>DATE DUE                              | 0.00%<br>RATE<br>\$ 0.00         | \$ 530.00<br>07/29/2019<br>DATE INCURRED   | CALENDAR YEAR<br>\$ 2,070.00<br>PER ELECTION**<br>\$ |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ 530.00  | \$ 0.00                            | \$ 0.00  |  |                                  |  |  |
| Julia Ruedas<br>El Monte, CA 91731  | Teacher<br>Botello Family Child<br>Care   |  |                                    | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 280.00<br>DATE DUE                              | 0.00%<br>RATE<br>\$ 0.00         | \$ 280.00<br>11/07/2019<br>DATE INCURRED   | CALENDAR YEAR<br>\$ 2,070.00<br>PER ELECTION**<br>\$ |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ 280.00  | \$ 0.00                            | \$ 0.00  |  |                                  |  |  |
| Julia Ruedas<br>El Monte, CA 91731  | Teacher<br>Botello Family Child<br>Care   |  |                                    | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 60.00<br>DATE DUE                               | 0.00%<br>RATE<br>\$ 0.00         | \$ 60.00<br>01/07/2020<br>DATE INCURRED    | CALENDAR YEAR<br>\$ 2,070.00<br>PER ELECTION**<br>\$ |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ 60.00   | \$ 0.00                            | \$ 0.00  |  |                                  |  |  |

**SUBTOTALS \$ 0.00 \$ 0.00 \$ 7,370.00 \$ 0.00**

†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

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

**Schedule B – Part 1 (Continuation Sheet)**  
**Loans Received**

Amounts may be rounded to whole dollars.

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>07/01/2020</u><br>through <u>12/31/2020</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>7</u> of <u>13</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Julia Ruedas for El Monte City School District 2018

I.D. NUMBER

1379206

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN             | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE              |
|--|---|--|------------------------------------|--|--|----------------------------------|--|--|
| Julia Ruedas<br>El Monte, CA 91731   | Teacher<br>Botello Family Child Care  | \$ 0.00  | \$ 1,530.00                        | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 1,530.00<br>DATE DUE                            | 0.00%<br>RATE<br>\$ 0.00         | \$ 1,530.00<br>07/03/2020<br>DATE INCURRED | CALENDAR YEAR<br>\$ 2,070.00<br>PER ELECTION**<br>\$ |
| Julia Ruedas<br>El Monte, CA 91731   | Teacher<br>Botello Family Child Care  | \$ 0.00  | \$ 200.00                          | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 200.00<br>DATE DUE                              | 0.00%<br>RATE<br>\$ 0.00         | \$ 200.00<br>07/29/2020<br>DATE INCURRED   | CALENDAR YEAR<br>\$ 2,070.00<br>PER ELECTION**<br>\$ |
| Julia Ruedas<br>El Monte, CA 91731   | Teacher<br>Botello Family Child Care  | \$ 0.00  | \$ 40.00                           | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 40.00<br>DATE DUE                               | 0.00%<br>RATE<br>\$ 0.00         | \$ 40.00<br>11/30/2020<br>DATE INCURRED    | CALENDAR YEAR<br>\$ 2,070.00<br>PER ELECTION**<br>\$ |
|  |   | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$           | \$<br>DATE DUE                                     | %<br>RATE<br>\$                  | \$<br>DATE INCURRED                        | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$          |
|  |   | <b>SUBTOTALS \$</b>                              |                                    | 1,770.00\$   | 0.00\$   | 1,770.00\$                       | 0.00                                       |  |

†  IND  COM  OTH  PTY  SCC

†  IND  COM  OTH  PTY  SCC

†  IND  COM  OTH  PTY  SCC

†  IND  COM  OTH  PTY  SCC

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

†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

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period                             |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 07/01/2020 |                                |
| through   | 12/31/2020 | Page 8 of 13                   |
| NAME OF FILER                                       |            | I.D. NUMBER                    |
| Julia Ruedas for El Monte City School District 2018 |            | 1379206                        |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Image Cube<br>Sun Valley, CA 91352                                  | LIT     |                        | 6,510.66    |
| Wells Fargo Bank<br>Temple City, CA 91780                           | OFC     |                        | 10.00       |
| Wells Fargo Bank<br>Temple City, CA 91780                           | OFC     |                        | 10.00       |

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

**SUBTOTAL \$** 6,530.66

**Schedule E Summary**

- |  |                 |          |
|--|-----------------|----------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$              | 6,760.66 |
| 2. Unitemized payments made this period of under \$100   | \$              | 0.00     |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$              | 0.00     |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$</b> | 6,760.66 |



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

Amounts may be rounded  
to whole dollars.

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period                             |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 07/01/2020 |                                |
| through   | 12/31/2020 | Page <u>9</u> of <u>13</u>     |
| NAME OF FILER                                       |            | I.D. NUMBER                    |
| Julia Ruedas for El Monte City School District 2018 |            | 1379206                        |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Wells Fargo Bank<br>Temple City, CA 91780                           | OFC  |    |                        | 10.00       |
| Wells Fargo Bank<br>Temple City, CA 91780                           | OFC  |    |                        | 10.00       |
| Wells Fargo Bank<br>Temple City, CA 91780                           | OFC  |    |                        | 10.00       |
| Yolanda Mirand & Associates<br>Covina, CA 91722                     | PRO  |    |                        | 200.00      |
|   |      |    |                        |             |

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

**SUBTOTAL \$** 230.00

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

|   |            |                            |
|---|------------|----------------------------|
| Statement covers period                             |            | <b>CALIFORNIA FORM 460</b> |
| from  | 07/01/2020 |                            |
| through   | 12/31/2020 | Page 10 of 13              |
| NAME OF FILER                                       |            | I.D. NUMBER                |
| Julia Ruedas for El Monte City School District 2018 |            | 1379206                    |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED THIS PERIOD | (c)<br>AMOUNT PAID THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|--------------------------------|---|------------------------------------|--|--|
| Yolanda Mirand & Associates<br>Covina, CA 91722                        | PRO                            | 250.00  | 0.00                               | 200.00   | 50.00  |
| Yolanda Mirand & Associates<br>Covina, CA 91722                        | PRO                            | 250.00  | 0.00                               | 0.00   | 250.00   |
| Yolanda Mirand & Associates<br>Covina, CA 91722                        | PRO                            | 250.00  | 0.00                               | 0.00   | 250.00   |
| <b>SUBTOTALS \$</b>  |                                | 750.00\$  | 0.00\$                             | 200.00\$   | 550.00   |

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

**Schedule F Summary**

- 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.) ..... **INCURRED TOTALS \$** 0.00
- 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.) ..... **PAID TOTALS \$** 200.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** -200.00  
May be a negative number

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

SCHEDULE F (CONT.)

Amounts may be rounded  
to whole dollars.

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>07/01/2020</u><br>through <u>12/31/2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>11</u> of <u>13</u>    |
| NAME OF FILER<br><br>Julia Ruedas for El Monte City School District 2018       | I.D. NUMBER<br><br>1379206     |

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

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

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Yolanda Mirand & Associates<br>Covina, CA 91722                        | PRO                               | 50.00   | 0.00                                  | 0.00  | 50.00  |
| Yolanda Mirand & Associates<br>Covina, CA 91722                        | POS                               | 1.45  | 0.00                                  | 0.00  | 1.45   |
| Yolanda Mirand & Associates<br>Covina, CA 91722                        | POS                               | 1.90  | 0.00                                  | 0.00  | 1.90   |
| Yolanda Mirand & Associates<br>Covina, CA 91722                        | PRO                               | 150.00  | 0.00                                  | 0.00  | 150.00   |
| <b>SUBTOTALS \$</b>  |                                   | <b>203.35 \$</b>  | <b>0.00 \$</b>                        | <b>0.00 \$</b>  | <b>203.35</b>  |

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period                             |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 07/01/2020 |                                |
| through   | 12/31/2020 | Page 12 of 13                  |
| NAME OF FILER                                       |            | I.D. NUMBER                    |
| Julia Ruedas for El Monte City School District 2018 |            | 1379206                        |

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

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

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Netfile<br>Mariposa, CA 95338  | PRO                               | 125.00  | 0.00                                  | 0.00  | 125.00   |
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |
| <b>SUBTOTALS \$</b>  |                                   | <b>125.00\$</b>   | <b>0.00\$</b>                         | <b>0.00\$</b>   | <b>125.00</b>  |

**Schedule G  
Payments Made by an Agent or Independent  
Contractor (on Behalf of This Committee)**

Amounts may be rounded  
to whole dollars.

|                         |            |                             |
|-------------------------|------------|-----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b>  |
| from                    | 07/01/2020 |                             |
| through                 | 12/31/2020 | Page <u>13</u> of <u>13</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Julia Ruedas for El Monte City School District 2018

I.D. NUMBER

1379206

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Image Cube

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| U.S. Postal Services<br>El Monte, CA 91734                                      | POS     |                        | 2,802.52    |
|   |         |                        |             |
|   |         |                        |             |
|   |         |                        |             |
|   |         |                        |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 2,802.52**

\* 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.