

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp RECEIVED BY LOS ANGELES COUNTY 11/3/23 (3) JAN -5 PM 2:14 CAMPAIGN FINANCE	CALIFORNIA FORM 460
Page <u>1</u> of <u>5</u>	For Official Use Only

Statement covers period from <u>10/23/22</u> through <u>12/31/22</u>	Date of election if applicable: (Month, Day, Year) <u>11/8/22</u>
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SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1452477

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Betty Sanchez for Duarte School Board 2022

Treasurer(s)

NAME OF TREASURER
Betty Sanchez
MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)
CITY Duarte STATE CA ZIP CODE 91010 AREA CODE/PHONE (626)485-0343
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY Duarte STATE CA ZIP CODE 91010 AREA CODE/PHONE (626)485-0343
NAME OF ASSISTANT TREASURER, IF ANY

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
bc.sanchez@sb6.e.gmail.com / (626)357-1965

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/1/23 Date
Executed on 11/1/23 Date
Executed on _____ Date
Executed on _____ Date

By _____
or Assistant Treasurer
By _____
Measure Proponent or Responsible Officer of Sponsor
By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent
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

Betty Sanchez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Duarte Unified School District, Governing Board TA #5
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Duarte CA 91010

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
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NAME OF TREASURER	CONTROLLED COMMITTEE?
	YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE?
	YES 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	SUPPORT OPPOSE
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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
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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	SUPPORT OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
-----------------------------------	-----------------------	-------------------

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
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Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10/23/22</u>	CALIFORNIA FORM 460
through <u>12/31/22</u>	
Page <u>3</u> of <u>5</u>	I.D. NUMBER <u>1452477</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Betty Sanchez for Duarte School Board 2022

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>0</u>	\$ <u>0</u>
2. Loans Received..... Schedule B, Line 3	\$ <u><4000.07</u>	\$ <u><4000.07</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u><4000.07</u>	\$ <u><4000.07</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>4000.0</u>	\$ <u>4000.0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>0</u>	\$ <u>0</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>0</u>	\$ <u>0</u>
7. Loans Made..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>0</u>	\$ <u>0</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>4000.0</u>	\$ <u>4000.0</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>4000.0</u>	\$ <u>4000.0</u>

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>4000.0</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u><4000.07</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments..... Column A, Line 8 above	\$ <u>0</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>0</u>

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u><4000.07</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.

**Schedule B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>10/23/22</u> through <u>12/31/22</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>5</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <u>Betty Sanchez for Duarte School Board 2022</u>	I.D. NUMBER <u>1452477</u>
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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)	(g)		
							ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE		
<u>Betty Sanchez</u> <u>Duarte, CA 9140</u> † <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	<u>Retired</u>	\$ <u>4000.00</u>	\$ <u>0</u>	PAID \$ 4000.00 FORGIVEN \$ <u><4000.00></u>	\$ <u>0</u> <u>12/31/22</u> DATE DUE	% RATE	\$ <u>4000.00</u> <u>9/20/22</u> DATE INCURRED	CALENDAR YEAR \$ <u>4000.00</u> PER ELECTION** \$ <u><4000.00></u>		
† IND COM OTH PTY SCC		\$ _____	\$ _____	PAID \$ _____ FORGIVEN \$ _____	\$ _____ DATE DUE	% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____		
† IND COM OTH PTY SCC		\$ _____	\$ _____	PAID \$ _____ FORGIVEN \$ _____	\$ _____ DATE DUE	% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____		
SUBTOTALS							\$ <u>0</u>	\$ <u><4000.00></u>	\$ <u>0</u>	\$ _____

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

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ <4000.00>
(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 \$ <4000.00>
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 C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from 10/23/22
through 12/31/22

SCHEDULE C
CALIFORNIA FORM 460
Page 5 of 6
I.D. NUMBER
1452477

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Betty Sanchez for Duarte School Board 2022

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
<u>11/3/22</u>	<u>Duarte Unified Education Association Political Action Committee - 1342459</u>	<u>IND</u> COM OTH PTY SCC		<u>Flyers, banners Trustee Area #5 walking program letters & text banking</u>	<u>4000.00</u>	<u>4000.00</u>	<u>4000.00</u>
		IND COM OTH PTY SCC					
		IND COM OTH PTY SCC					
		IND COM OTH PTY SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 4000.00

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 4000.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 4000.00

*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

**Statement of Organization
Recipient Committee**

Statement Type

Initial Not yet qualified or Date qualification threshold met	Amendment Date qualification threshold met
____/____/____	____/____/____

Termination - See Part 5

Date of termination

1/1/23

RECEIVED
LOS ANGELES COUNTY
1/3/23 (3)
JAN -5 PM 2:14
CAMPAIGN FINANCE

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information		2. Treasurer and Other Principal Officers	
I.D. Number (if applicable) <u>1452477</u>		NAME OF TREASURER <u>Betty Sanchez</u>	
NAME OF COMMITTEE <u>Betty Sanchez for Duarte School Board 2022</u>		STREET ADDRESS (NO P.O. BOX)	
STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONE <u>Duarte CA 91010 (020)485-0343</u>	
CITY STATE ZIP CODE AREA CODE/PHONE <u>Duarte CA 91010 (020)485-0343</u>		NAME OF ASSISTANT TREASURER, IF ANY	
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <u>bc.sanchez25@gmail.com</u>		CITY STATE ZIP CODE AREA CODE/PHONE	
COUNTY OF DOMICILE <u>Los Angeles</u>	JURISDICTION WHERE COMMITTEE IS ACTIVE <u>Duarte, CA.</u>	NAME OF PRINCIPAL OFFICER(S)	
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX)	
		CITY STATE ZIP CODE AREA CODE/PHONE	

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Executed on 1/1/23 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/1/23 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT