497 Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER QUINTEY O FO AREA CODE/PHONE NUM STREET ADDRESS CITY 1. Contribution	DIV LACCO Board Of Trustees 2015 I.D. NUMBER (If applicable) 137:3920 STATE ZIP CODE	Date of This Filing Report No. Amendmento Report No. (explain below) No. of Pages		2/3/15 - MA	FORM 497 For Official Use Only
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	R	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYE (IF SELF-EMPLOYED, ENTER NAME OF BUSINES	R AMOUNT RECEIVED
3/2/2015	LACCD PAC		☐ IND☐ COM☐ OTH☐ PTY☐ SCC	Alu	\$1,000 ☐ Check if Loan Provide interest rate
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan
Reason for Amendm	ent:	•		**Contributor Codes IND — Individual COM — Recipient Committee OTH — Other (e.g., business PTY — Political Party SCC — Small Contributor Co	entity)

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₹ ^⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄	Contribution	Renor
1 731		176boi

Type or print in ink. Amounts may be rounded to whole dollars.

				4	97 CONTRIBUTION REPORT
	or LACOD Board of Trustees 2015	Date of 7	14/2015	3/4/15 F-Mail	ALIFORNIA 497
AREA CODE/PHONE N	I.D. NUMBER (if applicable)	Report No	2	2015 MAR - 4 PM 1	For Official Use Only
STREET ADDRESS		Amendmento Report No.	t	CAMPAISH FINAS DISCLOSING TO	019554
CITY	STATE ZIP CODE	(explain below) No. of Pages			C10 230
1. Contributio	on(s) Received			<u> </u>	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO (IF COMMITTEE, ALSO ENTER LD. NUMBER)	OR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLO' (IF SELF-EMPLOYED, ENTER NAME OF BUSI	
101/2016	Joseph J. Martinez		□ COM	Field Lepresentat	WP \$500
2/21/2015			☐ OTH ☐ PTY	County of Los Ang	☐ Check if Loan
	Joseph J. Mowtinez		□ scc	End Provecendal	Provide interest rate
3/3/2015	JOSEPH J. 1964 1142		⊠ IND □ COM □ OTH	Field Kepresentati County of Vos Av	
0/0/2013			□ PTY □ SCC	9	Provide interest rate
ALCOHOLD TO THE STATE OF THE ST			□ IND		
			☐ COM ☐ OTH ☐ PTY		☐ Check if Loan
			scc		Provide interest rate
				**Contributor Codes IND – Individual	
Reason for Amend	ment [.]			OTH - Other (e.g., busine PTY - Political Party	1
Neason for Attend	IIIÇIII.			SCC - Small Contributor	Committee

FPPC Form 497 (March/2011)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

State of California

De sisional Committee					COVERPAGE
Recipient Committee	Type or print in in	k. [Date Stamp	CALIFORNIA	460
Campaign Statement		The first management and	400		
Cover Page (Government Code Sections 84200-84216.5)		2142		FORM	
(Government Code Sections 04200-04210.5)	Statement covers period	Date of election if applicable:		- 1001-	
	01/01/2015	(Month, Day, Year)	2015 184 22	-Mail Page	of
	from	1	Ento Only 20	O/	se Only
SEE INSTRUCTIONS ON REVERSE	through01/17/2015	03/03/2015	CARPAGE F	Cit	230
1. Type of Recipient Committee: All Committees - Committe	emplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
Officeholder, Candidate Controlled Committee	Ballot Measure Committee	☐ Preelection Statement	П	Quarterly Statement	
	Primarily Formed	 Semi-annual Statement 	X	Special Odd-Year Report	t
	Controlled	Termination Statement		Supplemental Preciection	ı
	Sponsored (Also Complete Part 6)	Amendment (Explain be	elow)	Statement - Attach Form	495
General Purpose Committee	Primarily Formed Candidate/				
	Officeholder Committee				
O Political Party/Central Committee	Also Complete Part 7)				
	D. NUMBER 1373920	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE		NAME OF TREASURER			
Quintero for LACCD Board of Trustees 2015		Nicoll Zapata			
Quintero for EACCD Board of Trassecs 2015		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE AREA	CODE/PHONE
CITY STATE ZIP C	ODE AREA CODE/PHDNE	NAME OF ASSISTANT TREASUR	RER, IF ANY		
		N/A			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	BOX	MAILING ADDRESS			
N/A		N/A		710 0005	OOD FIRM ONE
N/A STATE ZIP C	ODE AREA CODE/PHONE	CITY N/A	STATE NA	ZIP CODE AREA	CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR		INTA	
OF THE TENTE TOUTED		OF HORAL. FAX / E-MAIL ADDA	1200		
4. Verification					
Verification I have used all reasonable diligence in preparing and review	uing this statement and to the hest of each	consideration contains	d barain and in the atta	ached schedules is true an	d complete
certify under penalty of perjury under the laws of the State			atte	solled solleddies is due di	a complete.
1/11/15					
Executed on	Ву				
111011	8				LO
Executed on Date	Signature of Contro	illing Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of S	Sponsor	1112
Executed on	Ву				
Date	s	ignature of Controlling Officeholder, Candidate, Si	tate Measure Proponent		
Executed on	Ву	ignature of Controlling Officeholder, Candidate, S	tate Meas in Processed	FPPC For	rm 460 (June/01)
Date	8	ignomite of confidential cultostrologic catalogate, 5	ere measure riuporioni	FPPC Toll-Free Helpline	

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
Page of
rage

				<u></u>				Page	of
Officeholder or Candida	ate Controlled (Committee		6.	Ballot Measure Comm	nittee			
NAME OF OFFICEHOLDER OR CA	ANDIDATE				NAME OF BALLOT MEASURE				
Maria S. Quinetero					N/A				
OFFICE SOUGHT OR HELD (INCL	UDE LOCATION AND	DISTRICT NUMB	BER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
Los Angeles Community	College Board	of Trustees -	District 1		N/A	N/A			OPPOSE
RESIDENTIAL/BUSINESS ADDRES	_		STATE ZIP						
	,				Identify the controlling o	fficeholder, ca	ndidate, or s	tate measure	proponent, if an
					NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PI	ROPONENT		
Related Committees No	st Included in 6	hie Statama	nt: Liet any acittee		N/A				
not included in this statement			-		OFFICE SOUGHT OR HELD			DISTRICT NO.	FANY
contributions or make expende					N/A			N/A	
COMMITTEE NAME		I.D. N	UMBER						
N/A		NI/A							
NAME OF TREASURER		N/A	ROLLED COMMITTEE?	7	. Primarily Formed Co		t names of offi	iceholder(s) or o	andidate(s) for
N/A		1	YES NO		which this committee is pri	marily formed.			
	STREET ADDRESS (*				NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOI	UGHT OR HELD	SUPPORT
N/A		101.0.00//			N/A		N/A		OPPOSE
CITY	STATE	ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OF	R CANDIDATÉ		UGHT OR HELD	
N/A	NA	N/A	N/A						SUPPORT OPPOSE
COMMITTEE NAME		I.D. N	IUMBER		N/A		N/A		
N/A					NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT
		N/A			N/A		N/A		OPPOSE
NAME OF TREASURER			TROLLED COMMITTEE?		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT
N/A			YES NO		N/A		N/A		OPPOSE
	STREET ADDRESS (I	NO P.O. BOX)			1 42 5 3		1.77.		
N/A CITY	OT ATT	710 0005	AREA CODE/PHONE						
CITY	STATE	ZIP CODE	AREA CODE/PHONE		At	tach continuat	ion sheets if	necessary	
N/A	NA	N/A	N/A						

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Quintero for LACCD Board of Trustees 2015			1373920
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
1. Monetary Contributions Schedule A, Line 3		s	General Elections 1/1 through 6/30 7/1 to Date
Loans Received	0	\$ 3,829 0 3,829	20. Contributions N/A \$ N/A Received \$ N/A \$ N/A 21. Expenditures N/A \$ N/A
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE Schedule E, Line 3 Add Lines 8 + 9 + 10	\$ 437 0 0	\$ 487 0 \$ 487 0 0 0 487	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) NA / / \$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule 8, Part 2	1,115 770 437 \$ 5,128	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	NA / S S S S S S S S S S S S S S S S S S
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column 8 above	^	any).	FPPC Form 460 (June/81 FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A Monetary Contributions Received

Type or print in ink, Amounts may be rounded

SCHEDULE A

Monetary Contributions Received			s may be rounded whole dollars.	Statement coverage of the from01/0	ers period 1/2015	CALIFORNIA		
SEE INSTRUCTIO	INS ON REVERSE			through 01/	17/2015	Page .	of	
NAME OF FILER						I.D. NU	MBER	
Quintero for	LACCD Board of Trustees 2015					13739	20	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN, 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
1/16/2015	Sandra Lopez	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Hair Stylist Prodigy Hair Loft	\$100	\$	100		
1/16/2015	Jorge Rodriguez	MIND COM OTH PTY SCC	Consultant Labor Unions	\$100	\$	100		
1/16/2015	Marcellino Morales	IND COM OTH SCC	Requested	\$100	\$	100		
1/16/2015	Maria Elena Yepes	IND COM OTH SCC	Requested	\$100	\$	100		
1/16/2015	Haydee Urita-Lopez	COM COM OTH PTY SCC	Land Use Planner/Educator Los Angeles City Los Angeles Community	\$250	\$	250		
			SUBTOTAL	\$ 650				
1. Amount re	A Summary ceived this period – contributions of \$100 or more, Il Schedule A subtotals.)		s.	650	IND-		al ent Committee	
•	•			40=		- Other	than PTY or SCC)	
3. Total mone	eceived this period – unitemized contributions of less the etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			1,115			Party Contributor Committee	

FPPC Form 460 (June/01) FPPC Toll-Free Helpline; 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded

CALIFORNIA ACO

Statement covers period

		to whole o		from01/01	1/2015	ORM 400
				through 01/1	7/2015 Page	of
AME OF FILER Quintero for	LACCD Board of Trustees 2015					UMBER 3920
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERED, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIOUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
N/A	N/A	DIND COM OTH PTY scc	N/A	0	0	
N/A	N/A	GOM DOTH PTY SCC	N/A	0	0	
N/A	N/A	□IND □COM □OTH □PTY □SCC	N/A	0	0	
N/A	N/A	□IND □COM □OTH □PTY □SCC	N/A	0	0	
N/A	N/A	DIND COM OTH PTY SCC	N/A	N/A	N/A	
			SUBTOTAL	.\$ 0		

IND - Individual
COM - Recipient Committee
(other than PTY or SCC)

OTH - Other PTY - Political Party

*Contributor Codes

SCC-Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 856/ASK-FPPC

Schedule B - Part 1

Type or print in ink.

		44 .		D 4 0 T 4
-SCE	REDI	11 E	- R -	PART 1

Loans Received	ans Received to whole dollars.			from01/0	1/2015	FORM 46		
SEE INSTRUCTIONS ON REVERSE					through01/1	17/2015	Page	of
NAME OF FILER							I.D. NUMBER	
Quintero for LACCD Board of Trustees 2	2015						1373920	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELP-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVE: THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
N/A	N/A			PAID \$ 0 FORGIVEN	. \$0	O %	s0	S D PER ELECTION**
TO IND COM OTH PTY SCC		s0	s0	s0	0 DATE DUE	s0	0 DATE INCURRED	5
N/A	N/A	. 0	0	\$O	\$	O RATE	s0	CALENDAR YEAR 8O PER ELECTION *** O
† IND COM OTH PTY SCC		\$	5	5	DATE DUE	s	DATE INCURRED	S
N/A † IND COM OTH PTY Sec	N/A	sO	s0	sO	\$	0 RATE %	s 0 DATE INCURRED	SO PER ELECTION*** 0
		SUBTOTALS	\$ 0	\$ () \$ 0	\$ 0		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans				\$	0		another party	given or paid by
2. Loans paid or forgiven this period						reported on \$		
Net change this period. (Subtract Line Enter the net here and on the Summar				, NE T \$	(May be a negative number)			
† Contributor Codes IND Individual COM Recipient Committee (c	other than PTY or SCC) OTH -	-Other PTY-F	Political Party S	SCC – Small Co	ntributor Committee	FPPC To	FPPC For oll-Free Helpline	m 460 (June/01) : 866/ASK-FPPC

				-
SCH	ונות⊒ו	EB-	PART	2

Schedule B - Part 2 **Loan Guarantors**

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA **FORM** 01/01/2015 from 01/17/2015 through Page . 1.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Quintero for LACCD Board of Trustees 2015 1373920 IF AN INDIVIDUAL, ENTER AMOUNT BALANCE FULL NAME, STREET ADDRESS AND CUMULATIVE CONTRIBUTOR OCCUPATION AND EMPLOYER LOAN GUARANTEED OUTSTANDING ZIP CODE OF GUARANTOR TO DATE (IF SELF-EMPLOYED, ENTER CODE THIS PERIOD TO DATE (IF COMMITTEE, ALSO ENTER I, D. NUMBER) NAME OF BUSINESS) CALENDAR YEAR LENDER N/A N/A 0 0 N/A COM N/A PER ELECTION OTH DATE IF REQUIRED) N/A □ PTY 0 SCC **CALENDAR YEAR** LENDER N/A N/A □IND 0 0 □ COM N/A N/A PER ELECTION □ OTH (IF REQUIRED) DATE □PTY N/A U SCC CALENDAR YEAR N/A N/A LENDER 0 □ COM N/A N/A PER ELECTION OTH (IF REQUIRED) DATE 0 □ PTY N/A SCC CALENDAR YEAR LENDER N/A N/A 0 N/A □ COM N/A PER ELECTION OTH DATE (IF REQUIRED) N/A □ PTY 0 SCC

Enteron

Summary Page,

Line 17 only.

0

SUBTOTAL \$

Schedule C Nonmonetary Contributions Received

SEE INSTRUCTIONS ON REVERSE.

Type or print in ink, Amounts may be rounded to whole dollars.

NAME OF FILER Quintero for LACCD Board of Trustees 2015 1373920 CUMULATIVE TO AMOUNT/ 1F AN INDIVIDUAL, ENTER PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE ZIP CODE OF CONTRIBUTOR GOODS OR SERVICES CODE * CALENDAR YEAR RECEIVED (IF SELF-EMPLOYED, ENTER VALUE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN 1 - DEC 31) NAME OF BUSINESS) N/A N/A N/A N/A N/A \Box COM N/A N/A □OTH \square PTY SCC □IND N/A N/A N/A N/A \square COM N/A N/A N/A □OTH □ PTY SCC N/A N/A N/A N/A □COM N/A N/A N/A □OTH PTY □SCC N/A N/A N/A N/A \Box COM N/A N/A N/A □OTH PTY SCC

SUBTOTAL \$

0

Attach additional information on appropriately labeled continuation sheets.

*Contributor Codes
IND – Individual
COM Recipient Committee
(other than PTY or SCC)
OTH Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

Type or print in ink, Amounts may be rounded to whole dollars.

NAME OF FILER 1373920 Quintero for LACCD Board of Trustees 2015 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION AMOUNT THIS TO DATE TYPE OF PAYMENT DATE CALENDAR YEAR MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PERIOD (IF REQUIRED) (JAN, 1 - DEC. 31) OR COMMITTEE ☐ Monetary N/A N/A Contribution 0 0 N/A N/A □ Nonmonetary Contribution ☐ Independent Expenditure Oppose Support ☐ Monetary N/A N/A Contribution 0 0 N/A N/A Nonmonetary Contribution ☐ Independent Expenditure ☐ Support Oppose ☐ Monetary N/A N/A Contribution 0 Ô N/A N/A □ Nonmonetary Contribution Independent Expenditure Oppose ☐ Support 0 SUBTOTAL \$ 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

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE D (CONT.
State	nent covers period	CALIFORNIA AGO
from	01/01/2015	FORM 400
through	01/17/2015	Page of
	11.1	1.D. NUMBER
		1373920

Quintero for LACCD Board of Trustees 2015 **CUMULATIVE TO DATE** PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION AMOUNT THIS DATE TYPE OF PAYMENT CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE Monetary N/A N/A Contribution 0 0 N/A N/A ☐ Nonmonetary Contribution Independent Expenditure □ Support Oppose ☐ Monetary N/A N/A Contribution 0 0 N/A N/A ■ Nonmonetary Contribution Independent Expenditure Support Oppose ■ Monetary N/A N/A Contribution N/A 0 0 N/A ☐ Nonmonetary Contribution Independent Expenditure ☐ Support Oppose ☐ Monetary N/A N/A Contribution 0 0 N/A N/A ○ Nonmonetary Contribution Independent Expenditure Support Oppose 0 SUBTOTAL \$

Cabadada E	Type or print	in ink					SCHEDULEE
Schedule E Payments Made	Amounts may be rounded			Staten	Statement covers period		RNIA 460
rayments made	to whole de	ollars.		from	01/01/2015	FOR	. Wi
SEE INSTRUCTIONS ON REVERSE				through	01/17/2015	Page	of
NAME OF FILER						I.D. NUMI	BER
Quintero for LACCD Board of Trustees 2015						1373920)
CODES: If one of the following codes accurately described CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	es the payment, you make member common meetings and OPC office expensed per petition circular phone banks polling and sepose postage, delended professional per print ads	munications d appearance uses lating survey resea ivery and m	es arch essenger services	RAD radi RFD retu SAL cam TEL t.v. TRC can TRS staf TSF tran VOT vote	ribe the payment. o airtime and production rned confributions spaign workers' salaries or cable airtime and pro- didate travel, lodging, at f/spouse travel, lodging asfer between committee or registration rmation technology cos	s oduction costs nd meals , and meals es of the sam	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTION OF	PAYMENT		AMOUNT PAID
Quintero for LACCD Board of Trustee 2015 ID # 1373920	+	PRT					217
Quintero for LACCD Board of Trustee 2015	+	СМР					200
* Payments that are contributions or independent expenditures	must also be summ	narized on	Schedule D.		s	SUBTOTAL \$	417
Schedule E Summary							447
1. Payments made this period of \$100 or more. (Include all S	Schedule E subtotal	ls.)				\$	417
2. Unitemized payments made this period of under \$100				4-4		\$	20
3. Total interest paid this period on loans. (Enter amount from							_

Instructions for Schedule E Payments Made

Report payments on Schedule E (other than loans).

For each payment of \$100 or more made during the period, report the name and street address, city, state, and zip code of the payee or creditor, and the amount paid during the period. Payments of less than \$100 during the period are reported as a lump sum on Line 2 of the Schedule E Summary. However, if two or more payments under \$100 were made for a single product or service and the total paid during the period was \$100 or more, itemize the total amount paid during the period.

Report on Schedule E payments made on expenses that were reported on a previous statement as accrued expenses. Also report the required information on Schedule F.

Code or Description of Payment:

If one of the codes listed on Schedule E fully describes the payment, enter the code. A full description of each code is provided on the back of the Schedule E-Continuation Sheet. If none of the codes fully explains the payment, leave the "Code" column blank and enter a brief description of the goods or services purchased in the "Description of Payment" column. In addition:

Candidates

 All payments in connection with your campaign must be made from the campaign bank account.
 To use personal funds for campaign purposes, you must first deposit the funds in the campaign bank account.

Payments by Agents and Independent Confractors

When an agent or independent contractor (e.g., campaign worker, advertising agency, campaign management firm) makes payments on your behalf ("subvendor payments"), disclose the name, address, amount paid, and code or description of payment for each vendor paid \$500 or more. Disclose payments to the agent or independent contractor on Schedule E. You may disclose the subvendor payments on Schedule E or Schedule G.

Ownership Interests or Business Employment

- A ballot measure committee that makes a
 payment to any business entity (1) which is
 owned 50 percent or more by any of the
 individuals listed below, or (2) in which any of the
 individuals listed below is an officer, partner,
 consultant or employee, must report that
 individual's name, relationship to the committee,
 and a description of the ownership interest or
 position with the business entity. Individuals
 covered by (1) and (2) above include:
 - A candidate or person controlling the committee; or
 - An officer or employee of the committee; or
 - The spouse of any of the above.

Loans

 Report interest paid on loans received on Line 3 of the Schedule E Summary (from Schedule B, Part 1, Column (e)).

- Do not report payments made on loans received on Schedule E. Report loan repayments on Schedule B.
- Do not report loans made to others on Schedule
 E. Report loans made on Schedule H.

Savings Accounts/Certificates of Deposit/Money Market Accounts

 Do not report transfers of campaign funds into savings accounts, certificates of deposit, money market accounts, or the purchase of any other asset that can readily be converted to cash on Schedule E. Continue reporting these amounts as part of your cash on hand on the Summary Page.

Additional Important Information:

Refer to the FPPC Campaign Disclosure Manual for your type of committee for important information about recordkeeping, returning contributions, prohibitions on cash expenditures, permissible uses of campaign funds, and more.

SCHEDULE	E (CONT.)

Schedule E (Continuation Sheet) Payments Made

N/A

Type or print in ink. Amounts may be rounded to whole dollars.

Statem	ent covers period	CALIFORNIA AGO
from	01/01/2015	FORM 400
through_	01/17/2015	Page of
		I,D, NUMBER
		1373920

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Quintero for LACCD Board of Trustees 2015

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. RAD radio airtime and production costs MBR member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* SAL campaign workers' salaries OFC office expenses CVC civic donations TEL t.v. or cable airtime and production costs PET petition circulating candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals fundraising events POL polling and survey research 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 WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID N/A N/A N/A 0 N/A N/A N/A 0 N/A N/A N/A 0 N/A N/A N/A

N/A

N/A

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

SUBTOTAL \$

Schedule F	
Accrued Expenses	(Unpaid Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

MBR member communications

petition circulating

OFC office expenses

PHO phone banks

PET

MTG meetings and appearances

POL polling and survey research

Statement covers period 61/01/2015 61/17/2015

CALIFORNIA 460

Page _____ of _

1.D. NUMBER 1373920

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc. CNS campaign consultants

CTB contribution (explain nonmonetary)*

candidate filing/ballot fees

fundraising events

NAME OF FILER

FND

CVC civic donations

Quintero for LACCD Board of Trustees 2015

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

RAD radio airtime and production costs RFD returned contributions

SAL campaign workers' salaries

through

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	POS postage, delivery and PRO professional services PRT print ads	messenger services	TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)			
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 PERIOD	(¢) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
N/A	N/A	0	0	0	0	
N/A	N/A	0	0	0	0	
N/A	N/A	0	0	0	0	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0	\$ 0.5	š 0	\$ 0	

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.)	0
 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 \$	n
8. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	O May be a negative number

\sim				\sim	4 1 7 2
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Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

campaign literature and mailings

Type or print in ink. Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period FORM 01/01/2015 from. 01/17/2015 through. Page. I.D. NUMBER

1373920

NAME OF FILER

Quintero for LACCD Board of Trustees 2015

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	ΤEL	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		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
		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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
N/A	N/A	D	0	0	0
N/A	N/A	0	0	0	0
N/A	N/A	0	0	0	0
N/A	N/A	0	0	. 0	0
	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0

Schedule G	
Payments N	lade by an Agent or Independent
Contractor	on Behalf of This Committee)

Type or print in ink

		SCHEDULE G
Staten	ent covers period	CALIFORNIA ACO
from	01/01/2015	FORM 46U
	04/47/0045	
through	01/17/2015	D

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 01/01/2015	california 460		
SEE INSTRUCTIONS ON REVERSE		through 01/17/2015	- Page of		
NAME OF FILER			LD. NUMBER		
Quintero for LACCD Board of Trustees 2015			1373920		
N/A CODES: If one of the following codes accurately describ	es the navment you may enter the code. Of	harwise describe the navmer	nt		
CMP campaign paraphemalia/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 communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, at TRS staff/spouse travel, lodging,	n costs s duction costs nd meals , and meals es of the same candidate/sponsor		

^{*} 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 C	R DESCRIPTION OF PAYMENT	AMOUN	NT PAID
N/A	N/A	N/A		0
N/A	N/A	N/A		0
N/A	N/A	N/A		0
N/A	N/A	N/A		0
Attach additional information on appropriately labeled continuation she	eets.		TOTAL* \$	0

^{*} 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.

								SCHEDULEH	
Amounts m			print in ink. ay be rounded le dollars.		Statement cov	ers period 1/2015	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through 01/	17/2015	Page	of	
NAME OF FILER							I.D. NUMBER		
Quintero for LACCD Board of Trustee	s 2015						1373920		
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT (FORGIVENES THIS PERIOR	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
N/A	N/A	s0	s0	S	N/A N/A N/A DATE DUE	0 %	s0 N/A DATE INCURRED	SO PER ELECTION*** 0 S	
N/A	N/A	s0	\$O	S (FORGIVEN S (_ 5	0 RATE 0	s 0 N/A DATE INCURRED	CALENDAR YEAR 8O PER ELECTION** 0	
*Loans that are contributions to another candid must also be summarized on Schedule D. Loan also be reported on Schedule E.		SUBTOTALS	\$ 0	\$	0 \$ 0	\$ 0			
					,,-	(Enter (e) on Schedule 1, Line 3)			
Schedule H Summary									
Loans made this period (Total Column (b) plus unitemized loans	less than \$100.)				\$	0	- [**If Required	
2. Payments received on loans						_			
Net change this period. (Subtract Line (Enter the net here and on the Summa)					NET \$	O by be a negative number)		

Schedule I		Type or print in ink.		SCHEDUL
Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period from01/01/2015	FORM 460
SEE INSTRUCTION	IS ON DEVEDOS		through 01/17/2015	Page of
NAME OF FILER	for LACCD Board of Trustees 2015			1.D. NUMBER 1373920
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	ום	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
1/16/2015	Emilian Teno	Restaurant gif Book Hair salon gift		\$410
				ASSESS
)				
Attach add	itional information on appropriately labeled continuation sheets.		SUBTOT	AL \$ 410
Schedule I	Summary to cash of \$100 or more this period		s 4	110
	to cash or \$100 or more this period.	,,	e 3	860

2. Unitemized increases to cash under \$100 this period.

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)

Summary Page, Line 14.) TOTAL \$_

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 855/ASK-FPPC

0

Do sinjent Consmittee				COVER PAGE
Recipient Committee	Type or print in	ink.	Date Stamp	CALIFORNIA 460
Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		2142-2	RECTIVED BY	2001/02 400 FORM
(Cottoning in Code Code in Code Code in Code	Statement covers period from 01/18/2015	Date of election if applicable: (Month, Day, Year)	2/M/15 E Mat	Page of
		1	COSTUDIZO AN OFF	019554
SEE INSTRUCTIONS ON REVERSE	through02/14/2015	03/03/2015	campaight fills of	C10230
1. Type of Recipient Committee: All Committees - Co	emplete Parts 1, 2, 3, and 4.	2. Type of Statement:	UISUI LELLIE ELITTE	i i
O State Candidate Election Committee O Recall (Also Complete Part 5) ☐ General Purpose Committee O Sponsored O Small Contributor Committee	Ballot Measure Committee Primarily Formed Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain t	t ⊠ Spec □ Supp	terly Statement ial Odd-Year Report elemental Preelection ement - Attach Form 495
	D. NUMBER 1373920	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Quintero for LACCD Board of Trustees 2015		Nicoll Zapata		
		MAILING ADDRESS		
CTREET ADDRESS AVO DO PON		AUTO	0T-1T- 710 0	ADEA ADDERVIOUS
STREET ADDRESS (NO P.O. 80X)		CITY	STATE ZIP C	ODE AREA CODE/PHONE
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	BOX	MAILING ADDRESS		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADD	RESS	
		of Holder Trot? Ellerte Rob	NEOS .	
4. Verification				
I have used all reasonable diligence in preparing and review				dules is true and complete. I
certify under penalty of perjury under the laws of the State	of California that the fore			
Executed on2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Ву			_
21,000				
Executed on Date	Ву	mosning Omocrobout, Contocasto, Costo mocroare	ороновкої поэронацію Олюх от оронос	_ ,
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate.	State Measure Procunent	FPPC Form 460 (June/01)

FPPC Form 460 (June/01)
FPPC Toil-Free Helpline: 866/ASK-FPPC
State of California

CALIFORNIA 460

Page	 of	ł
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Recipient Committee Campaign Statement Cover Page — Part 2

Officeholder or Candidate Controlled Committee	ee	6.	Ballot Measure Commit	tee			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Maria S. Quinetero			N/A				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT N	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIC	N] SUPPORT
Los Angeles Community College Board of Truste	es - District 1		N/A	N/A		[OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY				·		· · · · · · · · · · · · · · · · · · ·	
,			Identify the controlling offic	eholder, can	didate, or st	ate measure	proponent, if any
			NAME OF OFFICEHOLDER, CAND	IDATE, OR PR	OPONENT		
Related Committees Not Included in this State	mont: Listanus		N/A				
not included in this statement that are controlled by you or a	•		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
contributions or make expenditures on behalf of your candid			N/A			N/A	
COMMITTEE NAME I.	D. NUMBER						
N/A				,			
	N/A	7.	Primarily Formed Comm	nittee List	names of offic	eholder(s) or a	candidate(s) for
	CONTROLLED COMMITTEE?	• • •	which this committee is primar				
N/A	YES NO		NAME OF OFFICEHOLDER OR CA	MOIDATE	TOFFICE SOL	GHT OR HELD	
COMMITTEE ADDRESS (NO P.O. BOX)	1			NADIDATE.	1	ON ON TILLED	SUPPORT OPPOSE
N/A			N/A		N/A		U OPPOSE
CITY STATE ZIP COD			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
N/A NA N/A	N/A		N/A		N/A		OPPOSE
1	D. NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD	
N/A	N/A						SUPPORT OPPOSE
	CONTROLLED COMMITTEE?		N/A		N/A		
N/A	YES NO		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			N/A		N/A		OPPOSE
N/A							
CITY STATE ZIP COD	E AREA CODE/PHONE		Attaci	continuatio	n sheets if i	necessary	
N/A NA N/A	N/A					-	

Campaign Disclosure Statement Summary Page

Type or print in ink, Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 01/18/2015 **FORM** 02/14/2015 I.D. NUMBER

from through SEE INSTRUCTIONS ON REVERSE NAME OF FILER Quintero for LACCD Board of Trustees 2015 1373920

Quillero for EACCD Board of Trustees 2015						1070920
Contributions Received		COLUMN A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE	Running in Both the	mary for Candidates e State Primary and
1. Monetary Contributions	\$	3,430	\$	7,259	General Elections	
2. Loans Received	•	0		0	· 1/1 th	rough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	3,430	\$	7,259	20. Contributions Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3		0		0	21 Expenditures	•
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	3,430	\$	7,259	Made \$	\$
Expenditures Made 6. Payments Made	\$	0	\$	487	Expenditure Limit S	Summary for State
7. Loans Made Schedule H, Line 3		0	·	0		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	0	\$	487	22. Cumulativ	e Expenditures Made* Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0		0	Date of Election	Total to Date
10. Nonmonetary Adjustment		0		0	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$	0	\$	487		\$
Current Cash Statement						_ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$			calculate Column B, add		_ \$
13. Cash Receipts Column A, Line 3 above		3,430		ounts in Column A to the responding amounts		
14. Miscellaneous Increases to Cash Schedule I, Line 4		200	fro	m Column B of your last		_ \$
15. Cash Payments Column A, Line 8 above		0 750	Co	ort. Some amounts in lumn A may be negative	, ,	. \$
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	8,758		ures that should be btracted from previous		
If this is a termination statement, Line 16 must be zero.			pe	riod amounts. If this is first report being filed		_ \$
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	for car	this calendar year, only ry over the amounts		Amounts in this section may be
Cash Equivalents and Outstanding Debts			fro an	m Lines 2, 7, and 9 (if y).	different from amounts re	paried in Column B,
18. Cash Equivalents		_				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0			FPPC To	FPPC Form 460 (June/01) II-Free Helpline: 866/ASK-FPPC

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

		10	milole dollais.	from01/1	8/2015	15 FORM 400			
ece inetelicate	ONS ON REVERSE			through02/1	4/2015	Page	of		
NAME OF FILER	LACCD Board of Trustees 2015					1.D. NUMB 1373920			
DATE RECEIVED	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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)		
1/21/2015	Carlos Vasquez	☑IND □COM □OTH □PTY □SCC	Realtor VCA Realty	\$300	0 \$100		N/A		
1/21/2015	Nohelia Canales	IND COM OTH PTY	Associate Professor Los Angeles Community College District	\$100			\$100		N/A
1/21/2015	Terry Carreto	IND COM OTH PTY	College Career Advisor Los Angeles Unified School District	\$100			N/A		
1/26/2015	Michael Godoy	MIND COM OTH PTY SCC	Requested	\$380	\$:	380	N/A		
1/26/2015	Evelyn Escatiola	MIND COM OTH PTY SCC	Community College Administrator Los Angeles Community College District	\$100	\$100		N/A		
			SUBTOTAL\$	980					
1. Amount re	A Summary ceived this period – contributions of \$100 or more. Il Schedule A subtotals.)		\$	3,430	IND-	ributor Cod Individual Recipient (other tha			
2. Amount re	ceived this period – unitemized contributions of less th	nan \$100	\$	0		- Other - Political Pa			
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			3,430	scc	– Small Con	tributor Committee		

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

01/18/2015

NAME OF FILER Quintero for	LACCD Board of Trustees 2015	through 02/1	4/2015	Page _ I.D. NU 13739			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (#FCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
1/26/2015	Elvia De La Torre	SCIND COM OTH PTY SCC	Senior Director LAEP	\$100 \$		100	N/A
1/26/2015	Ting Su (Melari) Yung	SIND COM OTH PTY SCC	Counselor Los Angeles Community College District	\$100	\$	100	N/A
1/26/2015	Nicoll Zapata	☐ IND ☐ COM ☐ Southern California ☐ PTY ☐ Edison ☐ SCC		\$100	\$	\$100	N/A
2/07/2015	Nicoll Zapata	□IND □COM □OTH □PTY □SCC	Financial Analyst Southern California Edison	\$200	. \$	300	N/A
1/26/2015	Margaret Aviia	ICOM COM OTH PTY SCC	Counselor Los Angeles Community College District	\$100	\$	100	N/A
			SUBTOTAL	\$600			

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

0-11-1- 4	(Constantion	tion Sheet	1
Schedule A	(MILLIAN	1001.01	J
Monetary Co	ntributions Rece	eived	

Type or print in ink.

Amounts may be rounded to whole dollars.

CALIFORNIA 460

Statement covers period

from

01/18/2015

SEE INSTRUCTIONS ON REVERSE					4/2015	Page	of
NAME OF FILER	LACCD Board of Trustees 2015					1.D. NI 13739	
Quintero for			IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO		PER ELECTION
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	OCCUPATION AND EMPLOYER (FSELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CALENDAR YE (JAN. 1 - DEC.	AR	TO DATE (IF REQUIRED)
1/26/2015	Michelle Salas	MIND COM	Requested	\$100	\$	100	N/A
1/26/2015	Laureano Flores	IND COM OTH SCC	Requested	\$200	\$2	200	N/A
1/26/2015	Ramona Salgado	IND COM OTH SCC	Realtor C21 Realty Masters	\$500	\$500		N/A
1/26/2015	Consuelo Castro	COM COM OTH PTY SCC	Teacher Los Angeles Community College District	\$500	\$6	500	N/A
1/26/2015	Domenic Ancona	⊠IND □COM □OTH □PTY □SCC	Retired	\$100	\$	100	N/A
			SUBTOTAL	1,400			
	A Summary					ributor (
 Amount red (Include all 	Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.)\$\$						ent Committee than PTY or SCC)
2. Amount red	ceived this period – unitemized contributions of less th	an \$100	\$	0		Other Politica	·
	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)	TOTAL \$	1,850			Contributor Committee

FPPC Form 460 (June/01) FPPC Toil-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) **Monetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.)
State	ment covers period	CALIFORNIA 160
from	01/18/2015	FORM 400
through_	02/14/2015	Page of
•		

I.D. NUMBER

NAME OF FILER

Quintero for	LACCD Board of Trustees 2015				1373	920
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 (# SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/26/2015	Zeida Cuellar	IND COM OTH SCC	Teacher Los Angeles Unified School District	\$100	\$100	N/A
1/31/2015	Nellie Rios-Parra	IND COM OTH PTY SCC	Requested	\$100	\$100	N/A
1/23/2015	Gustavo Calleros	SIND COM OTH PTY SCC	Requested	\$250	\$250	N/A
		IND COM OTH PTY				
		□IND □COM □OTH □PTY □SCC				

*Contributor Codes

IND-Individual

COM - Recipient Committee (other than PTY or SCC)

OTH-Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

450

SUBTOTAL\$

Sched	ule	В-	Pa	rt 1
Loans	Red	eive	edi	

Type or print in ink.

SCHED	JLE B-	PART 1
-------	--------	--------

Schedule B – Part 1 Loans Received		to whole dollar	ounded		Statement cov from 01/1	ers period 8/2015	california 460		
SEE INSTRUCTIONS ON REVERSE					through02/	14/2015	Page	of	
NAME OF FILER							I,D. NUMBER		
Quintero for LACCD Board of Trustees 2	2015						1373920		
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 PA OR FORGIVI THIS PERIO	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
N/A	N/A			□ PAID		0		CALENDARYEAR	
) 	0 50	RATE %	s0	5	
				FORGIVEN			_	PER ELECTION**	
† IND COM OTH PTY SCC		s0	s0	s	0 DATE DUE	s0	DATE INCURRED	s	
N/A	N/A			PAID				CALENDAR YEAR	
IVA	1477	į		s	0 5 0	0 4	s0	s0	
				FORGIVEN		RATE		PER ELECTION**	
TO IND COM OTH PTY SCC		s0	s0	\$	0 DATE DUE	s0	0 DATE INCURRED	s	
N/A	N/A			PAID				CALENDAR YEAR	
				s	<u>0</u> s0		s0	s0	
				FORGIVEN		RATE		PER ELECTION**	
•		s0	s0	s	0 0	s0	0	\$	
TO NO COM OTH PTY SCC					DATE DUE		DATE INCURRED		
		SUBTOTALS	0:	\$ 	0 \$ 0	<u> </u>			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)			
1. Loans received this period		•••••	***************************************	\$_	0		*Amounts for	rgiven or paid by	
(Total Column (b) plus unitemized loans	s less than \$100.)						another party	also must be	
2. Loans paid or forgiven this period				\$ _	0		reported on	Schedule A.	
(Total Column (c) plus loans under \$100 (Include loans paid by a third party that) paid or forgiven.)						** If required		
(include loans paid by a time party that	are also iternized on other	dale A.)							
Net change this period. (Subtract Line Enter the net here and on the Summar				. NET \$ _	(May be a negative number)				
† Contributor Codes									
IND - Individual COM - Recipient Committee (o	other than PTY or SCC) OTH-	Other PTY-P	Political Party S	SCC – Small C	ontributor Committee	FPPC To		m 460 (June/01) :: 866/ASK-FPPC	

Sche	dule	B-	Part	2
Loan	Gua	rant	ors	

Type or print in ink.

SUL	ᇆ	-PM	RIZ
			_

oan Guarantors	Amounts may be rounded to whole dollars.	Statement covers period from01/18/2015	CALIFORNIA 460	
EE INSTRUCTIONS ON REVERSE		through02/14/2015	Page of	
IAME OF FILER			I.D. NUMBER	
Quintero for LACCD Board of Trustees 2015			1373920	

Quilitero for EACOD Board of Trustees 2010					1010020	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER (.D. 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
N/A	□IND □COM □OTH □PTY □SCC	N/A	LENDER N/A DATE N/A	N/A	CALENDAR YEAR O S PER ELECTION (IF REQUIRED) O S	0
N/A	□IND □COM □OTH □PTY □SCC	N/A	N/A DATE N/A	N/A	S O PER ELECTION (IF REQUIRED) S O O O	0
N/A	☐IND ☐COM ☐OTH ☐PTY ☐SCC	N/A	LENDER N/A DATE N/A	N/A	CALENDAR YEAR S PER ELECTION (IF REQUIRED) O S	0
N/A	□IND □COM □OTH □PTY □SCC	N/A	LENDER N/A DATE N/A	N/A	CALENDAR YEAR S PER ELECTION (IF REQUIRED) O S	0
			SUBTOTAL	\$ 0	Enteron Summary Page, Line 17 only.	

Schedule C **Nonmonetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period CALIFORNIA 01/18/2015 **FORM** from 02/14/2015 through Page I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Quintero for LACCD Board of Trustees 2015 1373920 CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR DESCRIPTION OF DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE ZIP CODE OF CONTRIBUTOR CODE * GOODS OR SERVICES CALENDAR YEAR (IF SELF-EMPLOYED, ENTER RECEIVED VALUE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER LD. NUMBER) (JAN 1 - DEC 31) NAME OF BUSINESS) □COM **□OTH** □PTY □SCC □ COM **□OTH** □PTY SCC COM \Box OTH PTY □scc COM HTOTH PTY □SCC Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$** Schedule C Summary *Contributor Codes IND - Individual 1. Amount received this period – nonmonetary contributions of \$100 or more. COM - Recipient Committee (other than PTY or SCC) OTH - Other 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ PTY - Political Party

3. Total nonmonetary contributions received this period.

SCC - Small Contributor Committee

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE		Type or print Amounts may b to whole do	e rounded	Statement covers from 01/18/2 through 02/14/	2015	CALIFO FOR Page _	of
Quintero 1	for LACCD Board of Trustees 2015					1.D. NUM 137392	
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	CUMULATIVI CALENDAI (JAN. 1 - D	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
N/A	N/A Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	N/A	0		0	N/A
N/A	N/A Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	N/A	0		0	N/A
N/A	N/A Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	N/A	0		0	N/A
			SUBTOTAL	\$ 0			

Schedule D Summary

1. C	ontributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$	0
			_
2. U	nitemized contributions and independent expenditures made this period of under \$100	\$	U
			0
3 Tr	otal contributions and independent expenditures made this period (Add Lines 1 and 2. Do not enter on the Summan, Page). TOTAL	¢	U

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

Type or print in ink.

Amounts may be rounded to whole dollars.

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
N/A	N/A Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	N/A	0	0	N/A
N/A	N/A Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	N/A ,	0	0	N/A
N/A	N/A Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	N/A	0	0	N/A
N/A	N/A Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	N/A	0	O .	N/A
			SUBTOTAL \$	0		

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from 01/18/2015	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through02/14/2015	Page of
NAME OF FILER Quintero for LACCD Board of Trustees 2015				1.D. NUMBER 1373920
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 independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member commeetings and office expen petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearances ses lating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, an TRS staff/spouse travel, lodging,	duction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
* Payments that are contributions or independent expenditures m	ust also be summ	arized on Schedule D.	SL	JBTOTAL\$
Schedule E Summary				
Payments made this period of \$100 or more. (Include all Sch	hedule E subtotal	s.)		\$

COLLED	CONT
SCHED	ICON L

Schedule E (Continuation Sheet) Payments Made

Type or print in Ink.

Amounts may be rounded to whole dollars.

	001120022 2 (001111)
Statement covers period	CALIFORNIA 460
from	FORIVI
through	Page of
	I.D. NUMBER

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.

Page _____ of ____

I.D. NUMBER

RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications returned contributions CNS campaign consultants MTG meetings and appearances 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 TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals FND fundraising events polling and survey research POL independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor ND POS professional services (legal, accounting) VOT voter registration LEG legal defense PRO WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

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

SUBTOTAL \$

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA FORM	460	
through	Page	of	

I.D. NUMBER

SEE INSTRUCTIONS	ON REVERSE
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NAME OF FILER

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

MBR member communications

MTG meetings and appearances

MTG meetings and appearances

OFC office expenses

SAL campaign workers' salaries

TEL t.v. or cable airtime and production

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 fundralsing 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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
N/A	N/A	0	0	0	0
N/A	N/A	0	0	0	0
N/A	N/A	0	0	0	0
* Payments that are contributions or Independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0 :	\$ 0 :	0 :	\$ 0

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for	0
accrued expenses of \$100 or more, plus total uniternized accrued expenses under \$100.)	.

- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

 NET \$ May be a negative number

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

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
through	Page of
1	I.D. NUMBER

NAME OF FILER

through ______ of ____

1.D. NUMBER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphemalia/misc. CNS campaign consultants MTG meetings and appearances 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 PHO phone banks TRC candidate travel, lodging, and meals candidate filing/ballot fees FIL staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services ND legal defense PRO professional services (legal, accounting) VOT voter registration LEG WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads LT.

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

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 PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
N/A	N/A	0	0	0	0
N/A	N/A	0	0	0	. 0
N/A	N/A	0	0	0	0
N/A	N/A	0	0	0	0
	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0

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

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA 160
from	FORM 400
through	Done of
unough	Page of
	I.D. NUMBER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

SEE INSTRUCTIONS ON REVERSE

N/A

NAME OF FILER

CO	DES: If one of the following codes accurately describe	es 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
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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
N/A	N/A	N/A	0
N/A	N/A	N/A	0
N/A	N/A	N/A	0
N/A	N/A	N/A	0
Attach additional information on appropriately labeled continuation sheets.		TO	'AL* \$ 0

^{*} 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.

Sched	ule H		
Loans	Made	to	Others*

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE H
Statement covers period	CALIFORNIA 460
from	FORM TOO
through	Page of

		10 11/10							
SEE INSTRUCTIONS ON REVERSE			through			Page	. of		
NAME OF FILER						I.D. NUMBER			
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT FORGIVENE THIS PERIO	SS CLOSE O	E AT F THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
N/A	N/A	s0	s	FORGIVEN	0 s		0 RATE %	\$0 N/A DATE INCURRED	CALENDAR YEAR \$0 PER ELECTION** 0 5
N/A	N/A	s0	s0	FORGIVEN	0 s N//		0 PATE %	s O N/A DATE INCURRED	S O PERELECTION**
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E. SUBTOTALS \$ 0 \$ 0							- 1000		
							(Enter (e) on Schedule I, Line 3)		
Schedule H Summary									
Loans made this period (Total Column (b) plus unitemized loans					••••••	.\$	0	- [**If Required
Payments received on loans (Total Column (c) plus unitemized paym				••••••		. \$	0	_	
3. Net change this period. (Subtract Line (Enter the net here and on the Summa)				•••••	NET	\$	O ny be a negative numbe	n	

ichedule I		Type or print in ink.				SCHEDULE	
liscellaneous Increases to Cash		Amounts may be rounded State to whole dollars.		nt covers period	CALIFORNIA FORM		
			through		Page	of	
EE INSTRUCTIONS AME OF FILER	S ON REVERSE		<u> </u>		I.D. NUMBER		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RE	CEIPT	AMOUN INCREASE		
410010045	Laura Cantu	Comedy show	Comedy show ticket				
1/26/2015						\$100	
	Roberto Gonzalez	Comedy show	ticket				
1/26/2015						\$100	
				. 8. 14. 8. 14. 14. 14. 1			
					1		
Attach addit	tional information on appropriately labeled continuation sheets.			SUBTOTAL	\$	200	
Schedule I	Summary						
l. Increases f	to cash of \$100 or more this period.			\$			
	d increases to cash under \$100 this period						
	interest received this period on loans made to others. (Schedule			\$			
	ellaneous increases to cash this period. (Add Lines 1, 2, and 3. l Page, Line 14.)		TOTAL	\$ 200			
, .	5 ,,				FPPC Form Free Helpline: 8	460 (June/01) 66/ASK-FPPC	