

**Recipient Committee  
Campaign Statement  
Cover Page**

400C 2020-3

COVER PAGE

Date Stamp <b>RECEIVED BY</b> LOS ANGELES COUNTY 2021 MAR 31 PM 4:50 CAMPAIGN FINANCE	<b>CALIFORNIA FORM 460</b>
	Page _____ of _____ For Official Use Only 020881 C11532

Statement covers period  
 from 10/18/2020  
 through 12/31/2020

Date of election if applicable:  
 (Month, Day, Year)  
11/03/2020

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  
(Also Complete Part 5)

General Purpose Committee  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee  
 Controlled  
 Sponsored  
(Also Complete Part 6)

Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

**2. Type of Statement:**

Preelection Statement  
 Semi-annual Statement  
 Termination Statement  
(Also file a Form 410 Termination)  
 Amendment (Explain below)

Quarterly Statement  
 Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER  
852428547

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
"Let's make A Difference WCUSD" Joe Magallanes, Linda Nguyen, West Covina School Board 2020 & Juanita Cruz

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Covina	CA	91790	6265928491

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Covina	CA	91790	6265928491

OPTIONAL: FAX / E-MAIL ADDRESS  
 \_\_\_\_\_

**Treasurer(s)**

NAME OF TREASURER  
Joe Magallanes

MAILING ADDRESS  
 \_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Covina	CA	91790	6265928491

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 certify under penalty of perjury under the laws of the State of California that the foregoing and in the attached schedules is true and complete. I

Executed on 2/1/21 By \_\_\_\_\_  
Date

Executed on 2/1/21 By \_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
 Treasurer

\_\_\_\_\_  
 President or Responsible Officer of Sponsor

\_\_\_\_\_  
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

\_\_\_\_\_  
 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

Joe Magallanes

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

West Covina School Board

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

West Covina CA 91790

**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? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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 <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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>10/18/20</u> through <u>12/31/20</u>	<b>CALIFORNIA FORM 460</b>
Page _____ of _____	I.D. NUMBER <u>852428547</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Joe Magallanes

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ <u>1500</u>	\$ <u>3603</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>1500</u>	\$ <u>3603</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>1500</u>	\$ <u>3603</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	\$ _____	\$ <u>3603</u>
21. Expenditures Made	\$ _____	\$ <u>2213</u>

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>680</u>	\$ <u>2213</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	_____	_____
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>680</u>	\$ _____
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	_____	_____
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	_____	_____
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>680</u>	\$ <u>2213</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..... <i>Previous Summary Page, Line 16</i>	\$ <u>2333</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	<u>1500</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	_____
15. Cash Payments..... <i>Column A, Line 8 above</i>	<u>680</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>1390</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..... <i>Schedule B, Part 2</i>	\$ _____
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**Cash Equivalents and Outstanding Debts**

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

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/18/20</u> through <u>12/31/20</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Joe Magallanes

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/11/2020	"It Takes A Village" 14122424 Dr. Rose Lopez Ed.D 91790	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WCUSD Governing School Member	0	1000	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ 0
- Amount received this period – unitemized monetary contributions of less than \$100 .....\$ 1500
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 1500

\*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 from <u>10/18/2020</u> through <u>12/31/2020</u>		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  Joe Magallanes		I.D. NUMBER  852428547

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.

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LA County Registrar Northridge, CA 91325	FIL		Penalties	570
Sticker Mule Amsterdam, NY 12010	CMP		Campaign Stickers	110

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

**SUBTOTAL \$ 680**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 680
2. Unitemized payments made this period of under \$100.	\$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
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 \$ 680</b>