

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

1/31/22 PM

COVER PAGE

| | |
|--|---|
| Date Stamp RECEIVED BY LOS ANGELES COUNTY 2022 FEB -1 PM 4:35 CAMPAIGN FINANCE | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>12</u> For Official Use Only |

Statement covers period
from 07/01/2021
through 12/31/2021

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

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 <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
1409393

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Lomeli For Rio Hondo College Board 2022

STREET ADDRESS (NO P.O. BOX)

| | | | |
|-----------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Whittier</u> | <u>CA</u> | <u>90601</u> | <u>(562) 457-0625</u> |

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

| | | | |
|---------------|-----------|--------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Covina</u> | <u>CA</u> | <u>91722</u> | |

OPTIONAL: FAX / E-MAIL ADDRESS
lomeliforRHC2018@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 under penalty of perjury under the laws of the State of California that the foregoing is

ched schedules is true and complete. I certify

Executed on 01/31/2022
Date

By _____

Executed on 01/31/2022
Date

By _____
Officer of Sponsor

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 | | | | |
| Rosaelva Lomeli | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | | | | |
| Rio Hondo Community College Board Member of Trustee District 3 | | | | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP | |
| | Whittier | CA | 90601 | |

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? <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? <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 <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 <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 |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <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
from 07/01/2021
through 12/31/2021

CALIFORNIA
FORM **460**

Page 3 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lomeli For Rio Hondo College Board 2022

I.D. NUMBER

1409393

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>1,749.00</u> | \$ <u>1,749.00</u> |
| 2. Loans Received Schedule B, Line 3 | <u>0.00</u> | <u>5,710.75</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ <u>1,749.00</u> | \$ <u>7,459.75</u> |
| 4. Nonmonetary Contributions Schedule C, Line 3 | <u>0.00</u> | <u>0.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>1,749.00</u> | \$ <u>7,459.75</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>1,643.97</u> | \$ <u>1,693.97</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>1,643.97</u> | \$ <u>1,693.97</u> |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | <u>-460.40</u> | <u>1,625.16</u> |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | <u>0.00</u> | <u>0.00</u> |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>1,183.57</u> | \$ <u>3,319.13</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 |
|--------------------------------------|---------------|
| <u> </u> / <u> </u> / <u> </u> | \$ _____ |
| <u> </u> / <u> </u> / <u> </u> | \$ _____ |

Current Cash Statement

| | |
|---|------------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ <u>128.07</u> |
| 13. Cash Receipts Column A, Line 3 above | <u>1,749.00</u> |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | <u>0.00</u> |
| 15. Cash Payments Column A, Line 8 above | <u>1,643.97</u> |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>233.10</u> |

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>7,335.91</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 A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from <u>07/01/2021</u> through <u>12/31/2021</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>12</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|--|----------------------------|
| NAME OF FILER Lomeli For Rio Hondo College Board 2022 | I.D. NUMBER 1409393 |
|--|----------------------------|

| 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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 07/12/2021 | Consulting Solutions Group, Inc Downey, CA 90241 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 600.00 | 600.00 | |
| 07/15/2021 | Jesse Garcia Montebello, CA 90640 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Agent Realty Masters & Associates | 150.00 | 150.00 | |
| 07/13/2021 | Ibe Digital Garden Grove, CA 92841 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 600.00 | 600.00 | |
| 07/09/2021 | Bruce Lazenby Whittier, CA 90601 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Executive Rose Hills Memorial Park & Mortuary | 300.00 | 300.00 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | 1,650.00 | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1,650.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 99.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,749.00

*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 from <u>07/01/2021</u> through <u>12/31/2021</u> | CALIFORNIA FORM 460 |
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| I.D. NUMBER 1409393 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lomeli For Rio Hondo College Board 2022

| 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 |
|--|---|--|------------------------------------|--|--|----------------------------------|--|--|
| Rosaelva Lomeli Whittier, CA 90601 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher Suva Intermediate MUSD | \$ 500.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 500.00 DATE DUE | 0.00% RATE \$ 0.00 | \$ 500.00 09/04/2018 DATE INCURRED | CALENDAR YEAR \$ 0.00 PER ELECTION** \$ |
| Rosaelva Lomeli Whittier, CA 90601 Loan † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher Suva Intermediate MUSD | \$ 4,200.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 4,200.00 DATE DUE | 0.00% RATE \$ 0.00 | \$ 4,200.00 10/18/2018 DATE INCURRED | CALENDAR YEAR \$ 0.00 PER ELECTION** \$ |
| Rosaelva Lomeli Whittier, CA 90601 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher Suva Intermediate MUSD | \$ 250.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 250.00 DATE DUE | 0.00% RATE \$ 0.00 | \$ 250.00 07/31/2019 DATE INCURRED | CALENDAR YEAR \$ 0.00 PER ELECTION** \$ |
| SUBTOTALS \$ | | | 0.00 \$ | 0.00 \$ | 4,950.00 \$ | 0.00 | | |

Schedule B Summary

1. Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. 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.)
3. Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 0.00**
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

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

†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
from 07/01/2021
through 12/31/2021

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lomeli For Rio Hondo College Board 2022

I.D. NUMBER

1409393

| 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 |
|---|---|--|------------------------------------|--|--|----------------------------------|--|---|
| Rosaelva Lomeli Whittier, CA 90601 | Teacher Suva Intermediate MUSD | \$ 250.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 250.00 | 0.00% RATE \$ 0.00 | \$ 250.00 08/15/2019 DATE INCURRED | CALENDAR YEAR \$ 0.00 PER ELECTION** |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | DATE DUE | | | |
| Rosaelva Lomeli Whittier, CA 90601 | Teacher Suva Intermediate MUSD | \$ 250.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 250.00 | 0.00% RATE \$ 0.00 | \$ 250.00 08/25/2020 DATE INCURRED | CALENDAR YEAR \$ 0.00 PER ELECTION** |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | DATE DUE | | | |
| Rosaelva Lomeli Whittier, CA 90601 | Teacher Suva Intermediate MUSD | \$ 250.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 250.00 | 0.00% RATE \$ 0.00 | \$ 250.00 09/15/2020 DATE INCURRED | CALENDAR YEAR \$ 0.00 PER ELECTION** |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | DATE DUE | | | |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ | _____% RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| SUBTOTALS \$ | | | \$ 0.00 | \$ 0.00 | \$ 750.00 | \$ 0.00 | | |

*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 | | CALIFORNIA FORM | 460 |
| from | 07/01/2021 | | |
| through | 12/31/2021 | Page | 7 of 12 |
| NAME OF FILER | | I.D. NUMBER | |
| Lomeli For Rio Hondo College Board 2022 | | 1409393 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lomeli For Rio Hondo College Board 2022

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 |
|---|------|----|------------------------|-------------|
| Marco Alarcon Los Angeles, CA 90027 | LIT | | Logo Design | 300.00 |
| eFundraising Connections Sacramento, CA 95816 | OFC | | Processing Fee | 20.00 |
| eFundraising Connections Sacramento, CA 95816 | OFC | | Processing Fee | 39.50 |

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

SUBTOTAL \$ 359.50

Schedule E Summary

| | | |
|--|-----------------|-----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 1,545.30 |
| 2. Unitemized payments made this period of under \$100 | \$ | 98.67 |
| 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.) | TOTAL \$ | 1,643.97 |

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

Amounts may be rounded
to whole dollars.

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2021</u> through <u>12/31/2021</u> | CALIFORNIA FORM 460 |
| | Page <u>8</u> of <u>12</u> |
| | I.D. NUMBER 1409393 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Lomeli For Rio Hondo College Board 2022

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 |
|---|------|----|------------------------------|-------------|
| eFundraising Connections Sacramento, CA 95816 | OFC | | Processing Fee | 39.50 |
| eFundraising Connections Sacramento, CA 95816 | OFC | | Processing Fee | 10.25 |
| eFundraising Connections Sacramento, CA 95816 | OFC | | Processing fee | 6.94 |
| Fernando Jarillo Bell Gardens, CA 90201 | | | 07/16/21 Food for fundraiser | 400.00 |
| Pico Rivera Golf Course Pico Rivera, CA 90660 | FND | | | 216.00 |

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

SUBTOTAL \$ 672.69

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

Amounts may be rounded
to whole dollars.

| | | |
|---|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2021 | |
| through | 12/31/2021 | Page 9 of 12 |
| NAME OF FILER | | I.D. NUMBER |
| Lomeli For Rio Hondo College Board 2022 | | 1409393 |

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 |
|---|------|----|------------------------|-------------|
| Yolanda Miranda & Assoc. Covina, CA 91722 | PRO | | | 250.00 |
| Yolanda Miranda & Assoc. Covina, CA 91722 | POS | | | 2.36 |
| Yolanda Miranda & Assoc. Covina, CA 91722 | PRO | | | 250.00 |
| Yolanda Miranda & Assoc. Covina, CA 91722 | POS | | | 10.75 |
| | | | | |

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

SUBTOTAL \$ 513.11

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

Amounts may be rounded
to whole dollars.

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2021</u> through <u>12/31/2021</u> | CALIFORNIA FORM 460 |
| | Page <u>10</u> of <u>12</u> |
| | I.D. NUMBER 1409393 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Lomeli For Rio Hondo College Board 2022

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 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 |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Marco Alarcon Los Angeles, CA 90027 | LIT Logo Design | 300.00 | 0.00 | 300.00 | 0.00 |
| Mailina Pros Inc. Huntington Beach, CA 92649 | LIT | 1,272.45 | 0.00 | 0.00 | 1,272.45 |
| Secretary of State Sacramento, CA 95814 | OFC | 0.00 | 50.00 | 0.00 | 50.00 |

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

SUBTOTALS \$ 1,572.45\$ 50.00\$ 300.00\$ 1,322.45

Schedule F Summary

| | | |
|---|---------------------------|---|
| 1. 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 \$ | <u>352.71</u> |
| 2. 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 \$ | <u>813.11</u> |
| 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 \$ | <u>-460.40</u> <small>May be a negative number</small> |

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

Amounts may be rounded
to whole dollars.

| | |
|--|--------------------------------|
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| | Page <u>11</u> of <u>12</u> |
| NAME OF FILER Lomeli For Rio Hondo College Board 2022 | I.D. NUMBER 1409393 |

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|--|-----------------------------------|---|---------------------------------------|---|--|
| Yolanda Miranda & Assoc. Covina, CA 91722 | POS | 10.75 | 0.00 | 10.75 | 0.00 |
| Yolanda Miranda & Assoc. Covina, CA 91722 | PRO | 250.00 | 0.00 | 250.00 | 0.00 |
| Yolanda Miranda & Assoc. Covina, CA 91722 | POS | 2.36 | 0.00 | 2.36 | 0.00 |
| Yolanda Miranda & Assoc. Covina, CA 91722 | PRO | 250.00 | 0.00 | 250.00 | 0.00 |
| SUBTOTALS \$ | | 513.11 \$ | 0.00 \$ | 513.11 \$ | 0.00 |

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

SCHEDULE F (CONT.)

Amounts may be rounded
to whole dollars.

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2021</u> through <u>12/31/2021</u> | CALIFORNIA FORM 460 |
| | Page <u>12</u> of <u>12</u> |
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|--|-----------------------------------|---|---------------------------------------|---|--|
| Yolanda Miranda & Assoc. Covina, CA 91722 | OFC | 0.00 | 2.71 | 0.00 | 2.71 |
| Yolanda Miranda & Assoc. Covina, CA 91722 | PRO | 0.00 | 300.00 | 0.00 | 300.00 |
| | | | | | |
| | | | | | |
| SUBTOTALS \$ | | 0.00 \$ | 302.71 \$ | 0.00 \$ | 302.71 |