

Recipient Committee Campaign Statement Cover Page

DATE STAMP: RECEIVED BY LOS ANGELES COUNTY 2023 FEB 23 PM 12:18 CAMPAIGN FINANCE. CALIFORNIA FORM 460. Page 1 of 4. For Official Use Only.

Statement covers period from 10/23/2022 through 12/31/2022

Date of election if applicable: 11/08/2022

INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee (checked)
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Pre-election Statement
Semi-annual Statement
Termination Statement (checked)
Amendment
Quarterly Statement
Special Odd-Year Report

Committee Information

I.D. NUMBER 1453512

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Bible for Pomona Unified School District Trustee Area 4 2022

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE Pomona CA 91766 909/717-6311

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

CITY STATE ZIP CODE AREA CODE/PHONE Beaumont CA 92223 951/316-0608

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Ron Hupe

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Beaumont CA 92223 951/316-0608

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Verification

I have used all reasonable diligence in preparing and reviewing this statement. I certify under penalty of perjury under the laws of the State of California

that this is true and complete. I

Executed on 01/01/2023 Date

Executed on 01/01/2023 Date

Executed on Date

Executed on Date

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Sandra Bible

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
PUSD Trustee Area 4

RESIDENTIAL / BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
Pomona CA 91766

**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
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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
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*

**mpaign Disclosure Statement  
mmary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10/23/2022</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2022</u>	
Page <u>3</u> of <u>4</u>	
I.D. NUMBER <u>1453512</u>	

INSTRUCTIONS ON REVERSE

NAME OF FILER

**BH** for Pomona Unified School District Trustee Area 4 2022

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions..... Schedule A, Line 3	\$ 0.00	\$ 5472.00
Loans Received..... Schedule B, Line 3	0.00	0.00
<b>SUBTOTAL CASH CONTRIBUTIONS</b> ..... Add Lines 1 + 2	\$ 0.00	\$ 5472.00
Nonmonetary Contributions..... Schedule C, Line 3	0.00	0.00
<b>TOTAL CONTRIBUTIONS RECEIVED</b> ..... Add Lines 3 + 4	\$ 0.00	\$ 5472.00

**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	\$ 0.00	\$ 5472.00
21. Expenditures Made	\$ 0.00	\$ 5472.00

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Payments Made..... Schedule E, Line 4	\$ 2017.80	\$ 5472.00
Loans Made..... Schedule H, Line 3	0.00	0.00
<b>SUBTOTAL CASH PAYMENTS</b> ..... Add Lines 6 + 7	\$ 2017.80	\$ 5472.00
Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0.00	0.00
Nonmonetary Adjustment..... Schedule C, Line 3	0.00	0.00
<b>TOTAL EXPENDITURES MADE</b> ..... Add Lines 8 + 9 + 10	\$ 2017.80	\$ 5472.00

**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**

Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 2017.80
Cash Receipts..... Column A, Line 3 above	0.00
Miscellaneous Increases to Cash..... Schedule I, Line 4	0.00
Cash Payments..... Column A, Line 8 above	2017.80
<b>ENDING CASH BALANCE</b> ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0.00

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

LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0.00
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**Cash Equivalents and Outstanding Debts**

Cash Equivalents..... See instructions on reverse	\$ 0.00
Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 0.00

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.



**Statement of Organization  
Proposing Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	12 / 31 / 2022

Date Stamp  
④DC  
RECEIVED BY  
LOS ANGELES COUNTY  
2023 FEB 23 PM 12:30

**CALIFORNIA FORM 410**  
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**1. Committee Information I.D. Number 1453512 (if applicable)**      **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
**Bible for Pomona Unified School District Trustee Area 4 2022**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Pomona	CA	91766	909/717-6311

FULL MAILING ADDRESS (IF DIFFERENT)  
**Beaumont, CA, 92223**

E-MAIL ADDRESS (REQUIRED) / FAX (IF APPLICABLE)  
**bible.mrconsulting@gmail.com**

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	Pomona

NAME OF TREASURER  
**Ron Hupe**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Beaumont	CA	92223	951/316-0608

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

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

Executed on 01/14/2023 By \_\_\_\_\_

Executed on 01/14/2023 By \_\_\_\_\_

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

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

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT