

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 9

For Official Use Only

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2022 FEB -2 PM 1:03
CAMPAIGN FINANCE

Statement covers period
from 7.1.2021
through 12.31.2021

Date of election if applicable:
(Month, Day, Year)
NOVEMBER 2022

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
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

COMMITTEE TO ELECT JODY ROBERTO TO THREE VALLEYS
MUNICIPAL WATER DISTRICT 2022
DIRECTOR, DIVISION 5

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
DIAMOND BAR	CA	91765	951.741.5999

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

JODY ROBERTO

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
DIAMOND BAR	CA	91765	951.741.5999

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 1.29.22
Date

By _____
urer

Executed on 1.29.22
Date

By _____
Signature of _____
t or Responsible 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**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**
Page 2 of 9

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

JODY ROBERTO

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

THREE VALLEYS MUNICIPAL WATER DISTRICT, DIVISION 5

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

CLAREMONT CA 91711

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

SUPPORT
 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

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

SUMMARY PAGE

State of California
1.1.2

through 12.31.2021

CALIFORNIA FORM 460

Page 3 of 9

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JODY ROBERTO

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 7089.00	\$ 7639.00
2. Loans Received Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 7089.00	\$ 7639.00
4. Nonmonetary Contributions Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 7089.00	\$ 7639.00

**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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ 1971.22	\$ 2346.22
7. Loans Made Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 1971.22	\$ 2346.22
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0	0
10. Nonmonetary Adjustment Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 1971.22	\$ 2346.22

**Expenditure Limit Summary for State
Candidates**

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

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

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 175.00
13. Cash Receipts Column A, Line 3 above	7089.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	1971.22
15. CASH PAYMENTS Column A, Line 8 above	5292.78
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ _____

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

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.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

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

Schedule A

Monetary Contributions Received

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

SCHEDULE A

July 2021
through 12.31.2021

CALIFORNIA FORM 460
Page 4 of 9
I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JODY ROBERTO

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)
9.29.21	LARRY BLACK CHINO HILLS, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HERITAGE GROUP REALTOR	150	150	
9.29.21	TINA JAVID CHINO HILLS, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SO CAL GAS CO REGIONAL MANAGER	100	100	
9.29.21	PATRICIA BOWLER DIAMOND BAR, CA 91765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	150	150	
9.29.21	BARBARA CARRERA SAN CLEMENTE, CA 92672	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100	100	
9.29.21	ABBEY HOWELL WALNUT, CA 91789	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	150	150	
SUBTOTAL \$				650		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ 6850.00
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ 239.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ 7089.00

*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 A (Continuation Sheet)

Type or print in ink.

SCHEDULE A (CONT.)

Proposition 53 - Initiative and Referendum

7.1.2021

CALIFORNIA FORM 460

through 12.31.2021 Page 5 of 9
I.D. NUMBER

NAME OF FILER
JODY ROBERTO

DATE RECEIVED	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)
9.29.21	ANDREW WONG DIAMOND BAR, CA 91765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY, DEICHERT	2500	2500	
9.29.21	VALLEY VISTA SERVICES CITY OF INDUSTRY, CA 91745	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000	1000	
9.29.21	GILBERT RIVERA DIAMOND BAR, CA 91765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED REALTOR	500	500	
9.29.21	MARK SNEDDEN HACIENDA HEIGHTS, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	500	500	
9.29.21	HALA MURAD DIAMOND BAR, CA 91765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	200	200	
SUBTOTAL \$				4700		

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars

SCHEDULE A (CONT.)

7.1.2021
through 12.31.21

CALIFORNIA FORM 460
Page 7 of 9
I.D. NUMBER

NAME OF FILER
JODY ROBERTO

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)
9.29.21	LAUREN JAMES DIAMOND BAR, CA 91765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GOLDEN STATE WATER COMMUNICATIONS DIRECTOR	150	150	
9.29.21	FRIENDS OF MANUEL BACA DIAMOND BAR, CA 91765	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MT SAN ANTONIO COLLEGE TRUSTEE	100	100	
9.29.21	ROBERT MORALES ARCADIA, CA 91006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIEF EXTERNAL AFFAIRS OFFICER LIFELONG LEARNING	250	250	
9.29.21	BRUCE BOWEN UPLAND, CA 91786	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	150	150	
9.29.21	SURENDRA MEHTA DIAMOND BAR, CA 91765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	150	150	

SUBTOTAL \$ 800.00

*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 D

Summary of Contributions, Independent Expenditures, and Committees

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JODY ROBERTO

SCHEDULE D

STATE OF CALIFORNIA
FORM 460

7.1.2021

through: 12.31.2021

Page 8 of 9

I.D. NUMBER

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 (CAL. YEAR (JAN. 1 - DEC. 31))	PER ELECTION TO DATE (IF REQUIRED)
	Tim SHAW - SHAW FOR OC BOARD OF EDUCATION	<input checked="" type="checkbox"/> Monetary Contribution		200.00	200.00	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Nonmonetary Contribution				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Nonmonetary Contribution				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Nonmonetary Contribution				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$						

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 200.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 200.00

Schedule E
Payments Made

Type or print in ink.
Amounts may be rounded

SCHEDULE E

7.1.2021

through 12.31.2021

CALIFORNIA
FORM 460

Page 9 of 9

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JODY ROBERTO

- CODES: If you are filing this schedule, you may enter the code. Otherwise, describe the payment.
- | | | | | | |
|-----|--|-----|---|-----|--|
| CND | campaign contributions | FND | fundraising events | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFT | retiree contributions |
| CTR | contribution (explain non-monetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | NET | petition circulating | TCL | tv or cable airtime and production costs |
| FL | candidate filing/ballot fees | PHC | phone banks | TFC | candidate travel, lodging, and meals |
| FUN | fundraising events | POE | polling and survey research | TFS | staff/office travel, lodging, and meals |
| INT | interest expense on any indebtedness (see 8(a)(1)) | PRO | professional services (legal, accounting) | TOT | transfer between accounts of the same individual or entity |
| LEG | legal defense | PRF | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRN | 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
NANCY WHITEHOUSE HOSCHTON, GEORGIA 30548	CMP	CAMPAIGN ENVELOPES, THANK YOU CARDS	100.00
VITA RESTAURANT POMONA, CA 91768	FND	FUNDRAISER VENUE	1353.35
SERGIO VILLEGAS LA QUINTA, CA	FND	MUSIC AT FUNDRAISER	250.00

* Payments that constitute independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1903.35

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1903.35
2. Unitemized payments made this period of under \$100	\$ 67.87
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here, and on the Summary Page, Column A, Line d.)	TOTAL \$ 1971.22