loginiant Committee					COVENTAGE
Recipient Committee			Date Stamp	C	ALIFORNIA 460
Campaign Statement Cover Page			G D7	M	FORM 400
Sovernment Code Sections 84200-84216.5)			RECEIVED BY		
······································	Statement covers period	Date of election if applicable: (Month, Day, Year)	ANGELES CO	UHTÝ Pa	ge <u>1</u> of <u>7</u>
	from01/01/2022	-	60 54 6		For Official Use Only
EE INSTRUCTIONS ON REVERSE	through06/30/2022	11/03/2020 207	2 JUL 28 PM 2	_ [
. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	AITI AIGHT III	.,,,,,,	
☒ Officeholder, Candidate Controlled Committee ☐ F ☐ State Candidate Election Committee ☐ C ☐ Recall ☐ (Also Complete Part 5) ☐ General Purpose Committee ☐ F ☐ Sponsored ☐ F ☐ Small Contributor Committee ☐ F	rimarily Formed Ballot Measure committee Controlled Controlled Sponsored Soc Complete Part 6) rimarily Formed Candidate/ Officeholder Committee Soc Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 To ☐ Amendment (Explain b	,	Supplemer	Statement Id-Year Report ntal Preelection - Attach Form 495
Committee Information	. NUMBER	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1338120	NAME OF TREASURER			
VICKY SANTANA FOR RIO HONDO COLLEGE 2020		DAVID L. GOULD			
		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
	DE ADEL GODE DUOVE	Norwalk NAME OF ASSISTANT TREASUR	CA.	90650	(213) 489-4792
CITY STATE ZIP CO		NADIA MODESTO	RER, IF ANY		
Norwalk CA 9065 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B		MAILING ADDRESS			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Norwalk	CA	90650	(213) 489-4792
OPTIONAL: FAX / E-MAIL ADDRESS (213)489-4818 / dlgould@gouldorellana.com		OPTIONAL: FAX / E-MAIL ADDR	RESS		
Verification					
I have used all reasonable diligence in preparing and reviewing				schedules is t	true and complete. I certify
under penalty of perjury under the laws of the State of Californi	a that the foregoing is tru				
Executed on	Ву _				
Executed on	Ву _		;	f Sponsor	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, Ca	ate Measure Proponent		
Executed on	Ву	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent		EPPC Form 460 / Jan/2016

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
CALIF FC	ORNIA RM	4	60			
Page _	2	of	7			

Officeholder or Candidate Controlled Comm	ttee	6.	Primarily Formed Ballot	t Measure Committee	e
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE		
VICKY SANTANA					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
TRUSTEE RIO HONDO COMM COLL District 2					OPPOSE
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TY STATE ZIP		Identify the controlling office	ceholder, candidate, or s	tate measure proponent, if any.
NO.	twalk CA 90650		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROPONENT	
Related Committees Not Included in this Sta not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	r are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)		
	YES NO		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SOL	JGHT OR HELD
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO)X)				SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SOL	JGHT OR HELD □ SUPPORT □ OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SOL	JGHT OR HELD □ SUPPORT □ OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SOL	JGHT OR HELD
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	JX)				
CITY STATE ZIP C	ODE AREA CODE/PHONE		Attach	n continuation sheets if	necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMARY PAGE				
Statem	ent covers period	CALIFORNIA 460				
from	01/01/2022	FORM TOU				
through _	06/30/2022	Page3 of7				
		I.D. NUMBER				
		1220100				

SEE INSTRUCTIONS ON REVERSE NAME OF FILER VICKY SANTANA FOR RIO HONDO COLLEGE 2020 1338120 Column A Column B Calendar Year Summary for Candidates Contributions Received CALENDAR YEAR TOTAL THIS PERIOD Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 \$ _____ 0.00 1/1 through 6/30 7/1 to Date 19,000.00 0.00 2. Loans Received Schedule B, Line 3 20. Contributions 19,000.00 0.00 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ Received 0.00 4. Nonmonetary Contributions Schédule C, Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ 0.00 19,000.00 **Expenditures Made Expenditure Limit Summary for State** Candidates \$ 150.00 7. Loans Made Schedule H. Line 3 0.00 0.00 22. Cumulative Expenditures Made* 150.00 150.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ ______ (If Subject to Voluntary Expenditure Limit) 0.00 2,000.00 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 10. Nonmonetary Adjustment Schedule C, Line 3 2,150.00 Current Cash Statement To calculate Column B. add amounts in Column A to the 0.00 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 150.00 Column A may be negative 2,758.14 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 0.00 17 LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ____ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents See instructions on reverse \$ _____ 21,000.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Calcadula D. Darit 4							SCH	EDULE B-PART 1
Schedule B – Part 1	randante maj av remade				ers period	CALIFORN	^{IA} 460	
Loans Received	from01/01/2022						FORM	400
				-				
SEE INSTRUCTIONS ON REVERSE					through06/3	0/2022	Page4	of
NAME OF FILER	,						1.D. NUMBER	
warm and the part of the part	222						1339130	
VICKY SANTANA FOR RIO HONDO COLLEGE 20		(a)	(b)	(c)	(d)	(e)	1338120	(g)
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	(a) OUTSTANDING BALANCE	AMOUNT RECEIVED THIS	AMOUNT PAI		INTEREST PAID THIS	ORIGINAL	CUMULATIVE CONTRIBUTIONS
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BEGINNING THIS PERIOD	PERIOD	OR FORGIVE THIS PERIO		PERIOD	AMOUNT OF LOAN	TO DATE
Vicky Santana	President	7 531725		PAID	1 = 3.02			CALENDAR YEAR
WHITTIER, CA 90601-	Rio Hondo College			\$0.0	o \$_3,000.00	_0.00%	\$ 3,000.00	so.oo
LOAN				FORGIVEN	3,000.00	RATE	* 3,000.00	PER ELECTION**
TIND COM OTH PTY SCC		\$_3,000.00	\$0.00	\$0.0	0 12/31/2018 DATE DUE	\$0.00	11/03/2011 DATE INCURRED	\$
Vicky Santana	President		-	☐ PAID				CALENDAR YEAR
WHITTIER, CA 90601-	Rio Hondo College			_				
	,			\$ 0.0 FORGIVEN	0 \$-8,000.00	—0.00% RATE	\$_8,000.00	\$0.00 PER ELECTION **
		1		LITORONEIN				PENELLOTION
t=		\$_8,000.00	\$0_00	\$0.0	0 12/31/2018 DATÉ DUE	\$0.00	10/16/2015 DATE INCURRED	\$
TIND COM OTH PTY SCC	President	_			- SAILE DOC	-	DAIL MOOTINED	
	Rio Hondo College			PAID				CALENDAR YEAR
WHITTIER, CA 90601-				\$0.0	0 \$_2,000.00	0_0% RATE	\$ 2,000.00	\$\$
]	FORGIVEN		, man		PER ELECTION **
		\$_2,000.00	\$0.00	so.o		so_o	10/28/2015	\$
TIND COM OTH PTY SCC		<u> </u>			DATE DUE		DATE INCURRED	
		SUBTOTALS \$	0.00	\$ 0.	00\$ 13,000.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period				\$	0.00			
(Total Column (b) plus unitemized loan	ns of less than \$100.)		•••••	············· Ψ —			Contributor Codes	
						l IN	D – Individual	
2. Loans paid or forgiven this period				\$	0.00		OM - Recipient Co	
(Total Column (c) plus loans under \$10		Iula A \	-			l o	other than) ,.TH – Other (e.g	PTY or SCC)
(Include loans paid by a third party tha		-				PI	TY - Political Party	y
3. Net change this period. (Subtract Line	e 2 from Line 1.)			NET \$ _	0.00	so	CC - Small Contrib	outor Committee
Enter the net here and on the Summar	ry Page, Column A, Line 2.				(May be a negative number)	_		
*Amounts forgiven or paid by another party also	must be reported on Schedule A	٦						
** If required	index be reported on concedure A.							400 41

** If required.

					_			SCHEDULE B	-PART 1 (CONT.)
Schedule B – Part 1 (Continuation Sheet) Loans Received Amounts may be rounded to whole dollars.						Statement cov	ers period	california 460	
SEE INSTR	RUCTIONS ON REVERSE					through06/3	0/2022	Page5	of
NAME OF	FILER							I.D. NUMBER	
VICKY S	ANTANA FOR RIO HONDO COLLEGE	2020						1338120	
	NAME, STREET ADDRESS AND ZIP COD OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	E IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOR	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Vicky S	antana '	President Rio Hondo College			PAID				CALENDAR YEAR
WHITTIE	R, CA 90601-	NIO HONGO COLLEGE			\$0.0	\$_6,000.00	00% RATE	\$_6,000_00	\$0_00 PER ELECTION**
† _{IND}	COM OTH PTY S	oc	\$_6,000.00	\$0_0	\$0.0	DATE DUE	\$0.00	12/10/2015 DATE INCURRED	\$
†□ IND	□ COM □ OTH □ PTY □ S	cc	\$	s	PAID \$ FORGIVEN \$	DATE DUE	% RATÉ	\$	\$ PER ELECTION ***
			s	s	\$FORGIVEN	_ \$	% RATE	\$	\$PER ELECTION **
T□ IND	COM OTH PTY S				\$FORGIVEN	\$	%	\$	CALENDAR YEAR \$ PER ELECTION **
†□ IND	COM OTH PTY S	<u> </u>	\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
			SUBTOTALS :	\$ 0.00	5 0.0	00\$ 6,000.00	\$ 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.			Staten	nent covers period 01/01/2022	CALIFORNI FORM	A 460
SEE INSTRUCTIONS ON REVERSE IAME OF FILER				through	06/30/2022	Page 6	of
CODES: If one of the following codes accurately describes campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MER member community meetings and office expensement petition circul phone banks POL polling and sepostage, deli	munications d appearance ses ating urvey researe very and mes	s	RAD radi RFD retu SAL cam TEL t.v. TRC can TRS staf TSF tran VOT vote	ribe the payment. o airtime and production med contributions apaign workers' salaries or cable airtime and prod didate travel, lodging, and f/spouse travel, lodging, sfer between committees or registration mation technology costs	luction costs d meals and meals s of the same ca	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DE	SCRIPTION OF	PAYMENT	-	MOUNT PAID
Sould & Orellana, LLC		PRO	Per Report Fee 7	7/1-12/31/21			125.0
Payments that are contributions or independent expenditures m	ust also be summa	arized on So	chedule D.		SU	BTOTAL\$	125.0

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ ____

2. Unitemized payments made this period of under \$100\$ _____

Schedule E Summary

125.00

0.00

150.00

Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE	Amounts may be round to whole dollars.	ded	Statement cover from01/01/ through06/30/	2022 F	FORNIA 460 of -7	
NAME OF FILER				I.D. NU 1338		
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 CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* IND independent expenditure and mailings CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications MBR member communications MER member communications MER member communications MER member communications MED returned contributions SAL campaign workers' salaries FIL t.v. or cable airtime and production of campaign describes and appearances FIR poling and survey research FOS postage, delivery and messenger services FRO professional services (legal, accounting) VOT voter registration WEB information technology costs (internet						
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	
Bergmann Zwerdling Direct Washington, DC 20036	CNS Consulting Services September	2,000.00	0.00	0.00	2,000.00	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	2,000.00\$	0.00\$	0.00	\$ 2,000.00	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized and accrued expenses of \$100 or more, plus total unitemized accrued expenses of \$100 or more, plus total unitemized accrued expenses of \$100 or more, plus total unitemized accrued expenses of \$100 or more, plus total unitemized	accrued expenses under	\$100.)		RRED TOTALS \$ _	0.00	
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized)	payments on accrued exp	enses under \$100.)		. PAID TOTALS \$	0.00	
 Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.) 	ter the difference here and			NET \$	0.00 May be a negative number	