Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Tigiskin am vari	(०० हा	Date Stamp RECEIVED LOS ANGELES (BY CA	COVERPAGE ALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2023 through06/30/2023	Date of election if applicable: (Month, Day, Year)		112: 43	For Official Use Only 021152 C11630
 State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee ○ Sponsored □ Small Contributor Committee 	omplete Parts 1, 2, 3, and 4. 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 T Amendment (Explain b	t [ermination)	Quarterly S Special Od Supplemen	
3. Committee information		Treasurer(s) NAME OF TREASURER James Santana MAILING ADDRESS CITY Montebello NAME OF ASSISTANT TREASU	STATE CA RER, IF ANY	ZIP CODE 90640	AREA CODE/PHONE (323) 485-8463
Norwalk CA 906 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. CITY STATE ZIP C OPTIONAL: FAX / E-MAIL ADDRESS	вох	David L. Gould MAILING ADDRESS CITY Norwalk OPTIONAL: FAX / E-MAIL ADDRESS	STATE CA RESS	ZIP CODE 90650	AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewir under penalty of perjury under the laws of the State of Californ Executed on 7-26-23 Executed on Date Executed on Date Executed on Date	a that the foregoing is true and correct. By	owledge the information contained he Signature of Treasgrer or Assistant atrolling Officeholder, Candidate, State Measure Pre	Treasurer		rue and complete. I certify
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candidate, S			EDDC Form 460 (lan/2016

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
CALIF FC	ORNIA DRM	4	60			
			7			

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Officeholder or Candidate Controlled Commit	Officeholder or Candidate Controlled Committee 6. Primarily Formed Ballot Measure Committee							
NAME OF OFFICEHOLDER OR CANDIDATE			• •	NAME OF BALLOT MEASURE				
James Santana								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE	≣)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
Board of Education Montebello Unified			OPPOSE				OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	Y STATE	ZIP						
Man	tebello CA	90640		Identify the controlling of	ficeholder, can	didate, or st	tate measure	proponent, if any
Pion	tebello CA	90640		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PRO	PONENT		
Deleted Committee of New Instituted in this Otes								
Related Committees Not Included in this Stat not included in this statement that are controlled by you or				OFFICE SOUGHT OR HELD		,	DISTRICT NO.	IF ANY
contributions or make expenditures on behalf of your cand	lidacy.) leceive		,				
COMMITTEE NAME	I.D. NUMBER							
50MM1 12210 M12	I.S. NONDER							
•			_	Dimento Franco d Com	-11-1-4-1055	- h - l d O		
NAME OF TREASURER	CONTROLLED COMMITTE	E? .	. 7.	Primarily Formed Can officeholder(s) or candidate(s)				
	YES NO							
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	×)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	DE AREA CODE	E/PHONE	,	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	
<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>				, Stagete	v *		SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	ģeļ.		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD,	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTE	E?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	GHT OR HELD	
	☐ YES ☐ NO							SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	X) .					<u> </u>		
CITY STATE ZIP CO	DE AREA CODE	E/PHONE		Atta	ch continuatio	n sheets if i	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Column A

TOTAL THIS PERIOD

(FROMATTACHED SCHEDULES)

-7,382.28

-7,182.28

-7,182.28

0.00

0.00 3,617.72

Statem	ent covers period	CALIFORNIA 460				
from	01/01/2023	FORM TOO				
through _	06/30/2023	Page3 of7				

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

Contributions Received

NAME OF FILER

Santana for Montebello School Board 2022

1. Monetary Contributions Schedule A, Line 3 \$

3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$

TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4

2. Loans Received Schedule B. Line 3

4. Nonmonetary Contributions Schedule C, Line 3

1/1 through 6/30 7/1 to Date 20. Contributions Received 21. Expenditures Made

I.D. NUMBER 1445052

Expenditures Made							
6. Payments Made Schedule E, Line 4	\$	1,300.00	\$				
7. Loans Made Schedule H, Line 3		0.00		0.00			
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	1,300.00	\$	1,300.00			
9. Accrued Expenses (Unpaid Bills)		0.00		0.00			
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00			
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$	1,300.00	\$	1,300.00			

Expenditure Limit Summary for State Candidates

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

Date of Election Total to Date (mm/dd/yy)

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$	8,482.28
13. Cash Receipts Column A, Line 3 above	**	-7,182.28
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00
15. Cash Payments		1,300.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	0.00
If this is a termination statement, Line 16 must be zero.		

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

18. Cash Equivalents See instructions on reverse \$ _____

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____

Cash Equivalents and Outstanding Debts

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).

Column B

CALENDAR YEAR

TOTAL TO DATE

200.00

3,617.72

3,817.72

3,817.72

*Amounts in this section may be different from amounts reported in Column B.

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

www.fppc.ca.gov

Schedule A Monetary	A Contributions Received		s may be rounded whole dollars.	Statement cover from01/01/2		CALIFO	
SEE INSTRUCTIO	NS ON REVERSE			through06/30/2	023	Page	_4 of 7
NAME OF FILER	NO ON REVERGE					I.D. NUM	BER
Santana for	Montebello School Board 2022					144505	2
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
06/30/2023	LA County Democratic Party Issues and Advocacy Committee (ID# 744554) Los Angeles, CA 90017	□IND □COM □OTH □PTY □SCC		200.00		200.00	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC		,			
		□IND □COM □OTH □PTY □SCC					# 3 A A A A A A A A A A A A A A A A A A
			SUBTOTALS	200.00			1 81 600 1 1 1 1 1 1
1. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	200.00	IND- COM	(other th	t Committee an PTY or SCC)
2. Amount re	ceived this period - unitemized monetary contributions	of less than \$	\$100\$	0.00		Other (e.Political P	.g., business entity)
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)	TOTAL \$	200.00			ntributor Committee

Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.				Statement co	overs period	CALIFORN FORM	^{IA} 460
SEE INSTRUCTIONS ON REVERSE					through06/	30/2023	Page5	of
NAME OF FILER							I.D. NUMBER	
Santana for Montebello School Board 2	022						1445052	
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIO	N CLOSE OF THE	DAID THIS	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
James Santana	Operations Manager			☑ PAID				CALENDAR YEAR
Montebello, CA 90640	Amazon			\$1,000_0	0.00	0.00% RATE	\$_1,000.00	\$0.00 PER ELECTION**
†☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$1,000.00	\$0.00	\$0_0	DATE DUE	_ \$0.00	02/15/2022 DATE INCURRED	\$
James Santana	Operations Manager Amazon			PAID				CALENDAR YEAR
Montebello, CA 90640 Loan	Ana zon			\$6,382.2	28 \$3,617.72		\$_10,000.00	\$0.00 PER ELECTION **
[†] ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ 10,000.00	\$0.00	\$00	DATE DUE	\$0.00	08/18/2022 DATE INCURRED	\$
				PAID	\$	%	\$	CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	- \$	DATE INCURRED	\$
		SUBTOTALS \$	0.00	7,382.	28\$ 3,617.	72\$ 0.00	2	
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loan				\$	0.0			
2. Loans paid or forgiven this period							TH – Other (e.g., TY – Political Part	ommittee PTY or SCC) business entity)
Net change this period. (Subtract Lin Enter the net here and on the Summa				NET \$ _	-7,382.2 (May be a negative number	<u>s</u>	CC – Small Contrit	butor Committee
*Amounts forgiven or paid by another party also	must be reported on Schedule A	1						

** If required.

Schedule E Payments Made	Amounts may be rounded	Statement covers period	CALIFORNIA 46
	to whole dollars.	from01/01/2023	FORM 400
SEE INSTRUCTIONS ON REVERSE		through06/30/2023	Page6 of7
NAME OF FILER			I.D. NUMBER

NAME OF FILER				I.D. NUMBER
Santana for Montebello School Board 2022			<u> </u>	1445052
CODES: If one of the following codes accurately descended to the compaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain legal defense) LEG legal defense LT campaign literature and mailings	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearances ses lating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, ar staff/spouse travel, lodging,	duction costs and meals and meals and meals as of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Gould & Orellana, LLC		PRO		150.00
Norwalk, CA 90650				
Gould & Orellana, LLC		PRO		150.00
Norwalk, CA 90650				
Gould & Orellana, LLC		PRO		150.00
Norwalk, CA 90650				
* Payments that are contributions or independent expenditu	ures must also be summ	arized on Schedule D.	SI	JBTOTAL\$ 450.00
Schedule E Summary		-		
1. Itemized payments made this period. (Include all Scho	edule E subtotals.)			\$1,150.00
2. Unitemized payments made this period of under \$100				\$150.00
3. Total interest paid this period on loans. (Enter amount	from Schedule B, Part	1, Column (e).)		\$ 0.00

Sch	dule	E	
(Cor	itinua	tion	Sheet)
Payr	nents	Mag	de

Amounts may be rounded

	SCHEDULE E (CONT.)
m01/01/2023	CALIFORNIA 460

Payments Made	to whole dollars.	from01/01/2023	FORM 400	
SEE INSTRUCTIONS ON REVERSE		through 06/30/2023	Page7 of7	
NAME OF FILER			I.D. NUMBER	
Santana for Montebello School Board 2022			1445052	

CODES: If one of the following codes accurately describes 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)* LEG legal defense LIT campaign literature and mailings	the MBR MTG OFC PET PHO POL POS PRO PRT	member comi meetings and office expen- petition circul phone banks polling and s postage, deli	munication I appearar ses ating urvey rese very and r	ns nces earch mess	n senger services	RA RFI SA TEI TRI TR	D radio airtime and production returned contributions L campaign workers' salaries t.v. or cable airtime and procuping and candidate travel, lodging, and staff/spouse travel, lodging, transfer between committee voter registration	n costs duction cost nd meals and meals es of the sal	s me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	Of	3	DESCRIPT	TION OF PAYMENT		AMOUNT PAID
Gould & Orellana, LLC			PRO						150.0

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR D	ESCRIPTION OF PAYMENT		AMOUNT PAID
Gould & Orellana, LLC	PRO		,		150.00
Norwalk, CA 90650					
Gould & Orellana, LLC	PRO				150.00
Norwalk, CA 90650					
	,				
Gould & Orellana, LLC	PRO				150.00
90650					
ting the state of					
Gould & Orellana, LLC	PRO				150.00
Gould & Orellana, LLC	PRO				100.00
Norwalk, CA 90650					
				a	

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

SUBTOTAL \$

700.00

				(4)		5/25 000				
Statement of 0	•			Date Stamp	CALIFO					
Recipient Con	nmittee		^		FOR	M TIU				
Statement Type	☐ Initial	☐ Amendment	Termination – See Part 5	LOS ANGELES COUN	Fo	or Official Use Only				
	O Not yet qualified		i	THE PROPERTY OF THE PROPERTY O	1 1/2	1152				
	O Date qualification threshold met	Date qualification threshold met	Date of termination	2023 JUL 28 PM 12: 4	2 02	1152 430				
			06 / 30 / 2023	CAMPAIGN FINANCE		U30				
1. Committee Ir	nformation I.D. Number		2. Treasurer and	Other Principal Officer	of other party in the second party and					
NAME OF COMMITTEE			NAME OF TREASURER	5		Control of the Contro				
Santana for Mont	ebello School Board 2022		James Santana							
			STREET ADDRESS (NO P.O. BOX)							
STREET ADDRESS (NO P.O	. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE				
			Montebello	CA	90640	(323) 485-8463				
CITY	STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURES							
Norwalk	CA	90650 (213) 489-4	792 David L. Gould							
FULL MAILING ADDRESS	(IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)							
E-MAIL ADDRESS (REQUI	RED) / FAX (OPTIONAL)		āty	STATE	ZIP CODE	AREA CODE/PHONE				
dlgould@gouldore	llana.com / (213)489-4818		Norwalk	CA	90650					
COUNTY OF DOMICILE	JURISDICTION WHERE COM	MMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)							
Los Angeles	Montebello		Ingrid Orellana(A	Ingrid Orellana (Assistant Treasurer)						
		*	STREET ADDRESS (NO P.O. BOX)							
			-							
Attach additional	information on appropriately lab	eled continuation sheets.	CITY	STATE	ZIP CODE	AREA CODE/PHONE				
			Norwalk	CA	90650					
3. Verification										
	asonable diligence in preparing			tion contained herein is true	and complete	. I certify under				
	ry under the laws of the State of	California that the foregoing	is true and correct.		•					
Executed on	7-26-23 By									
	7/21/22	SI	GNATURE OF TREASURER OR ASSISTANT TREASU	RER						
Executed on	DATE By	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE I	MEASURE DROPONENT						
Executed on	Pv	SIGNATORE OF CONT	NOTE IN CONTRACTOR OF STATE OF	WEASONE PROPONENT						
nacounci on	DATE By	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT						
Executed on	Ву									
	DATE	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	EDDC	Form 410 (August/2018)				

FPPC Form 410 (August/2018) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Statement of Organization Recipient Committee						ORM 410
INSTRUCTIONS ON REVERSE						Page 2 of 3
COMMITTEE NAME					I.D. NUMBER	
Santana for Montebello School Board 2022						1445052
All committees must list the financial institution where the campaign	bank account is located.					
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCO	OUNT NUMBER			
California Bank & Trust	(213)228-1700	579	99153092			
ADDRESS	сіту	STATE	Z	P CODE		
•	Los Angeles	CA		90071		
 district number, if any, and the year of the election. List the political party with which each officeholder or candidate If this committee acts jointly with another controlled committee 					ble.	
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOU (INCLUDE DISTRICT NUMB		YEAR OF ELECTION	PAF CHECK		
James Santana	Board of Education Mont	ebello Unified	2022	Nonpartisan X	Partisan	(list political party below)
				Nonpartisan	Partisan	(list political party below)
Primarily Formed Committee Primarily formed to support or o	oppose specific candidates or m	easures in a single el	lection. List	below:		
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LE IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	•	TE(S) OFFICE SOUGHT OR H ICLUDE DISTRICT NO., CITY (l	CHECK ONE
						SUDDORY CODOCE

SUPPORT

OPPOSE

Statement of Organization **Recipient Committee**

CALIFORNIA

INSTRUCTIONS ON REVERSE

Page 3 of 3 I.D. NUMBER

COMMITTEE NAME

Santana for Montebello Schoo	l Board 2022					1445052	
4. Type of Committee	(Continued)						
General Purpose Committee	Not formed to support or oppose CITY Committee		candidates or measures in a single el	ection. Chec STATE Comm			
PROVIDE BRIEF DESCRIPTION OF ACTIVITY				<u>'</u>			
Sponsored Committee List	additional sponsors on an attachm	ent.	• • • • • • • • • • • • • • • • • • • •				
NAME OF SPONSOR	<u></u>		INDUSTRY GROUP OR AFFILIATION OF SPONSOR		· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS NO. AND STR	ET	CITY		STATE	ZIP CODE	AREA CODE/PHONE	
Small Contributor Committee	П , ,			 .			

- 5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:
 - This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;

Date qualified

- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.