,		•	7	129/2	2GCS PAGE
Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)			Date Stamp	TOTAL F	FORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period 07/01/2022 109/24/2022 109/24/2022	Date of election if applicable: (Month, Day, Year)	2022 SEP 30	AM 11:49	
Type of Recipient Committee: All Committees - Con		2. Type of Statement:	CAMPAIGN	FINANCE	-07/33
IX Officeholder, Candidate Controlled Committee □ P ○ State Candidate Election Committee □ C ○ Recall □ C (Also Complete Part 5) □ C □ General Purpose Committee □ P ○ Sponsored □ P ○ Small Contributor Committee □ P	rimarily Formed Ballot Measure ommittee) Controlled) Sponsored Iso Complete Part 6) rimarily Formed Candidate/ officeholder Committee Iso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Ten		Quarterly State Special Odd-Y Supplemental Statement - At	ear Report
3 Committee Information	NUMBER	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Padilla 4 School Board 2022		NAME OF TREASURER Yolanda Miranda MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE 91722	AREA CODE/PHONE (626) 915-7635
CITY STATE ZIP CO Covina CA 9172	2 (626) 915-7635	NAME OF ASSISTANT TREASURE	R, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	OX	MAILING ADDRESS			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS (626) 915-6626 / rpadilla1973@gmail.com		OPTIONAL: FAX / E-MAIL ADDRE	ss ,		
 Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California 09/28/2022 	this statement as a that the foregoir			shedules is true	and complete. I certify
Executed on				ionsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State	e Measure Proponent		
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State	e Measure Proponent		

FPPC 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
CALIFORNIA FORM	460
Page2	of9

Officeholder or Candidate Controlled Com	mittee			6.	Primarily Formed Ball	ot Measure	Committee)	
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Ricardo Padilla									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER	IF APPLICABL	E)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
Board of Education El Monte Union High									J OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP						
	El Monte	CA	91733		Identify the controlling of	ficeholder, ca	ndidate, or s	tate measure	proponent, if any.
					NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	ROPONENT		
Related Committees Not Included in this S	Statomont.	Lint ony one	um/Hàna						
not included in this statement that are controlled by yo contributions or make expenditures on behalf of your	u or are prim	•			OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUME	BER							
•									
				7	Primarily Formed Can	didate/Offic	eholder Co	ommittee (i	et names of
NAME OF TREASURER	CONTROL	LLED COMMIT	TEE?	٠.	officeholder(s) or candidate(s				
	☐ YE	S NO					OFFICE COL	OUT OR LIEUR	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	. BOX)				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZII	CODE	AREA COL	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
									OPPOSE
COMMITTEE NAME	I.D. NUME	BER			NAME OF OFFICEHOLDER OR	CANDIDATE	DEELCE SOL	GHT OR HELD	
					NAME OF OFFICEROLDER OR	CANDIDATE	OFFICE SOC		SUPPORT OPPOSE
NAME OF TREASURER	CONTROL	LLED COMMIT	TEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
	☐ YE	S NO							OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	. BOX)								
CITY STATE ZIE	CODE	AREA COL	DE/PHONE		Atta	ch continuati	on sheets if	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

CALIFORNIA FORM Statement covers period

SUMMARY PAGE

07/01/2022 from _ Page __3 __ of __9___ 09/24/2022 through _ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Padilla 4 School Board 2022						1358876	
Contributions Received	(Column A TOTALTHIS PERIOD FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTALTO DATE	Calendar Year Sum Running in Both the General Elections	mary for Candidates State Primary and	
1. Monetary Contributions Schedule A, Line 3	\$	13,571.00	\$	23,071.00		7/4 to Date	
2. Loans Received Schedule B, Line 3		0.00		199.98	1/1 tn	rough 6/30 7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	13,571.00	\$	23,270.98	20. Contributions Received \$	\$	
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21. Expenditures	,	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	13,571.00	\$	23,270.98	Made \$	\$	
Expenditures Made					Expenditure Limit S	ummary for State	
6. Payments Made Schedule E, Line 4	\$	15,503.33	\$	18,374.33	Candidates		
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative	Expenditures Made*	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	15,503.33	\$	18,374.33		oluntary Expenditure Limit)	
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3				303.60	Date of Election	Total to Date	
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$	15,806.93	\$	18,677.93		. \$	
Current Cash Statement			Γ] /	_ \$	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	16,940.93	T	o calculate Column B, add			
13. Cash Receipts Column A, Line 3 above		13,571.00		mounts in Column A to the corresponding amounts	***************************************		
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fr	rom Column B of your last	reported in Column B.	ay be different from amounts	
15. Cash Payments		15,503.33	C	report. Some amounts in Column A may be negative			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	15,008.60		gures that should be ubtracted from previous			
If this is a termination statement, Line 16 must be zero.			р	period amounts. If this is the first report being filed			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	or this calendar year, only arry over the amounts			
Cash Equivalents and Outstanding Debts				rom Lines 2, 7, and 9 (if			
18. Cash Equivalents See instructions on reverse	\$	0.00		,			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	503.58					
			1		FPPC Advice: ad	FPPC Form 460 (Jan/20	

16)

www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE SEE INSTRUCTIONS ON REVERSE Through _09/24/2022 Day _ 0f _9	Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cov	·	SCHEDULE A CALIFORNIA 460 FORM		
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE	NAME OF FILER						Page	4UMBER	_ of9
DATE RECEIVED THIS POLL NAME: SIRELI AUDICES AND LIFE COUNTINEUTOR CODE * COLPATION AND EMPLOYER (FELEMENDED EMP	Padilla 4 Sc	chool Board 2022					1358	876	
Rosemead, CA 91770				OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR YE	EAR		TO DATE
Sacramento, CA 95841	09/03/2022	, '	□COM □OTH □PTY		250.00	2	50.00	G2022	\$250.00
Norwalk, CA 90650 SCOM	09/15/2022		□ COM □ OTH □ PTY		5,000.00	6,0	00.00	G2022	\$6,000.00
Garden Grove, CA 92841 COM OTH PTY SCC Sandra Armenta for Rosemead City Council 2022 IND COM CO	09/02/2022		⊠COM □OTH □PTY		5,000.00		00.00	G2022	\$5,000.00
ID# 1443478) X COM OTH PTY SCC SCC	09/22/2022		□COM ⊠OTH □PTY		2,500.00	2,5	00.00	G2022	\$2,500.00
SUBTOTAL\$ 12,950.00	09/12/2022	(ID# 1443478)	⊠COM □OTH □PTY		200.00	2	00.00	G2022	\$200.00
Schodulo A Summany				SUBTOTALS	12,950.00	10000000000000000000000000000000000000			

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)\$ 13,050.00

2. Amount received this period – unitemized monetary contributions of less than \$100\$

3. Total monetary contributions received this period.

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)

SCHEDULE A	CONT.
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wionetary Contributions Received		to whole o		from07/01/	FORM 460			
				through09/24/	2022	Page_	5 of_	9
NAME OF FILER						I.D. NUI	MBER	
Padilla 4 Sch	ool Board 2022					13588	76	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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 ELE TO D (IF REQ	ATE
09/07/2022	Yolanda Rodriguez Pena for School Board (ID# 1379380) Azusa, CA 91702	☐IND ☑COM ☐OTH ☐PTY ☐SCC		100.00	1	.00.00	G2022	\$100.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC		·				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTALS	\$ 100.00			10.1	

*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 to whole						nt covers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				thro	ugh _	09/24/2022	Page6	of9
NAME OF FILER				,			I.D. NUMB	ER
Padilla 4 School Board 2022							1358876	
CODES: If one of the following codes accurately described 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 LTT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	munication d appearan eses lating survey rese ivery and r	s ces		radio a returne campa t.v. or c candid: staff/sp transfe voter n	e the payment. irtime and production of contributions ign workers' salaries cable airtime and prod ate travel, lodging, and ouse travel, lodging, or between committees egistration ation technology costs	duction costs d meals and meals s of the same	·
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	N OF PAY	MENT		AMOUNT PAID
Ralph Galvan		LIT						1,000.00
Baldwin Park, CA 91706								
1			1					
Intercolor Printing Corporation		LIT				,		6,807.94
South El Monte, CA 91733								
Los Angeles Registrar Recorder		FIL	-					800.00
Norwalk, CA 90650								
* Payments that are contributions or independent expenditure	res must also be summ	arized on	Schedule D.			SU	BTOTAL\$	8,607.94
Schedule E Summary								

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

7.13

0.00

1358876

Schedule E	
(Continuation	Sheet)
Payments Mad	le

Amounts may be rounded to whole dollars.

Stater	nent covers period	CALIFORNIA 160
from	07/01/2022	FORM 400
through_	09/24/2022	Page7 of9
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Padilla 4 School 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.

POS

PRO

CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees

FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense

campaign literature and mailings யா

MBR member communications RAD radio airtime and production costs MTG meetings and appearances RFD returned contributions

OFC office expenses SAL campaign workers' salaries PET petition circulating TEL t.v. or cable airtime and production costs

PHO phone banks TRC candidate travel, lodging, and meals POL polling and survey research TRS staff/spouse travel, lodging, and meals postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

professional services (legal, accounting)

PRT print ads

VOT voter registration

WEB information technology costs (internet, e-mail)

Mailer 1#	
Mailer 1#	600.00
Mailer 1#	600.00
Mailer 1#	600.00
Mailer 1#	
Mailer 1#	1,200.00
Mailer 1#	
Mailer 1#	1,200.00
Mailer 1#	1,200.00
Mailer 1#	1,200.00
The state of the s	
	1
	1,200.00
-	

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

SUBTOTAL \$

3,204.00

Schedule	E		
(Continua	tion	She	et)
Payments	Mag	de	

Amounts may be rounded to whole dollars.

	0011222222
Statement covers period	CALIFORNIA 460
from07/01/2022	FORM 400
through 09/24/2022	Page 8 of 9
	I.D. NUMBER

1358876

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Padilla 4 School 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
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	logal defense	DRO.	professional services (legal accounting)	VOT	voter registration

EG legal defense PRO professional services (legal, accounting)

IT campaign literature and mailings PRT print ads

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

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	0	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postal Services	POS			1,294.63
Arcadia, CA 91007				
U.S. Postal Services	POS			1,294.63
Arcadia, CA 91007				
Dominic Varela	LIT			495.00
El Monte, CA 91732				
Yolanda Miranada & Assoc., Inc.	PRO			300.00
Covina, CA 91722				
Yolanda Miranada & Assoc., Inc.	PRO			300.00
Covina, CA 91722				
·				

FPPC Form 460 (Jan/2016)

SUBTOTAL \$

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

3,684.26

Schedule	₽ F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Stater	ment covers period	CALIFORNIA	Λ
rom	07/01/2022	FORM	
hrough_	09/24/2022	Page 9	of

I.D. NUMBER

1358876

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Padilla 4 School Board 2022

CODES: If one of the following codes accurately describes the navment, you may enter the code. Otherwise describe the navment

CO	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		
СТВ	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
Yolanda Miranada & Assoc., Inc.	PRO	0.00	. 300.00	0.00	300.00
Covina, CA 91722					
Yolanda Miranada & Assoc., Inc.	POS	0.00	3.60	0.00	3.60
Covina, CA 91722					
	,				
* Payments that are contributions or independent expenditures must also be	SUBTOTALS	0.009	303.60	0.009	303.60

summarized on Schedule D.

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.)	303.60
	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.)	0.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and