CALIFORNIA 4

Date Stamp

Recipient Committee Campaign Statement Cover Page

Cover Page			I files as	1
	from 10/23/2022	Date of election if applicable (Month, Day, Year)	131732: 15	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2022	11/0 8 /202-2	AIGN FINANCE	
1. Type of Recipient Committee: All Committees	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
 ✓ 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)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termin Amendment (Explain below)	ation)	arterly Statement ecial Odd-Year Report
3. Committee Information	I.D. NUMBER 1676437	Treasurer(s)	A SAME AND	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMIT		NAME OF TREASURER		
Judy Chen Haggerty for Mt.SAC Governing Boa	ard 2022	Irene Moreno		
		MAILING ADDRESS		10000000
STREET ADDRESS (NO P.O. BOX)	-	CITY	STATE ZIP	CODE AREA CODE/PHONE
		Diamond Bar	CA 91	765 (626)912-5551
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, II	FANY	
	91765 (626)912-5551			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.	O. BOX	MAILING ADDRESS		
CITY STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and recertify under penalty of perjury under the laws of the St Executed on 12/31/2022 Executed on Date Executed on Date Executed on Date	By	correct	feasure Proponent	chedules is true and complete. I
Date		signature of Controlling Officeholder, Candidate, State N	neasure Proponent	FPPC Form 460 (Jan/2016))

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	GE - PART 2
CALIFORNIA FORM	460
Page 2 o	5

Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE		92.469		
Judy Chen Haggerty			N/A				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AN			BALLOT NO. OR LETTER	JURISDICT	ION	Total Control of the	SUPPORT
Mt. San Antonio College District Gover							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRI	Diamond Bar, CA 91765		Identify the controlling office	ceholder, cand	didate, or state mea	asure propo	nent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in	this Statement: List any committees					-	
not included in this statement that are controlled contributions or make expenditures on behalf of	by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DIS	STRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						- 10
N/A							
		7	Primarily Formed Can	didate/Offic	cahaldar Camp	mittee Line	names of
IAME OF TREASURER	CONTROLLED COMMITTEE?	7.	officeholder(s) or candidate(s) for which thi	s committee is prim	narily formed	
	YES NO				T		
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT
			N/A				☐ OPPOSE
STATE STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
OMMITTEE NAME	I.D. NUMBER					·	
			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
AME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	
OMMITTEE ADDRESS STREET ADDRESS (YES NO						SUPPORT OPPOSE
OMMITTEE ADDRESS (INO F.O. BOA)						
TTY STATE	ZIP CODE AREA CODE/PHONE		Att	ach continuat	ion sheets If neces	ssary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM from 10/23/2022

through 12/31/2022 SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER Judy Chen Haggerty for Mt.SAC Governing Board 2022 1276437

Contributions Received	(Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions	\$	0.00	\$	6,997.00	General Elections 1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0.00		0.00	10 to
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	6,997.00	20. Contributions Received \$ N/A
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	24 Edit
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	0.00	\$ 6,997.00	21. Expenditures SN/A SN/A	
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	826.38	\$	3,927.38	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22 Comulative Evpanditures Madet
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	826.38	\$	3,927.38	 Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	826.38	\$	3,927.38	/\$_N/A
Current Cash Statement			Г		/ \$_N/A
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	18,679.00	То	calculate Column B.	
13. Cash Receipts Column A, Line 3 above		0.00		d amounts in Column to the corresponding	
14. Miscellaneous Increases to Cash Schedule I, Line 4		2,400.00	an	nounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		826.38		your last report. Some nounts in Column A may	321 - 300 - 3
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	20,252.62	be	negative figures that ould be subtracted from	
If this is a termination statement, Line 16 must be zero.			pr	evious period amounts. If s is the first report being	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	file	od for this calendar year, ly carry over the amounts	
Cash Equivalents and Outstanding Debts			1000	m Lines 2, 7, and 9 (if y).	
18. Cash Equivalents See instructions on reverse	\$	0.00		***	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00			FPPC Form 460 (Jan/20) FPPC Advice: advice@fppc.ca.gov (866/275-37) www.fppc.ca.

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period from 10/23/22	CALIFORNIA 460
through 12/31/2022	Page 4 of 5
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Judy Chen Haggerty for Mt.SAC Governing Board 2022 1276437

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphemalia/misc. CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries PET petition circulating CVC civic donations TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FIL TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor VOT voter registration LEG legal defense PRO professional services (legal, accounting) campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR **DESCRIPTION OF PAYMENT** AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

/A			
	•		

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

SUBTOTAL \$ 0.00

Schedule E Summary

1.	. Itemized payments made this period. (Include all Schedule E subtotals.)	0.00	
	. Unitemized payments made this period of under \$100	826.38	
3.	. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	0.00	
4.	. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	826.38	

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460	
			from 10/23/2022		
			through 12/31/2022	Page 5 of 5	
NAME OF FILER	ONS ON REVERSE			I.D. NUMBER	
	aggerty for Mt.SAC Governing Board 2022			1276437	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOU (IF COMMITTEE, ALSO ENTER I.D. NUMBE		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
10/18/2022	County of Los Angeles	Reimbursem statement	ent for Cancellation of election	\$2,400.00	
			×		
		510			
Attach add	 itional information on appropriately labeled continuation s	sheets.	SUBTOTA	L\$ \$2,400.00	
	Summary ncreases to cash this period		\$ \$2,400.00		
	d increases to cash of under \$100 this period				
	interest received this period on loans made to othe			_	
	ellaneous increases to cash this period. (Add Lines Page, Line 14.)			FPPC Form 460 (Jan/2016))	

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

www.fppc.ca.gov