_	·				0218-1 COVER PAGE
Ca	ecipient Committee Impaign Statement over Page		Prv RECEIV	/EÐ BÝ.	CALIFORNIA 460 FORM
		Statement covers period from 7/1/2022	Date of election if applicable DS ANGEL! (Month, Day, Year) 2022 OCT 27	ES COUNT AM 10: 52	Page 1 of 17 For Official Use Only
SEE	INSTRUCTIONS ON REVERSE	through <u>9/24/2022</u>	November 8, 2022 CAMPAIGN	FINANCE	
1.	Type of Recipient Committee: All Committees - C	omplete 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 Camplete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below) Previous quarterly has been accepting amends it to cover correct periods.	☐ Special	rly Statement I Odd-Year Report as preelection and
3.	Committee information	I.D. NUMBER 1 440375	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE		NAME OF TREASURER		
	Glendora Forward		Marco A. Villa MAILING ADDRESS	···	
	STREET ADDRESS (NO P.O. BOX)		CITY S	STATE ZIP COD	E AREA CODE/PHONE
	CITY STATE ZIP C	ODE AREA CODE/PHONE	Glendora C NAME OF ASSISTANT TREASURER, IF ANY	CA 91741	626-224-2614
	Glendora CA 917		NAME OF AGGISTANT TREAGUREN, IF ANY		
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B		MAILING ADDRESS		
	CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE ZIP COD	E AREA CODE/PHONE
	Glendora CA 917- OPTIONAL: FAX/E-MAILADDRESS	40	OPTIONAL: FAX / E-MAIL ADDRESS		
	Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on	of California that the for By By Signature of Control	of Treasurer or Assistant Treasurer oiling Officeholder, Candidate, State Measure Proponent or Responsit	ble Officer of Sponsor	dules is true and complete. I
	Executed on	By			_
_	Date		Signature of Controlling Öfficeholder, Candidate, State Measure Propor		FPPC Form 460 (Jan/2016)) e@fppc.ca.gov (866/275-3772)

Recipient Committee Campaign Statement Cover Page — Part 2

COVE	R PAGE - PART 2
CALIFORM FORM	MA 460
Page 2	of 17

Officeholder or Candidate Controlled Commit	tee	6.	Primarily Formed Ballo	t Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE N/A			NAME OF BALLOT MEASURE N/A				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	Y STATE ZIP		Identify the controlling office			measure prop	onent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in this Stat not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candid	are primarily formed to receive		OFFICE SOUGHT OR HELD	· · · · · · · · · · · · · · · · · ·	-	DISTRICT NO.	IF ANY
COMMITTEE NAME N/A	I.D. NUMBER	_		l' -l - 1 - 10 ff' -	- h alda : 0		
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cano officeholder(s) or candidate(s)	for which this	enolder Co committee is p	mmittee Li primarily forme	st names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO			Atta	ch continuatio	on sheets If n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 460 from <u>7/1/2022</u> ____ of ____17 through 9/24/2022 Page 3 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER BEEN dona toward

Chol (Col C) Con C)			7710070
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 General Elections
1. Monetary Contributions	\$ 250 0 250 0 250 250	\$\frac{3,045}{0}\$ \$\frac{3,045}{0}\$ \$\frac{3,045}{0}\$	20. Contributions Received \$ 2,795
Expenditures Made 5. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$\frac{1,041.16}{0}\$ \$\frac{0}{1,041.16}\$ \$\frac{0}{0}\$ \$\frac{1}{1,041.16}\$	\$\frac{1397.51}{0}\$ \$\frac{1397.51}{0}\$ \$\frac{0}{1397.51}\$ \$\frac{0}{1397.51}\$	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) 11 /08 /22 \$ 1,397.51
Current Cash Statement 12. Beginning Cash Balance	\$ 2,438.65 250 0 1,041.16 \$ 1,647.49	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	*Amounts in this section may be different from amounts reported in Column B.
18. Cash Equivalents	\$ <u>0</u> \$ <u>0</u>	any).	FPPC Form 460 (Jan/201) FPPC Advice: advice@fppc.ca.gov (866/275-377) www.fppc.ca.g

Schedule Monetary	A Contributions Received		nts may be rounded whole dollars.	Statement cov	ers period		schedule IFORNIA 460
SEE INSTRUCTION	DNS ON REVERSE			through <u>9/24/2022</u>		Page	4of
MANO OF FILER	Solendara forward					1.D. N 14403	UMBER 375
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	CUMULATIV CALENDA (JAN. 1 -		PER ELECTION TO DATE (IF REQUIRED)
8/12/22	Marco Villa Glendora CA 91741	IND COM OTH PTY	Business Operations Manager - Caltech	100	600		
		□IND □COM □OTH □PTY □SCC					,
		□IND □COM □OTH □PTY □SCC					,
		OTH SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$ 100		Van. Van.	
1. Amount re- (Include all	A Summary ceived this period – itemized monetary contribution I Schedule A subtotals.)		45		II C	Contributor (ND - Individ COM - Recip (other OTH - Other	Codes ual blent Committee r than PTY or SCC) (e.g., business entity)
3. Total mone (Add Lines	etary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	.)TOTAL \$ 25	0	PPC Advice:		PC Form 460 (Jan/2016) c.ca.gov (866/275-3772)

Monetary	A (Continuation Sheet) Contributions Received	Amounts may to whole o	be rounded dollars.	Statement cov from <u>7/1/2022</u> through <u>9/24/2022</u>	·····	Page .	
NAME OF FILER Marco A. Vill	ia					1.D. NO	UMBER 375
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 T CALENDAR (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
	,	OTH SCC					
		□IND □COM □OTH □PTY □SCC			,		
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC		9			

SUBTOTAL \$

*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

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

Schedule B – Part 1 Loans Received	Ап	nounts may be ro to whole dollar			Statement cov	ers period		11A 460
SEE INSTRUCTIONS ON REVERSE					through 9/24/202	2	Page 6	of_17
NAME OF FILER					- 1 T		I.D. NUMBER	
Marco A. Villa							1440375	
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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTION TO DATE
				☐ PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION
† IND COM OTH PTY SCC	:	\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
•		İ		\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$	\$	%	\$	s
				FORGIVEN		RATE		PER ELECTION
†□IND □ COM □ OTH □ PTY □ SCC		\$	s	\$	DATE DUE	\$	DATE INCURRED	\$
	•	SUBTOTALS :	\$ O	\$ O	\$ 0	\$ O		
Schedule B Summary		4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				(Enter (e) on Sche	dule E, Line 3)	
Loans received this period				e 0				
(Total Column (b) plus unitemized loai			••••					
2. Loans paid or forgiven this period				\$ 0			Contributor Codes ND – Individual	3
(Total Column (c) plus loans under \$1	00 paid or forgiven.)						COM - Recipient C	ommittee
(Include loans paid by a third party that 3. Net change this period. (Subtract Lin				NET \$ 0			OTH - Other (e.g.,	
Enter the net here and on the Summa				•			PTY - Political Par	

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

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(May be a negative number)

SCH	EDI	JLE	B-	PA	RT	2
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Schedule B – Part 2 Loan Guarantors

Amounts may be rounded to whole dollars.

	CONEDULE DETAIN 2
Statement covers period from 7/1/2022	CALIFORNIA 460
through 9/24/2022	Page 7 of <u>17</u>
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE				through —————	Page <u>*</u>	of
NAME OF FILER					I.D. NUMBER 1440375	1
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)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND □COM		LENDER		CALENDAR YEAR	
	□OTH □PTY □scc		DATE		PER ELECTION (IF REQUIRED)	
					\$	
	□ IND		LENDER		CALENDAR YEAR	
	□ OTH □ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)	
					\$	
	□ IND		LENDER		CALENDAR YEAR	
	□ OTH □ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)	
	□IND □COM		LENDER		CALENDAR YEAR	
	□OTH □PTY □SCC	,	DATE		PER ELECTION (IF REQUIRED)	
		, , , , , , , , , , , , , , , , , , ,			7	
			SUB	TOTAL \$0	Enter on Summary Page, Line 17 only.	

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) (1	1	

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

Schedule	e C		Amounts may be rounded				SCHEDULE C			
	etary Contributions Received		to whole dollars.		Statement covers period from 7/1/2022			california 460		
SEE INSTRUCTI	IONS ON REVERSE			•	thro	ugh <u>9/24/2022</u>		Page 8	of	
NAME OF FILER					!			1.D. NUMI 144037	BER	
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE	PER ELECTION TO DATE (IF REQUIRED)	
		IND COM OTH SCC								
		IND COM OTH PTY SCC								
		IND COM OTH PTY SCC								
		IND COM OTH SCC								
Attach addit	tional information on appropriately labeled	continuation	sheets.	SUBT	OTAL S	0				
1. Amount re (Include a 2. Amount re 3. Total poor	C Summary ecceived this period – itemized nonmonetar ill Schedule C subtotals.) ecceived this period – unitemized nonmone monetary contributions received this period	tary contributi	ions of less than \$100		\$ <u>C</u>)	IND COM	(other the l - Other (e - Political	nt Committee an PTY or SCC) .g., business entity)	
(Add Line	s 1 and 2. Enter here and on the Summary	y Page, Colur	пп A, Lines 4 and 10.)	1012	4∟ ⊅		 dvice: advi		form 460 (Jan/2016)) .gov (866/275-3772) www.fppc.ca.gov	

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole dolla		Statement cover	s period	CALIFORNIA 460		
SEE INSTRUCTIONS ON R	EVERSE			-	through 9/24/2022		Page 9	of
NAME OF FILER NAME OF FILER	endora	Forward					1.D. NUM 144037	· ·
•	SURE NUMBER OR L	OFFICE, AND DISTRICT, OR ETTER AND JURISDICTION, MMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - I	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
I	a Bord I Board ora Unified Scho	ool District 1	Monetary Contribution Nonmonetary Contribution Independent		1,000	1,000		1,000
	Support	☐ Oppose	Expenditure Monetary Contribution Nonmonetary Contribution independent Expenditure Monetary Contribution Nonmonetary Contribution Contribution					`
	☐ Support	Oppose	Independent Expenditure					
				SUBTOTAL	\$ 1,000			
2. Unitemized contrib	ions and independent outions and inde	pendent expenditures m	ade this period of und	e all Schedule D subtotals.) der \$100 1 and 2. Do not enter on t			\$ <u>-</u>)

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. **Summary of Expenditures** california 460 Statement covers period from 7/1/22 **Supporting/Opposing Other FORM** Candidates, Measures and Committees Page _10 through 9/24/2022 NAME OF FILER I.D. NUMBER Marco Villa 1440375 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR AMOUNT THIS DESCRIPTION DATE CALENDAR YEAR MEASURE NUMBER OR LETTER AND JURISDICTION, TYPE OF PAYMENT TO DATE **PERIOD** (IF REQUIRÉD) OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) Monetary Contribution □ Nonmonetary Contribution Independent ☐ Support Oppose Expenditure Monetary Contribution ☐ Nonmonetary Contribution Independent ☐ Support □ Oppose Expenditure ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent ☐ Support □ Oppose Expenditure ■ Monetary Contribution ☐ Nonmonetary Contribution Independent ■ Support ☐ Oppose Expenditure SUBTOTAL \$

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER WARMAN TO TOWN TO	mounts may b to whole do								MBER
CODES: If one of the following codes accurately describes the CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC clvic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense MBR MTG OFC PFC OFC OFC OFC OFC OFC OFC	member com meetings and office expens petition circul phone banks polling and su postage, deliv	munications I appearance es ating urvey reseal very and me	es		RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime returned con campaign wo t.v. or cable a candidate tra staff/spouse transfer betw voter registra	and production tributions orkers' salaries airtime and producel, lodging, and travel, lodging, treen committee	duction cost nd meals and meals s of the sar	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR I	DESC	RIPTIO	OF PAYMEN	т		AMOUNT PAID
Zondra Borg Re-Elect Zondra Borg Glendora School Board 2022 #1448853 Glendora CA 91740		СТВ							1,000
* Payments that are contributions or independent expenditures must also be summa	arized on Sche	dule D.					SL	JBTOTAL	\$ 1,000
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E sul	btotals.)				.,			\$ _	1,000.00
2. Unitemized payments made this period of under \$100									41.16
3. Total interest paid this period on loans. (Enter amount from Sche									
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter h	nere and on	the Sumr	nary Page, Colum	nn A,	Line	3.)	тс)TAL \$ _	1,041.16

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(Cor	edule E ntinuation Sheet) ments Made	uation Sheet) to whole dollars. Statement covers period 7/1/2022 from		CALIFO					
	STRUCTIONS ON REVERSE OF FILER	·				4.110		Page	
Marco								1.D. NUM 144037	
CMP CONS CONS COURS COUR	ES: If one of the following codes accurately described ampaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* campaign literature and mailings	MBR MTG OFC PET PHO POL POS PRO	member com meetings and office expens petition circul phone banks polling and su postage, deliv	munications I appearances es ating urvey researc very and mes	.	RAC RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro candidate travel, lodging, as staff/spouse travel, lodging,	n costs duction costs nd meals and meals es of the sam	e candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	-		CODE	OR .	DESCRIPT	ON OF PAYMENT		AMOUNT PAID
* Payme	ents that are contributions or independent expenditures must also	be summa	rized on Sche	dule D.			S	UBTOTAL :	\$ 0
				····			EDDC Advisor ad		Form 460 (Jan/2016)

Schedule F Accrued Expenses (Unpaid Bills)	to whole dollars.				california 460 form
SEE INSTRUCTIONS ON REVERSE			through 9/24/2022		Page of
NAME OF FILER		· · · · · · · · · · · · · · · · · · ·			1.D. NUMBER 1440375
CODES: If one of the following codes accurately describe campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations cuivic donations cuividate filing/ballot fees fundralising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member communication meetings and appearar office expenses PET petition circulating PHO phone banks polling and survey rese postage, delivery and no professional services (I PRT print ads	ns nces earch nessenger services	RAD radio airtime a RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trav TRS staff/spouse tra TSF transfer betwee VOT voter registrati	nd production cos butions kers' salaries time and producti el, lodging, and m avel, lodging, and en committees of	ion costs leals meals the same candidate/sponsor
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 PA THIS PERIC (ALSO REPORT)	DD BALANCE AT CLOSE
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	, 0	\$ 0	, 0	\$ 0
Schedule F Summary					
1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a	chedule F, Column (b) sul accrued expenses under (btotals for \$100.)	INCU	RRED TOTA	LS \$
2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p	dule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.).		PAID TOTA	LS \$
3. Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	er the difference here and			N	ET\$
					May be a negative number FPPC Form 460 (Jan/2016)) e@fppc.ca.gov (866/275-3772)

Schedule	F		
(Continu	ation Shee	t)	
Accrued	Expenses	(Unpaid	Bills)

NAME OF FILER Marco Villa

LEG legal defense

campaign literature and mailings

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/2022	CALIFORNIA 460
through <u>9/24/2022</u>	Page of
	I.D. NUMBER 1440375

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 paraphernalia/misc. RFD returned contributions CNS campaign consultants MTG meetings and appearances SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* PET petition circulating TEL t.v. or cable airtime and production costs CVC clvic donations TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS

postage, delivery and messenger services professional services (legal, accounting) VOT voter registration PRO

WEB information technology costs (internet, e-mail) PRT print ads

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

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
		·			
	SUBTOTALS	\$ 0	\$ 0	\$0	\$ 0

Schedule G							SCHEDULE G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	t Amoui to	nts may be rou whole dollars		Statement 7/1/2022	covers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON DEVERSE				through 9/24/	2022	Page 15	of
NAME OF FILER						1.D. NUMBE	R
NAME OF AGENT OR INDEPENDENT CONTRACTOR							
CODES: If one of the following codes accurately describe	s the payment,	you may er	ter 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)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be	POS postage, de PRO professiona PRT print ads	nd appearance nses culating (s survey researc elivery and mes al services (lega	ch senger services	RFD returned c SAL campaign TEL t.v. or cabl TRC candidate TRS staff/spous TSF transfer be VOT voter regis	workers' salaries e airtime and produc travel, lodging, and r se travel, lodging, and etween committees o	tion costs neals d meals f the same c	•
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	₹	DESCRIPTION OF PAYM	ENT		AMOUNT PAID
					,		
Attach additional information on appropriately labeled continu	ation sheets.	<u></u>				TOTAL* \$	0
* Do not transfer to any other schedule or to the Summary Page. This total mindependent contractor as reported on Schedule E.	ay not equal the am	ount paid to the	agent or		FPPC Advice: advic		orm 460 (Jan/2016)) gov (866/275-3772) www.fppc.ca.gov

			nay be rounded ble dollars.		Statement cove	ers period	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Marco Villa					through 9/24/2022	<u> </u>	Page 16 I.D. NUMBER 1440375	of_17	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(6) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OF FORGIVENES THIS PERIOD	S COSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
		\$	s	PAID S ——— FORGIVEN S ———	\$ DATE DUE	% RATE	SDATE INCURRED	S PER ELECTION S	
		s	\$	PAID FORGIVEN S	\$DATE DUE	% RATE	S	SS PER ELECTION	
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also he	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0			
Schedule H Summary 1. Loans made this period	s of less than \$100.) nents of less than \$100.) 2 from Line 1.)				\$ 0 NET \$ 0	(Enter (e) on Schedule I, Line 3)		**If Required	

Schedule i Miscellaneous Increases to Cash		Amounts may be rot to whole dollars	unded i.	Statement covers period from 7/1/2022	CALIFORNIA 460	
SEE INSTRUCTIONS NAME OF FILER Marco Villa	ON REVERSE .			through <u>9/24/2022</u>	Page 17 of 17 I.D. NUMBER 1440375	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
					. ,	
Attach addition	nal information on appropriately labeled continuation sheets.			SUBTOTA	AL\$ 0	
	eases to cash this period					
2. Unitemized in	creases to cash of under \$100 this period			\$ <u>0</u>		
3. Total of all into	erest received this period on loans made to others. (Sche	edule H, Column (e	e).)	\$ <u>0</u>		
4. Total miscella	ge, Line 14.)	d 3. Enter here and	on the	TOTAL \$	FPPC Form 460 (Jan/2016))	