

**Recipient Committee
Campaign Statement
Cover Page**

2020-3

1/27/21 ①

COVER PAGE
CALIFORNIA FORM 460
Page 1 of 4
For Official Use Only
**020784
C11471**

Date Stamp
LOS ANGELES COUNTY
JAN 29 PM 2: 14
CAMPAIGN FINANCE

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee:

Officeholder, Candidate Control (date Election Committee)
 State Candidate Recall
(Also Complete Part 6)

General Purpose Committee
 Sponsor
 Small County Political Party/Central Committee

All Committees - Complete Parts 1, 2, 3, and 4.
 Primarily Formed Ballot Measure
 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 Form 410 Termination Amendment (Explain below))

Quarterly Statement
 Special Odd-Year Report

Committee Information

COMMITTEE NAME OR CANDIDATE'S NAME IF NO COMMITTEE: Committee to Elect Cristian Aguilar for Charter Oak School Board 2020

STREET ADDRESS (NO P.O. BOX): _____

CITY: Covina STATE: Ca ZIP CODE: 91724 AREA: (626) TELEPHONE: 347-2079

MAILING ADDRESS (IF DIFFERENT) NO. _____ STREET OR P.O. BOX _____

CITY: Glendora STATE: Ca ZIP CODE: 91740 AREA: (626) TELEPHONE: 993-9379

OPTIONAL: FAX / MAIL ADDRESS: cristianaguilar@gmail.com

Treasurer(s)

NAME OF TREASURER: Jose Luis Aguilar

MAILING ADDRESS: _____

CITY: Glendora STATE: Ca ZIP CODE: 91740 AREA: (626) TELEPHONE: 893-9379

NAME OF ASSISTANT TREASURER, IF APPLICABLE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ AREA: _____ TELEPHONE: _____

OPTIONAL: FAX / MAIL ADDRESS: ilaguilar1999@gmail.com

Verification

I have used all reasonable diligence in preparing and reviewing this statement and I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I

Executed on 1/27/2021 Date _____

Executed on 1/27/2021 Date _____

Executed on _____ Date _____

Executed on _____ Date _____

Signature of Controlling Officer: _____, Candidate, State Measure Proponent

Signature of Controlling Officer: _____, Candidate, State Measure Proponent

mw

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Cristian Aguilera

OFFICE SOUGHT OR HELD (INCLUDE POSITION AND DISTRICT NUMBER IF APPLICABLE)
Charter Oak Unified School District Governing Board Member

RESIDENTIAL/BUSINESS ADDRESS (CITY AND STREET) COUNTY STATE ZIP
Co vina Ca 91724

Related Committees Not Included in this Statement: List any committees receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME DISTRICT NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS (CITY AND STREET) ADDRESS (NO P.O. BOX) COUNTY STATE ZIP CITY AREA CODE/PHONE

COMMITTEE NAME DISTRICT NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS (CITY AND STREET) ADDRESS (NO P.O. BOX) COUNTY STATE ZIP CITY AREA CODE/PHONE

Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR MEASURE NUMBER JURISDICTION
 SUP OP
RT E

Identify the controlling officeholder, candidate, or state measure proponent.
NAME OF OFFICEHOLDER, CANDIDATE OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

Primarily Formed Candidate or Officeholder Committee List name of candidate(s) for whom this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars

SUPPLEMENTARY PAGE

Statement covers period from 10/18/2020 through 10/31/2020

CALIFORNIA FORM 460
Page 3 of 4
I.D. NUMBER 1427951

SEE INSTRUCTIONS ON REVERSE SIDE OF FILER
Name of Filer: Cristian Aguilar

Contributions Received

Monetary Contributions	.....	.....	<i>Schedule A, Line 3</i>	0	\$ 5362.80
Loans Received	.....	.....	<i>Schedule B, Line 3</i>	0	650
SUBTOTAL CASH CONTRIBUTIONS	.....	.....	<i>Add Lines 1 + 2</i>	0	\$ 5362.80
Nonmonetary Contributions	.....	.....	<i>Schedule C, Line 3</i>	0	0
TOTAL CONTRIBUTIONS RECEIVED	.....	.....	<i>Add Lines 3 + 4</i>	0	\$ 5362.80

Expenditures Made

Payments Made	.....	.....	<i>Schedule E, Line 4</i>	650	\$ 5116.09
Loans Made	.....	.....	<i>Schedule H, Line 3</i>	0	0
SUBTOTAL CASH PAYMENTS	.....	.....	<i>Add Lines 6 + 7</i>	650	\$ 5116.09
Accrued Expenses (Unpaid Bills)	.....	.....	<i>Schedule F, Line 3</i>	0	0
Nonmonetary Adjustment	.....	.....	<i>Schedule C, Line 3</i>	0	0
TOTAL EXPENDITURES MADE	.....	.....	<i>Add Lines 8 + 9 + 10</i>	650	\$ 5116.09

Current Cash Statement

Beginning Cash Balance	.....	.....	<i>Previous Summary Page, Line 16</i>	896.71
Cash Receipts	.....	.....	<i>Column A, Line 3 above</i>	0
Miscellaneous Increases to Cash	.....	.....	<i>Schedule I, Line 4</i>	0
Cash Payments	.....	.....	<i>Column A, Line 8 above</i>	650
ENDING CASH BALANCE	.....	.....	<i>Lines 12 + 13 + 14, then subtract Line 15</i>	246.71

If this is a termination statement, Line must be zero.

Cash Equivalents and Outstanding Debts

Cash Equivalents	.....	.....	<i>See instructions on reverse</i>	
Outstanding Debts	.....	.....	<i>Add Line 2 + Line 3, Column B above</i>	

Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES	Column B CALENDAR YEAR TOTAL TO DATE
0	\$ 5362.80
0	650
0	\$ 5362.80
0	0
0	\$ 5362.80

Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES	Column B CALENDAR YEAR TOTAL TO DATE
650	\$ 5116.09
0	0
650	\$ 5116.09
0	0
0	0
650	\$ 5116.09

To calculate Column B, add amount in Column A to the corresponding amount from your last report. Some amounts in Column A may be negative. If this is the first report being filed for this calendar year, the amounts from Lines 2 and 9 (if any).

Calendar Year Summary for Candidates Remaining in Both the State Primary and General Elections

21. Contributions Received	\$	.....	\$	.....
22. Expenditures Made	\$	.....	\$	.....

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Voluntary Expenditure

Date of Election (mm/dd/yy)	Total	To Date
...../...../.....	\$
...../...../.....	\$

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

FPPC Form 4 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (5/275-3772)
www.fppc.ca.gov

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period
from 10/1/2020
through 1/31/2020

CALIFORNIA
FORM

SCHEDULE E
460

Page 4 of 4

I.D. NUMBER
1427951

SEE INSTRUCTIONS
NAME OF FILER

Cristian Aguilar

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

VP campaign par
VS campaign con
FB contribution (e
/C civic donation
candidate filin
D fundraising ev
D independent e
EG legal defense
T campaign liter

if the following
remalia/misc.
itants
lain nonmonetary)
allot fees
ts
enditure supportin
ire and mailings

odes accurately
describes the p
ment, you may
enter the code.
Otherwise, desc
be the payment

MBR member communic
MTG etings and appear
OFC ice expenses
PET ition circulating
PHO one banks
POL lling and survey re
POS tage, delivery and
PRO essional services
PRT nt ads

member communic
etings and appear
ice expenses
ition circulating
one banks
lling and survey re
stage, delivery and
essional services
nt ads

enter the code.
Otherwise, desc
be the payment

RAD radio
RFD retu
SAL cam
TEL t.v. c
TRC can
TRS staff
TSF tran
VOT vote
WEB infor

airtime and product
d contributions
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costs
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and meals
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(internet, e-mail)

ite/sponsor

NAME AND ADDRESS OF PAYEE (IF COMMITTEE)	ADDRESS OF PAYEE (IF COMMITTEE) ALSO ENTER I.D. NUMBER	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Los Angeles County Registrar-Recorder/County Clerk Folsom, CA 95602		Fil	Candidate Statement Fee	600
California Secretary of State Sacramento, California 95814		Fil	410 filing fee	50

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

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 650
Unitemized payments made this period of under 100	\$ 0
Total interest paid this period of loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 650