

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

| | |
|--|--|
| Date Stamp RECEIVED BY LOS ANGELES COU 2023 JAN -9 PM 12:32 CAMPAIGN FINANCE | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>7</u> For Official Use Only |

Statement covers period
 from 10/23/22
 through 1/9/23

Date of election if applicable:
 (Month, Day, Year)
11/8/22

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input checked="" type="checkbox"/> Termination Statement (Also file a Form 410 Termination) | |
| <input type="checkbox"/> Amendment (Explain below) | |

Includes 2022 only

3. Committee Information

I.D. NUMBER
1410437

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Re-Elect Carolyn Castillo for ERUSD School Board 2022

STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
Pico Rivera Ca 90660 (562) 928-0187

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

 CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Carolyn Castillo
 MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Pico Rivera Ca 90660 (562) 928-0187

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Pico Rivera Ca 90660 (562) 928-0187

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California:

Executed on 1/9/23
 Date

Executed on 1/9/23
 Date

Executed on _____
 Date

Executed on _____
 Date

 Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

 Responsible Officer of Sponsor

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>10/23/22</u> | CALIFORNIA FORM 460 |
| through <u>01/9/23</u> | |
| Page <u>2</u> of <u>6</u> | |
| I.D. NUMBER 1410437 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect Carolyn Castillo for ERUSD School Board 2022

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i> | \$ <u>571.00</u> | \$ <u>5,123.00</u> |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | <u>(3,422.00)</u> | <u>0</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$ <u>(2,851.00)</u> | \$ <u>5,123.00</u> |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | | <u>0</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ <u>(2,851.00)</u> | \$ <u>5,123.00</u> |

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

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made..... <i>Schedule E, Line 4</i> | \$ <u>1,650.00</u> | \$ <u>10,595</u> |
| 7. Loans Made..... <i>Schedule H, Line 3</i> | <u>0.00</u> | <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i> | \$ <u>1,650.00</u> | \$ <u>10,595</u> |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | <u>0.00</u> | <u>0</u> |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i> | <u>0.00</u> | <u>0</u> |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i> | \$ <u>1,650.00</u> | \$ <u>10,596</u> |

Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | | |
|--|---------------|--|
| Date of Election (mm/dd/yy) | Total to Date | |
| ____/____/____ | \$ _____ | |
| ____/____/____ | \$ _____ | |

Current Cash Statement

| | |
|---|--------------------|
| 12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i> | \$ <u>(966.00)</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | <u>(2,851.00)</u> |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i> | <u>0</u> |
| 15. Cash Payments..... <i>Column A, Line 8 above</i> | <u>1,650.00</u> |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>0</u> |

If this is a termination statement, Line 16 must be zero.

| | |
|---|----------|
| 17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i> | \$ _____ |
|---|----------|

Cash Equivalents and Outstanding Debts

| | |
|---|-------------|
| 18. Cash Equivalents..... <i>See instructions on reverse</i> | \$ _____ |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>0</u> |

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).

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

**Schedule B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

| | |
|---|----------------------------|
| Statement covers period from <u>10/23/22</u> through <u>01/9/23</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>7</u> |
| I.D. NUMBER 1410437 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect Carolyn Castillo for ERUSD School Board 2023

| 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 | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|--|------------------------------------|---|--|----------------------------------|--|---|
| Carolyn Castillo Pico Rivera, Ca 90660 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$ _____ | \$ 1,000 | <input type="checkbox"/> PAID \$ _____ <input checked="" type="checkbox"/> FORGIVEN \$ 1,000 | \$ 0 DATE DUE _____ | _____% RATE | \$ 1,000 11/3/22 DATE INCURRED | CALENDAR YEAR \$ 1,000 PER ELECTION** \$ _____ |
| Carolyn Castillo Pico Rivera, Ca 90660 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$ _____ | \$ 500.00 | <input type="checkbox"/> PAID \$ _____ <input checked="" type="checkbox"/> FORGIVEN \$ 500.00 | \$ 0 DATE DUE _____ | _____% RATE | \$ 500.00 11/10/22 DATE INCURRED | CALENDAR YEAR \$ 500.00 PER ELECTION** \$ _____ |
| Carolyn Castillo Pico Rivera, Ca 90660 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$ _____ | \$ 1281.00 | <input type="checkbox"/> PAID \$ _____ <input checked="" type="checkbox"/> FORGIVEN \$ 1281.00 | \$ 0 DATE DUE _____ | _____% RATE | \$ 1281.00 12/6/22 DATE INCURRED | CALENDAR YEAR \$ 1281.00 PER ELECTION** \$ _____ |
| SUBTOTALS | | \$ 2781.00 | \$ 2781.00 | \$ 0 | \$ 0 | | | |

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 2,781.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ (6,203)
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ (3422.00)**
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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

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

**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

| | |
|---|--------------------------------|
| Statement covers period from <u>10/23/22</u> through <u>01/9/23</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>7</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect Carolyn Castillo for ERUSD School Board 2022

I.D. NUMBER

1410437

| 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* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|--|------------------------------------|--|--|----------------------------------|--|---|
| Carolyn Castillo Pico Rivera, Ca 90660 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 200.00 | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input checked="" type="checkbox"/> FORGIVEN \$ 200.00 | \$ _____ DATE DUE _____ | _____% RATE \$ _____ | \$ 200.00 01/12/22 DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| Carolyn Castillo Pico Rivera, Ca 90660 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 1,000.00 | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input checked="" type="checkbox"/> FORGIVEN \$ 1000. | \$ _____ DATE DUE _____ | _____% RATE \$ _____ | \$ 1,000.00 08/08/22 DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| Carolyn Castillo Pico Rivera, Ca 90660 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 500.00 | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input checked="" type="checkbox"/> FORGIVEN \$ 500. | \$ _____ DATE DUE _____ | _____% RATE \$ _____ | \$ 500.00 08/15/22 DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| SUBTOTALS | | \$ | \$ | \$ 1700 | \$ | \$ | | |

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ _____
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†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

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

**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|----------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/23/22 | |
| through | 01/9/23 | Page <u>6</u> of <u>7</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect Carolyn Castillo for ERUSD School Board 2022

I.D. NUMBER

1410437

| 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* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|--|------------------------------------|--|--|----------------------------------|--|---|
| Carolyn Castillo Pico Rivera, Ca 90660 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 1,000.00 | \$ | <input type="checkbox"/> PAID \$ <input checked="" type="checkbox"/> FORGIVEN \$ 1,000 | \$ DATE DUE | % RATE \$ | \$ 1,000 10/06/22 DATE INCURRED | CALENDAR YEAR \$ PER ELECTION** \$ |
| Carolyn Castillo Pico Rivera, Ca 90660 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 221.64 | \$ | <input type="checkbox"/> PAID \$ <input checked="" type="checkbox"/> FORGIVEN \$ 221.64 | \$ DATE DUE | % RATE \$ | \$ 221.64 10/18/22 DATE INCURRED | CALENDAR YEAR \$ PER ELECTION** \$ |
| Carolyn Castillo Pico Rivera, Ca 90660 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 500.00 | \$ | <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | % RATE \$ | \$ 500.00 9/8/22 DATE INCURRED | CALENDAR YEAR \$ PER ELECTION** \$ |

SUBTOTALS \$ 1722.00 \$

Schedule B Summary

(Enter (g) on
Schedule E, Line 3)

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$**
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†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

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

** If required.

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | |
|---|--------------------------------|
| Statement covers period from <u>10/23/22</u> through <u>1/09/23</u> | CALIFORNIA FORM 460 |
| | Page <u>7</u> of <u>7</u> |
| | I.D. NUMBER 1410437 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect Carolyn Castillo for ERUSD 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 |
| 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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| West Coast Mailers South Gate, Ca 90280 | POS | | Mailing Services | \$1,235.00 |
| Political Data Intelligence Norwalk, Ca 90650 | POL | | Mailing List | \$135.00 |
| Maracas Pico Rivera, 90660 | FND | | Meals | \$280.00 |

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

SUBTOTAL \$ 1,650.00

Schedule E Summary

| | |
|--|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 1,650.00 |
| 2. Unitemized payments made this period of under \$100 | \$ 0 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 1,650.00 |

**Statement of Organization
Recipient Committee**

Statement Type

| | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Termination – See Part 5 |
| <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met | Date qualification threshold met | Date of termination |
| ____/____/____ | ____/____/____ | 01 / 09 / 2023 |

40C Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2023 JAN -9 PM 12:32
CAMPAIGN FINANCE

CALIFORNIA FORM 410
For Official Use Only

| | | | | | | | |
|---|--|-------------------|-----------------------------------|--|-------------|-------------------|-----------------------------------|
| 1. Committee Information | | | | 2. Treasurer and Other Principal Officers | | | |
| I.D. Number 1410437 <i>(if applicable)</i> | | | | | | | |
| NAME OF COMMITTEE Re-Elect Carolyn Castillo for ERUSD School Board 2022 | | | | NAME OF TREASURER Carolyn Castillo | | | |
| STREET ADDRESS (NO P.O. BOX) | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| STREET ADDRESS (NO P.O. BOX) | | | | CITY Pico Rivera | STATE Ca | ZIP CODE 90660 | AREA CODE/PHONE (562) 928-0187 |
| CITY Pico Rivera | STATE Ca | ZIP CODE 90660 | AREA CODE/PHONE (562) 928-0187 | NAME OF ASSISTANT TREASURER, IF ANY | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) | | | | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE | | | NAME OF PRINCIPAL OFFICER(S) | | | |
| Attach additional information on appropriately labeled continuation sheets. | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| | | | | CITY | STATE | ZIP CODE | AREA CODE/PHONE |

3. Verification

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

Executed on 1/9/23 DATE

Executed on 1/9/23 DATE

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT