Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from 10/23/2022 12/31/2022 through	Date Stamp  RECEIVED BY  NGELES COUNT  (Month, Day, Year)  2023 HAR -3 PM 3: 0  11/08/2022 CAMPAIGN FINANCE	Page 1 of 8. For Official Use Only
<ul> <li>State Candidate Election Committee</li> <li>Recall</li> <li>(Also Complete Part 5)</li> <li>General Purpose Committee</li> <li>Sponsored</li> <li>Small Contributor Committee</li> </ul>	omplete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Semi-annual Statement	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Mendez for Whittier Union High School Distri  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CO Whittier CA 9060	DDE AREA CODE/PHONE 05 (562) 758-0918	Whittier CA NAME OF ASSISTANT TREASURER, IF ANY Yolanda Miranda	ZIP CODE AREA CODE/PHONE. 90605 (562) 758-0918
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E  CITY STATE ZIP CO  COVINA CA 9172  OPTIONAL: FAX / E-MAIL ADDRESS garymendez@aol.com  Verification I have used all reasonable diligence in preparing and reviewing	DDE AREA CODE/PHONE	CITY STATE Covina CA OPTIONAL: FAX / E-MAIL ADDRESS	ZIP CODE AREA CODE/PHONE 91722 (626) 915-7635  fules is true and complete. I certify
under penalty of perjury under the laws of the State of Californi  01/29/2023  Executed on	ByByByByByByByByByByByByByByByByByByByB	Signature of Controlling Officeholder, Candidate, State Measure Proponent  Signature of Controlling Officeholder, Candidate, State Measure Proponent	

## Recipient Committee Campaign Statement Cover Page — Part 2

CC	OVERP	PAGE	- PART 2
CALIFO FOR		4	60
Page	2	of	8

NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Gary Mendez						,	
OFFICE SOUGHT OR HELD (INCLUDE LOCATI	TON AND DISTRICT NU	IMBER IF APPLICABL	.E)	BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT
Whittier Union High School Distr			,				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. ANI	D STREET) CITY Whitt	STATE ier CA	ZIP 90605	Identify the controlling of			proponent, if a
Related Committees Not Include not included in this statement that are cor contributions or make expenditures on be	ntrolled by you or ar	primarily formed		OFFICE SOUGHT OR HELD		DISTRICT NO	). IF ANY
OMMITTEE NAME	I.D.	NUMBER			•		
	co	NUMBER  NTROLLED COMMITT  YES NO	EE7	7. Primarily Formed Can officeholder(s) or candidate(			
IAME OF TREASURER	co	NTROLLED COMMITT	EE7		s) for which this		rmed.
IAME OF TREASURER COMMITTEE ADDRESS STREET ADDR	co	NTROLLED COMMITT	EE7	officeholder(s) or candidate(	CANDIDATE	committee is primarily for	SUPPOR
IAME OF TREASURER COMMITTEE ADDRESS STREET ADDR	CO [ RESS (NO P.O. BOX) STATE ZIP CODE	NTROLLED COMMITT	EE7	officeholder(s) or candidate(	CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE
OMMITTEE ADDRESS STREET ADDRESS STRE	RESS (NO P.O. BOX)  STATE ZIP CODE	NTROLLED COMMITT	DE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE

## Campaign Disclosure Statement Summary Page

19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ \_\_

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM

Statement covers period

				from		10/23/2022	FORIVI
SEE INSTRUCTIONS ON REVERSE				throu	ugh _	12/31/2022	Page3 of8
NAME OF FILER							I.D. NUMBER
Mendez for Whittier Union High School District 2022							1454051
Contributions Received	(	COlumn A TOTALTHIS PERIOD FROM ATTACHED SCHEDULES)		COlumn B CALENDAR YEAR TOTAL TO DATE			mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	3,500.00	\$	8,000.0			arough 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		-2,500.00		1,500.0	0		arough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	1,000.00	\$	9,500.0	0	20. Contributions Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.0	0	21 Evnenditures	, , , , , , , , , , , , , , , , , , , ,
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	1,000.00	\$	9,500.0		Made \$	\$
Expenditures Made						Expenditure Limit \$	Summary for State
_6Payments_Made	\$_	1,600.00	\$_	8,983.8		Candidates	•
7. Loans Made Schedule H, Line 3		0.00		0.0	0	22 Cumulativ	e Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	1,600.00	\$	8,983.8	4		Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		-800.00		112.7	7	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.0	0	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$	800.00	\$	9,096.6	<u>1</u>		_ \$
Current Cash Statement							_ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	1,116.16	То	calculate Column B, ad	ıdd		
13. Cash Receipts Column A, Line 3 above		1,000.00	an	nounts in Column A to t	the		
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00		rresponding amounts om Column B of your la		*Amounts in this section n reported in Column B.	nay be different from amounts
15. Cash Payments		1,600.00		ort. Some amounts in lumn A may be negative			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	516.16	fig	ures that should be			
If this is a termination statement, Line 16 must be zero.			ре	btracted from previous riod amounts. If this is	s		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for ca	e first report being filed this calendar year, or rry over the amounts	nly		
Cash Equivalents and Outstanding Debts		0.00	fro an	om Lines 2, 7, and 9 (if y).	f		
18. Cash Equivalents	\$	0.00	1				

Schedule	A						SCHEDULE A
Monetary	Contributions Received		s may be rounded whole dollars.	from 10/23/2	•	CALIFORNIA 460	
SEE INSTRUCTION	DNS ON REVERSE			through12/31/2	022	Page4	_ of8 ·
NAME OF FILER						I.D. NUMBER	
Mendez for	Whittier Union High School District 2022					1454051	
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 TO CALENDAR Y (JAN. 1 - DEC	EAR	R ELECTION TO DATE REQUIRED)
11/01/2022	Evergreen PAC (ID# 1408992) Cypress, CA 90630	□IND  ③COM □OTH □PTY □SCC		1,000.00	1,	000.00 G2022	\$1,000.00
11/10/2022	International Brotherhood of Electrical Workers Local 11 (ID# 822725) Pasadena, CA 91101	□IND □COM □OTH □PTY □SCC		2,500.00	2,	500.00 G2022	\$2,500.00
-		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	3,500.00			
1. Amount re	A Summary eceived this period – itemized monetary contributions.  Il Schedule A subtotals.)		\$	3,500.00	IND-	tributor Codes Individual Recipient Come (other than PT	
2. Amount re	eceived this period – unitemized monetary contributions	of less than \$	\$100 \$	0.00		- Other (e.g., bu - Political Party	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colur	mn A, Line 1.)	TOTAL \$	3,500.00		- Small Contribut	or Committee

							SCHE	DULE B - PART 1	
Schedule B – Part 1	Amo	ounts may be ro	ounded		Statement cov	ers period	CALIFORN	460	
Loans Received		to whole dollars.				3/2022	CALIFORNIA 460		
					from10/2.	,			
SEE INSTRUCTIONS ON REVERSE					through12/3:	1/2022	Page5	of8	
NAME OF FILER							I.D. NUMBER		
Mendez for Whittier Union High School	District 2022						1454051		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Hannibal Aquilar	Driver			☐ PAID				CALENDAR YEAR	
Pasadena, CA 91106	UPS	l		_	so	_0_0%		\$0_0	
				\$ <u>-2,500.0</u> 		RATE	\$_2,500_00	PER ELECTION**	
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$_2,500.00	\$0_00	\$0	DATE DUE	\$0.00	09/24/2022 DATE INCURRED	\$ G2022 0.00	
Gary Mendez	Teacher Tai Crane Karate Dojo			PAID				CALENDAR YEAR	
Whittier, CA 90605 This is a loan	lar crane narace poje			\$0_0	\$ _1,500.00	00% RATE	\$ 1,500.00	\$1,500_00 PER ELECTION **	
				TOROIVER					
TIND □ COM □ OTH □ PTY □ SCC		\$_1,500.00	\$0.00	\$0.0	DATE DUE	\$0.00	09/20/2022 DATE INCURRED	\$G2022 1,500.00	
				☐ PAID				CALENDAR YEAR	
		1		\$	_   s	%	s	\$	
				FORGIVEN		RATE		PER ELECTION**	
†□ IND □ COM □ OTH □ PTY □ SCC		s	s	s	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS \$	0.00	2,500.	00\$ 1,500.00	\$ 0.00			
Schedule B Summary	7		<u> </u>	<u> </u>		(Enter (e) on Schedule E, Line 3)			
Loans received this period				\$	0.00				
(Total Column (b) plus unitemized loan				. —		(to	Contributor Codes	)	
O Loons and anter-tree this works d				•	2,500.00		D-Individual		
<ol><li>Loans paid or forgiven this period (Total Column (c) plus loans under \$100</li></ol>					2,500.00	0	OM – Recipient Co other than	ommittee PTY or SCC)	
(Include loans paid by a third party that		ule A.)					TH - Other (e.g.,	business entity)	
, , , , , ,		-					TY – Political Part CC – Small Contril	y outor Committee	
<ol><li>Net change this period. (Subtract Line Enter the net here and on the Summar</li></ol>	e 2 from Line 1.) y Page, Column A, Line 2.	***************************************	•••••	NET \$ _	-2,500.00 (May be a negative number)	ت			
*Amounts forgiven or paid by another party also	must be reported on Schedule A.	}							

\*\* If required.

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

Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE	Amounts may be rour to whole dollars.	ded	Statement covers per from10/23/2022 through12/31/2022	california 460  FORM  Page 6 of 8
NAME OF FILER				I.D. NUMBER
Mendez for Whittier Union High School District 2022				1454051
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	MBR member communicat MTG meetings and appea OFC office expenses PET petition circulating PHO phone banks POL polling and survey in	ions rances esearch d messenger services	RAD radio airtime and proc RFD returned contributions SAL campaign workers' sa TEL t.v. or cable airtime at TRC candidate travel, lodgi TRS staff/spouse travel, lo TSF transfer between com VOT voter registration	duction costs s alaries nd production costs ing, and meals
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Yolanda Miranda & Assoc.	PRO			3.000
Covina, CA 91722				
Yolanda Miranda & Assoc.	PRO			500.0
Covina, CA 91722				
Yolanda Miranda & Assoc.	PRO			500.0
Covina, CA 91722				
* Payments that are contributions or independent expenditures mu	st also be summarized	on Schedule D.		SUBTOTAL\$ 1,300.0

Schedule E Summary

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may be to whole do			from	10/23/2022 10/31/2022	CALIFO FOR	PRNIA RM	460 8
Mendez for Whittier Union High School District 2022  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  ND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearan ses lating survey rese livery and n	s ces	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and produc returned contributions	ction costs ries production costs ries and meals ring, and meals rittees of the san	s ne candida	ate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUN	NT PAID
Yolanda Miranda & Assoc.		PRO						300.0
Covina, CA 91722								

(IF COMMITTEE, ALSO ENTER I.D. NOMBER)		
Yolanda Miranda & Assoc.	PRO	300.00
Covina, CA 91722		·
	·	
	·	
	· ·	
		<u> </u>

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

SUBTOTAL \$

300.00

Schedule	∍ F		
Accrued	<b>Expenses</b>	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from 10/23/2022	FORM TOO
through12/31/2022	Page 8 of 8
	I.D. NUMBER
	1454051

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mendez for Whittier Union High School District 2022

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating PET TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees РНО phone banks TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals FND fundraising events polling and survey research POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor

independent expenditure supporting/opposing others (explain)\* LEG legal defense

campaign literature and mailings

professional services (legal, accounting) PRT print ads

VOT voter registration 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
Capital One	Credit card payment	112.77	0.00	0.00	112.77
Charlotte, NC 28269		,			
Yolanda Miranda & Assoc.	PRO	300.00	0.00	300.00	0.00
Covina, CA 91722					
Yolanda Miranda & Assoc.	PRO	500.00	0.00	500.00	0.00
Covina, CA 91722					
<ul> <li>Payments that are contributions or independent expenditures must also be summarized on Schedule D.</li> </ul>	SUBTOTALS :	\$ 912.77	0.00\$	800.00	112.77

## Schedule F Summary

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 0.00
- 2. Total accrued expenses paid this period. (Include all Schedule F. Column (c) subtotals for payments on 800.00
- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

  NET \$

  -800.00

  May be a negative number