Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA FORM 460
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from 07/01/2023 through 12/31/2023	Date of election if applicable: (Month, Day, Year)	01/31/2024 17:47:43 Filing ID: 210021891	Page 1 of 8 For Official Use Only
 State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee 	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure ommittee) Controlled) Sponsored <i>Iso Complete Part 6</i>) rimarily Formed Candidate/ fficeholder Committee <i>Iso Complete Part 7</i>)	2. Type of Statement: □ Preelection Statement ⊠ Semi-annual Statement □ Termination Statement (Also file a Form 410 Te □ Amendment (Explain b	ermination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information	. NUMBER .429422	Treasurer(s) NAME OF TREASURER Yolanda Miranda MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)	DE AREA CODE/PHONE	CITY Covina NAME OF ASSISTANT TREASU	CA	ZIP CODE AREA CODE/PHONE 91722 (626)915-763
Covina CA 9172 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	2 (909)938-5061	MAILING ADDRESS		
CITY STATE ZIP CO Covina CA 9172 OPTIONAL: FAX / E-MAIL ADDRESS (626)915-6626 / arturo@votearturo.com		CITY OPTIONAL: FAX / E-MAIL ADDF		ZIP CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on01/30/2024			rein and in the attached scl	hedules is true and complete. I certify

Executed on	01/30/2024	By _	Yolanda Miranda	
	Date		Signature of Treasurer or Assistant Treasurer	
Executed on	01/30/2024 Date	. Ву _	Arturo Jimenez Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	
Executed on	Date	. Ву _	Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on	Date	. Ву _	Signature of Controlling Officeholder, Candidate, State Measure Proponent	 FPI

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE		
Arturo Jimenez		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF A	PPLICABL	E)
Board of Education: Pomona USD District 3		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE	ZIP
Pomona	CA	91767

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME			I.D. NUMBE	R
NAME OF TREASURER			CONTROLL	ED COMMITTEE?
			YES	□ NO
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BO	X)	
CITY	STATE	ZIP CC	DE	AREA CODE/PHONE
COMMITTEE NAME			I.D. NUMBE	R
NAME OF TREASURER			CONTROLL	ED COMMITTEE?
			YES	NO NO
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BO	X)	
CITY	STATE	ZIP CC	DE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	U SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT

Attach continuation sheets if necessary

COVER PAGE - PART 2

CALIFORNIA

FORM

Page _____ of ___8

Campaign Disclosure Statement							SUMMARY PAGE
Summary Page	Α	mounts may be round to whole dollars.	ded		Stater	ment covers period	CALIFORNIA 460
				1	from	07/01/2023	FORM 400
SEE INSTRUCTIONS ON REVERSE				1	through .	12/31/2023	Page3 of8
NAME OF FILER							I.D. NUMBER
Arturo Jimenez for Pomona School Board 2024							1429422
Contributions Received	(Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column E CALENDAR YEA TOTAL TO DATE	AR		nmary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	0.00	\$		0.00		
2. Loans Received Schedule B, Line 3		1,000.00		6,0	00.00	1/1 ti	hrough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	1,000.00	\$	6,0	00.00	20. Contributions Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3		0.00			0.00	21. Expenditures	·
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	1,000.00	\$	6,0	00.00	Made \$	\$
Expenditures Made						Expenditure Limit	Summary for State
6. Payments Made Schedule E, Line 4	\$	849.17	\$	8	99.17	Candidates	-
7. Loans Made Schedule H, Line 3		0.00			0.00	22 Cumulativ	ve Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	849.17	\$	8	99.17		Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		-298.73		8	01.27	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	\$	550.44	\$	1,7	00.44	///////	\$
Current Cash Statement						//	\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	219.95	Тс	o calculate Columr	n B, add		
13. Cash Receipts Column A, Line 3 above		1,000.00		mounts in Column prresponding amo			
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	om Column B of y	our last	*Amounts in this section n reported in Column B.	nay be different from amounts
15. Cash Payments Column A, Line 8 above		849.17		eport. Some amou olumn A may be n			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	370.78	fig	gures that should	be		
If this is a termination statement, Line 16 must be zero.			pe	ubtracted from pre eriod amounts. If the ne first report being	this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	or this calendar ye arry over the amo	ar, only		
Cash Equivalents and Outstanding Debts			fro	om Lines 2, 7, and ny).			
18. Cash Equivalents See instructions on reverse	\$	0.00					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	6,801.27	1				
			1				FPPC Form 460 (Jan/2016

SCHEDULE B - PART 1

Schedule B – Part 1 Amounts may be rounded to whole dollars. Statement covers period Loans Received from							CALIFORN FORM	^{IA} 460
SEE INSTRUCTIONS ON REVERSE					through12/3	1/2023	Page4	of <u>8</u>
NAME OF FILER				·			I.D. NUMBER	
Arturo Jimenez for Pomona School Board	1 2024						1429422	
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 PAI OR FORGIVE THIS PERIOI	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Arturo Jimenez Pomona, CA 91767	School Director Laguna Technical College			PAID				CALENDAR YEAR
This is a loan				\$0.00	\$ 2,000.00	0.00_% RATE	\$ 2,000.00	\$ <u>1,000.00</u> PER ELECTION**
		\$_2,000.00	\$0.00	\$0.00	DATE DUE	\$0.00	08/05/2020 DATE INCURRED	$\begin{array}{c} G2024 & 1,000.00\\ G2020 & 4,005.00\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\$
Arturo Jimenez Pomona, CA 91767	School Director Laguna Technical College							CALENDAR YEAR
This is a loan				\$0.00	\$ 2,000.00	<u>0.00</u> % RATE	\$ 2,000.00	\$ <u>1,000.00</u> PER ELECTION **
		\$	\$0.00	\$0.00	DATE DUE	\$0.00	08/17/2020 DATE INCURRED	G2024 1,000.00 G2020 4,005.00 \$G2024 1,000.00 G2020 4,005.00
Arturo Jimenez Pomona, CA 91767	School Director Laguna Technical College							CALENDAR YEAR
Foliona, CA STIT	haguna recimical correge			\$0.00	<u> </u>	<u>0.00</u> % RATE	\$ 1,000.00	\$ _ 1,000.00 PER ELECTION **
		\$	\$0.00	\$0.00	DATE DUE	\$0.00	07/28/2022 DATE INCURRED	G2024 1,000.00 G2020 4,005.00 \$ G2024 1,000.00 G2020 4,005.00
		SUBTOTALS	0.00	5 0.0	5,000.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)	1	
1. Loans received this period				\$	1,000.00	· _		
(Total Column (b) plus unitemized loar	is of less than \$100.)						Contributor Codes D – Individual	5
 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that) 	0 paid or forgiven.)			\$	0.00	- C0	OM – Recipient Co	PTY or SCC) business entity)
3. Net change this period. (Subtract Lin Enter the net here and on the Summa	,			NET \$	1 , 000 . 00 May be a negative number)		CC – Small Contril	
*Amounts forgiven or paid by another party also ** If required.	must be reported on Schedule A.						FPPC F	orm 460 (.lan/201

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SCHEDULE B - PART 1 (CONT.)

Schedule B – Part 1 (Continuation Sheet) Amounts may be rounded to whole dollars. Loans Received to whole dollars.		Statement cov	ers period	CALIFORNIA 460				
SEE INSTRUCTIONS ON REVERSE					through $\frac{12/32}{2}$	1/2023	Page 5	of <u>8</u>
NAME OF FILER							I.D. NUMBER	
Arturo Jimenez for Pomona School Board	d 2024						1429422	
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 Pai Or Forgive This Perioi	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Arturo Jimenez Pomona, CA 91767	School Director Laguna Technical College			PAID 0.00 FORGIVEN	- v <u> </u>	<u>0.00</u> % RATE	\$ <u>1,000.00</u>	CALENDAR YEAR \$ 1,000.00 PER ELECTION** G2024 1,000.00 G2020 4,005.00
		\$0.00	\$_1,000.00	\$0.00	DATE DUE	\$0.00	08/10/2023 DATE INCURRED	\$ G2024 1,000.00 G2020 4,005.00
				PAID \$ FORGIVEN	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION **
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		\$	s	PAID PAID FORGIVEN	\$	RATE %	\$	CALENDAR YEAR \$ PER ELECTION ** \$
		·	* <u> </u>	•	DATE DUE	• <u> </u>	DATE INCURRED	·
				PAID S FORGIVEN	_ \$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION **
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS	1,000.00	6 0.0	00 \$ 1,000.00	\$ 0.00		

†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

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

Schedule E	Amounts may be rounded	Statem	ent covers period		of8
Payments Made	to whole dollars.	from	07/01/2023	FORM	400
SEE INSTRUCTIONS ON REVERSE		through	12/31/2023	Page c	of <u>8</u>
NAME OF FILER				I.D. NUMBER	
Arturo Jimenez for Pomona School Board 2024				1429422	

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	AN	IOUNT PAID
Synx3 Internet Solutions Pomona, CA 91766	WEB				220.00
Synx3 Internet Solutions Pomona, CA 91766	WEB				24.99
Yolanda Miranda & Assoc., Inc. Covina, CA 91722	PRO				300.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$					544.99

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	849.17
2. Unitemized payments made this period of under \$100 \$	0.00
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.)	849.17

Schedule E			SCHEDULE E (CONT.)				
(Continuation Sheet)	Amounts may be	e rounded	Statement covers period	CALIFORNIA 460			
Payments Made	to whole do	ollars.	from07/01/2023	FORM 400			
SEE INSTRUCTIONS ON REVERSE			through12/31/2023	Page7 of8			
NAME OF FILER				I.D. NUMBER			
Arturo Jimenez for Pomona School Board 2024							
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 communicationsRAD radio airtime and production costCNS campaign consultantsMTG meetings and appearancesRFD returned contributionsCTB contribution (explain nonmonetary)*OFC office expensesSAL campaign workers' salaries				costs			
CVC civic donations	lating	duction costs					
FIL candidate filing/ballot fees FND fundraising events	t fees PHO phone banks POL polling and survey research			d meals			
IND independent expenditure supporting/opposing others (explain)*		ivery and messenger services	TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/spor VOT voter registration				
LEG legal defense	PRO professional	services (legal, accounting)					
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 DI	ESCRIPTION OF PAYMENT	AMOUNT PAID			
- Yolanda Miranda & Assoc., Inc. Covina, CA 91722		PRO		300.00			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAI			
Yolanda Miranda & Assoc., Inc. Covina, CA 91722	PRO		4.18

SCHEDULE F

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	led	Statement cover from07/01/2 through12/31/2	FO	ornia 460	
SEE INSTRUCTIONS ON REVERSE				Page _	<u>8</u> of <u>8</u>	
NAME OF FILER				I.D. NUM	BER	
Arturo Jimenez for Pomona School Board 2024				142942	22	
CODES: If one of the following codes accurately describes the payment, you may enter the code. OtMPcampaign paraphernalia/misc.MBRmember communicationsNScampaign consultantsMTGmeetings and appearancesContribution (explain nonmonetary)*OFCoffice expensesVCcivic donationsPETpetition circulatingILcandidate filing/ballot feesPHOphone banksNDfundraising eventsPOLpolling and survey researchIDindependent expenditure supporting/opposing others (explain)*POSpostage, delivery and messenger servicesITcampaign literature and mailingsPRTprint ads			erwise, describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponso 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	
Arturo Jimenez Pomona, CA 91767	FIL	800.00	0.00	0.00	800.00	
Yolanda Miranda & Assoc., Inc. Covina, CA 91722	PRO	300.00	0.00	300.00	0.00	
Yolanda Miranda & Assoc., Inc. Covina, CA 91722	POS	0.00	1.27	0.00	1.27	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 1,100.00 \$	5 1.27 \$	300.00\$	801.27	
 Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized accrued expenses of \$100 or more, plus tot			INCU	RRED TOTALS \$	1.27	
2. Total accrued expenses paid this period. (Include all Scho accrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subto	tals for payments on			300.00	
3. Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)				NET \$	-298.73 ay be a negative number	

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