

Recipient Committee
Campaign Statement
Cover Page

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SEE INSTRUCTIONS ON REVERSE

COVER PAGE

CALIFORNIA FORM 460

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For Official Use Only

Statement covers period
from 02/01/23
through 07/31/23

Date of election if applicable:
(Month, Day, Year)

11/8/2022

2023 AUG -4 PM 2:13

CAMPAIGN FINANCE
DISCLOSURE SECTION

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

☒ 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 Complete Part 7)

2. Type of Statement:

☒ Preelection Statement
☒ Semi-annual Statement
Termination Statement
(Also file a Form 410 Termination)
Amendment (Explain below)

Quarterly Statement
Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1456274

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Ronald Gómez for IUSD Trustee
Area # 1 2022

STREET ADDRESS (NO P.O. BOX)

CITY Inglewood STATE CA ZIP CODE 90305 AREA CODE/PHONE

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

Ronald Gómez

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Inglewood CA 90305 (310) 213-3125

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 that the foregoing is true.

Executed on 7/30/2023

By

Executed on 7/30/2023

By Signature

File Officer of Sponsor

Executed on

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Ronald Gómez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Inglewood Unified School District

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Trustee Area #1, Member of the Board
9401 Crenshaw Blvd #2 Inglewood, CA 90305

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. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT
OPPOSE

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

SUPPORT
OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>02/01/23</u> through <u>07/31/23</u>		CALIFORNIA FORM 460
		Page <u>3</u> of <u>3</u>
NAME OF FILER <u>Ronald Gómez</u>		I.D. NUMBER <u>1456274</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Contributions Received

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

Expenditures Made

6. Payments Made.....	Schedule E, Line 4	\$ <u>0</u>	\$ <u>0</u>
7. Loans Made.....	Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ <u>0</u>	\$ <u>0</u>
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment.....	Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ <u>0</u>	\$ <u>0</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
<u>1/1/23</u>	\$ <u>N/A</u>
<u>7/31/23</u>	\$ <u>0</u>

Current Cash Statement

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

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

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

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

My balance is \$0, but previous summary page is \$7790. I think there's a typo. 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.