

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

|                                |
|--------------------------------|
| <b>Statement covers period</b> |
| from <u>01/01/2023</u>         |
| through <u>06/30/2023</u>      |

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

11/08/2022

|                                                                                                       |                                                                                       |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Date Stamp<br><b>RECEIVED BY<br/>LOS ANGELES COUNTY<br/>2023 JUL 28 PM 12:48<br/>CAMPAIGN FINANCE</b> | 5723<br><b>CALIFORNIA<br/>FORM 460</b>                                                |
|                                                                                                       | Page <u>1</u> of <u>7</u><br>For Official Use Only<br><u>021152</u><br><u>C111030</u> |

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

- |                                                                                                                                                                                                                     |                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><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<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)                                                     |                                                                               |

**3. Committee Information**

I.D. NUMBER  
1445052

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Santana for Montebello School Board 2022

STREET ADDRESS (NO P.O. BOX)

|                |           |              |                       |
|----------------|-----------|--------------|-----------------------|
| CITY           | STATE     | ZIP CODE     | AREA CODE/PHONE       |
| <u>Norwalk</u> | <u>CA</u> | <u>90650</u> | <u>(213) 489-4792</u> |

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

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

(213) 489-4818 / dl Gould@gouldorellana.com

**Treasurer(s)**

NAME OF TREASURER

James Santana

MAILING ADDRESS

|                   |           |              |                       |
|-------------------|-----------|--------------|-----------------------|
| CITY              | STATE     | ZIP CODE     | AREA CODE/PHONE       |
| <u>Montebello</u> | <u>CA</u> | <u>90640</u> | <u>(323) 485-8463</u> |

NAME OF ASSISTANT TREASURER, IF ANY

David L. Gould

MAILING ADDRESS

|                |           |              |                 |
|----------------|-----------|--------------|-----------------|
| CITY           | STATE     | ZIP CODE     | AREA CODE/PHONE |
| <u>Norwalk</u> | <u>CA</u> | <u>90650</u> |                 |

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 and correct.

Executed on 7-26-23  
Date  
Executed on 7/21/23  
Date  
Executed on \_\_\_\_\_  
Date  
Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 7

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

James Santana

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

Board of Education Montebello Unified

| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY       | STATE | ZIP   |
|-----------------------------------------------|------------|-------|-------|
|                                               | Montebello | CA    | 90640 |

**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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|                                                                  |                               |
|------------------------------------------------------------------|-------------------------------|
| Statement covers period<br>from 01/01/2023<br>through 06/30/2023 | CALIFORNIA<br>FORM <b>460</b> |
| Page 3 of 7                                                      | I.D. NUMBER<br>1445052        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Santana for Montebello School Board 2022

## Contributions Received

|                                       |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------------|--------------------|------------------------------------------------------------|--------------------------------------------|
| 1. Monetary Contributions .....       | Schedule A, Line 3 | \$ 200.00                                                  | \$ 200.00                                  |
| 2. Loans Received .....               | Schedule B, Line 3 | -7,382.28                                                  | 3,617.72                                   |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....  | Add Lines 1 + 2    | \$ -7,182.28                                               | \$ 3,817.72                                |
| 4. Nonmonetary Contributions .....    | Schedule C, Line 3 | 0.00                                                       | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... | Add Lines 3 + 4    | \$ -7,182.28                                               | \$ 3,817.72                                |

## 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

|                                          |                      |             |             |
|------------------------------------------|----------------------|-------------|-------------|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$ 1,300.00 | \$ 1,300.00 |
| 7. Loans Made .....                      | Schedule H, Line 3   | 0.00        | 0.00        |
| 8. SUBTOTAL CASH PAYMENTS .....          | Add Lines 6 + 7      | \$ 1,300.00 | \$ 1,300.00 |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | 0.00        | 0.00        |
| 10. Nonmonetary Adjustment .....         | Schedule C, Line 3   | 0.00        | 0.00        |
| 11. TOTAL EXPENDITURES MADE .....        | Add Lines 8 + 9 + 10 | \$ 1,300.00 | \$ 1,300.00 |

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

|                                |               |
|--------------------------------|---------------|
| Date of Election<br>(mm/dd/yy) | Total to Date |
| / /                            | \$            |
| / /                            | \$            |

## Current Cash Statement

|                                           |                                               |             |
|-------------------------------------------|-----------------------------------------------|-------------|
| 12. Beginning Cash Balance .....          | Previous Summary Page, Line 16                | \$ 8,482.28 |
| 13. Cash Receipts .....                   | Column A, Line 3 above                        | -7,182.28   |
| 14. Miscellaneous Increases to Cash ..... | Schedule I, Line 4                            | 0.00        |
| 15. Cash Payments .....                   | Column A, Line 8 above                        | 1,300.00    |
| 16. ENDING CASH BALANCE .....             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 0.00     |

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

|                                    |                    |         |
|------------------------------------|--------------------|---------|
| 17. LOAN GUARANTEES RECEIVED ..... | Schedule B, Part 2 | \$ 0.00 |
|------------------------------------|--------------------|---------|

## Cash Equivalents and Outstanding Debts

|                             |                                       |             |
|-----------------------------|---------------------------------------|-------------|
| 18. Cash Equivalents .....  | See instructions on reverse           | \$ 0.00     |
| 19. Outstanding Debts ..... | Add Line 2 + Line 9 in Column B above | \$ 3,617.72 |

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 A

## Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from 01/01/2023  
through 06/30/2023

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Santana for Montebello School Board 2022

I.D. NUMBER

1445052

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)       | CONTRIBUTOR CODE *                                                                                                                                                      | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|---------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------|------------------------------------------|
| 06/30/2023    | LA County Democratic Party Issues and<br>Advocacy Committee (ID# 744554)<br><br>Los Angeles, CA 90017 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                                     | 200.00                            | 200.00                                                    |                                          |
|               |                                                                                                       | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                                     |                                   |                                                           |                                          |
|               |                                                                                                       | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                                     |                                   |                                                           |                                          |
|               |                                                                                                       | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                                     |                                   |                                                           |                                          |
|               |                                                                                                       | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                                     |                                   |                                                           |                                          |
| SUBTOTAL \$   |                                                                                                       |                                                                                                                                                                         |                                                                                                     | 200.00                            |                                                           |                                          |

### Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 200.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 200.00

#### \*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](mailto:advice@fppc.ca.gov) (866/275-3772)

[www.fppc.ca.gov](http://www.fppc.ca.gov)

# Schedule B – Part 1

## Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period

from 01/01/2023

through 06/30/2023

CALIFORNIA  
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Santana for Montebello School Board 2022

I.D. NUMBER

1445052

| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                                                               | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>RECEIVED THIS<br>PERIOD | (c)<br>AMOUNT PAID<br>OR FORGIVEN<br>THIS PERIOD*                                            | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>PAID THIS<br>PERIOD | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN | (g)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------|--------------------------------------|-----------------------------------------------|
| James Santana<br>Montebello, CA 90640                                                                                                                       | Operations Manager<br>Amazon                                                                        |                                                           |                                          | <input checked="" type="checkbox"/> PAID<br>\$ 1,000.00<br><input type="checkbox"/> FORGIVEN | \$ 0.00                                                     | 0.00%<br>RATE                          | \$ 1,000.00                          | CALENDAR YEAR<br>\$ 0.00<br>PER ELECTION**    |
| <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |                                                                                                     | \$ 1,000.00                                               | \$ 0.00                                  | \$ 0.00                                                                                      | DATE DUE                                                    | \$ 0.00                                | 02/15/2022<br>DATE INCURRED          | \$                                            |
| James Santana<br>Montebello, CA 90640<br>Loan                                                                                                               | Operations Manager<br>Amazon                                                                        |                                                           |                                          | <input checked="" type="checkbox"/> PAID<br>\$ 6,382.28<br><input type="checkbox"/> FORGIVEN | \$ 3,617.72                                                 | 0.00%<br>RATE                          | \$ 10,000.00                         | CALENDAR YEAR<br>\$ 0.00<br>PER ELECTION**    |
| <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |                                                                                                     | \$ 10,000.00                                              | \$ 0.00                                  | \$ 0.00                                                                                      | DATE DUE                                                    | \$ 0.00                                | 08/18/2022<br>DATE INCURRED          | \$                                            |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |                                                                                                     | \$                                                        | \$                                       | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN                     | \$                                                          | %<br>RATE                              | \$                                   | CALENDAR YEAR<br>\$<br>PER ELECTION**         |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |                                                                                                     | \$                                                        | \$                                       | \$                                                                                           | DATE DUE                                                    | \$                                     | DATE INCURRED                        | \$                                            |
| SUBTOTALS \$                                                                                                                                                |                                                                                                     | 0.00                                                      | \$ 7,382.28                              | \$ 3,617.72                                                                                  | 0.00                                                        |                                        |                                      |                                               |

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

## Schedule B Summary

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 7,382.28  
(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 \$ -7,382.28  
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                  |            | CALIFORNIA<br>FORM <b>460</b> |
| from                                     | 01/01/2023 |                               |
| through                                  | 06/30/2023 | Page 6 of 7                   |
| NAME OF FILER                            |            | I.D. NUMBER                   |
| Santana for Montebello School Board 2022 |            | 1445052                       |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Santana for Montebello 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---------------------------------------------------------------------|---------|------------------------|-------------|
| Gould & Orellana, LLC<br>Norwalk, CA 90650                          | PRO     |                        | 150.00      |
| Gould & Orellana, LLC<br>Norwalk, CA 90650                          | PRO     |                        | 150.00      |
| Gould & Orellana, LLC<br>Norwalk, CA 90650                          | PRO     |                        | 150.00      |

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

**SUBTOTAL \$** 450.00

## Schedule E Summary

|                                                                                                                    |                          |
|--------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)                                         | \$ 1,150.00              |
| 2. Unitemized payments made this period of under \$100                                                             | \$ 150.00                |
| 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.) | <b>TOTAL \$ 1,300.00</b> |

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

|                                          |            |                            |
|------------------------------------------|------------|----------------------------|
| Statement covers period                  |            | <b>CALIFORNIA FORM 460</b> |
| from                                     | 01/01/2023 |                            |
| through                                  | 06/30/2023 | Page 7 of 7                |
| NAME OF FILER                            |            | I.D. NUMBER                |
| Santana for Montebello School Board 2022 |            | 1445052                    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Santana for Montebello 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---------------------------------------------------------------------|---------|------------------------|-------------|
| Gould & Orellana, LLC<br>Norwalk, CA 90650                          | PRO     |                        | 150.00      |
| Gould & Orellana, LLC<br>Norwalk, CA 90650                          | PRO     |                        | 150.00      |
| Gould & Orellana, LLC<br>90650                                      | PRO     |                        | 150.00      |
| Gould & Orellana, LLC                                               | PRO     |                        | 150.00      |
| Gould & Orellana, LLC<br>Norwalk, CA 90650                          | PRO     |                        | 100.00      |

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

**SUBTOTAL \$** 700.00

**Statement of Organization  
Recipient Committee**

**Statement Type**

☐ Initial

☐ Not yet qualified  
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☒ Termination – See Part 5

Date of termination

06 / 30 / 2023

Date Stamp

RECEIVED BY  
LOS ANGELES COUNTY  
2023 JUL 28 PM 12:42  
CAMPAIGN FINANCE

CALIFORNIA  
FORM 410

For Official Use Only

021152  
C11A30

**1. Committee Information**

**I.D. Number**  
(if applicable)

1445052

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE

Santana for Montebello School Board 2022

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Norwalk

CA

90650

(213) 489-4792

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

dlgould@gouldorellana.com / (213) 489-4818

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Los Angeles

Montebello

NAME OF TREASURER

James Santana

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Montebello

CA

90640

(323) 485-8463

NAME OF ASSISTANT TREASURER, IF ANY

David L. Gould

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Norwalk

CA

90650

NAME OF PRINCIPAL OFFICER(S)

Ingrid Orellana (Assistant Treasurer)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Norwalk

CA

90650

**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

7-26-23

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

7/21/23

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

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

www.fppc.ca.gov

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
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COMMITTEE NAME

Santana for Montebello School Board 2022

I.D. NUMBER

1445052

- All committees must list the financial institution where the campaign bank account is located.

| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER |          |
|-------------------------------|-----------------|---------------------|----------|
| California Bank & Trust       | (213) 228-1700  | 5799153092          |          |
| ADDRESS                       | CITY            | STATE               | ZIP CODE |
|                               | Los Angeles     | CA                  | 90071    |

## 4. Type of Committee Complete the applicable sections.

### Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF<br>ELECTION | PARTY<br>CHECK ONE |                                       |
|--------------------------------------------------------|---------------------------------------------------------------------------|---------------------|--------------------|---------------------------------------|
| James Santana                                          | Board of Education Montebello Unified                                     | 2022                | Nonpartisan<br>X   | Partisan (list political party below) |
|                                                        |                                                                           |                     | Nonpartisan        | Partisan (list political party below) |

### Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------|--------|
|                                                                                                                                               |                                                                                                                        | SUPPORT   | OPPOSE |
|                                                                                                                                               |                                                                                                                        | SUPPORT   | OPPOSE |

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Santana for Montebello School Board 2022

I.D. NUMBER

1445052

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee

☐ COUNTY Committee

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Small Contributor Committee**

☐ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditures in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.