Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 5

Date Stamp: RECEIVED BY LOS ANGELES COUNTY 2020 SEP 23 PM 3:35 CALIFORNIA FINANCE

(3) 9/21/20

For Official Use Only: G11307

SEE INSTRUCTIONS ON REVERSE

Statement covers period: from 07/01/20 through 09/19/20

Date of election if applicable: (Month, Day, Year) November 3, 2020

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

Addition of Mailing Address and change of Assistant Treasurer address

3. Committee Information

I.D. NUMBER: 1431126

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Committee to Support AA 2020

STREET ADDRESS (NO P.O. BOX): 8405 La Bajada

CITY: Whittier | STATE: CA | ZIP CODE: 90605 | AREA CODE/PHONE: 562-652-6435

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: P.O. Box 4693

CITY: Whittier | STATE: CA | ZIP CODE: 90607 | AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS: YesonAA2020WUHSD@gmail.com

Treasurer(s)

NAME OF TREASURER: Christiana Kraus

MAILING ADDRESS: P.O. Box 4693

CITY: Whittier | STATE: CA | ZIP CODE: 90607 | AREA CODE/PHONE: 562-335-3092

NAME OF ASSISTANT TREASURER, IF ANY: Monica Oviedo

MAILING ADDRESS: 12307 Primrose Ave

CITY: Whittier | STATE: CA | ZIP CODE: 90606 | AREA CODE/PHONE: 562-619-1525

OPTIONAL: FAX / E-MAIL ADDRESS: monicamoviedo1@gmail.com

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 9/20/20 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 9/20/20 (Date) By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

☑

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM 460

Statement covers period from 07/01/2020 through 09/19/2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Monica Oviedo

I.D. NUMBER: 1431126

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 47259.51	$ 47259.51
2. Loans Received	Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 47259.21	$ 47259.51
4. Nonmonetary Contributions	Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$	$

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 61.39	$ 61.39
7. Loans Made	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 61.39	$ 61.39
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		
10. Nonmonetary Adjustment	Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 61.39	$ 61.39

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 0
13. Cash Receipts	Column A, Line 3 above	47259.51
14. Miscellaneous Increases to Cash	Schedule I, Line 4	
15. Cash Payments	Column A, Line 8 above	61.39
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 47197.82

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $

Cash Equivalents and Outstanding Debts

18. Cash Equivalents — See instructions on reverse — $
19. Outstanding Debts — Add Line 2 + Line 9 in Column B above — $

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).

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	$	$

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
/ /	$
/ /	$

*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

CALIFORNIA FORM 460

Statement covers period from 07/01/2020 through 09/19/2020

Page 4 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Monica Oviedo

I.D. NUMBER: 1431126

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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/24/2020	Monica Oviedo, 160 Reed Lane La Habra CA 90631	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Educator	250	250	
09/08/20	Erickson Hall Construction, 500 Corporate Drive, Escondido, CA 92029	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		30,000	30,000	
9/14/20	TDM Architects, 930 Colorado blvd, Los Angeles, 90041	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		12000	12000	
9/16/20	Educators for Better Schools- Issues FPPC# 931652	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		5000	5000	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ 47250

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 47,250
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 9.21
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 47,259.21

*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

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 6

For Official Use Only

G11307

Date Stamp

RECEIVED BY LOS ANGELES COUNTY 10/21/20 2020 OCT 22 PM 2:31 CAMPAIGN FINANCE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 9/20/2020
through 10/17/2020

Date of election if applicable (Month, Day, Year)
November 3, 2020

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

PROP AA

I.D. NUMBER: 1431126

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Committee to Support Measure AA 2020

STREET ADDRESS (NO P.O. BOX): 8405 La Bajada

CITY: Whittier | STATE: CA | ZIP CODE: 90605 | AREA CODE/PHONE: 562-652-6435

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: P.O. Box 4693

CITY: Whittier | STATE: CA | ZIP CODE: 90605 | AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS:

Treasurer(s)

NAME OF TREASURER: Christiana Kraus

MAILING ADDRESS: P.O. Box 4693

CITY: Whittier | STATE: CA | ZIP CODE: 90605 | AREA CODE/PHONE: 562-335-3092

NAME OF ASSISTANT TREASURER, IF ANY: Monica Oviedo

MAILING ADDRESS: 12307 Primrose Ave

CITY: Whittier | STATE: CA | ZIP CODE: 90602 | AREA CODE/PHONE: 562-619-1525

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 10/22/2020 (Date) — By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 10/22/2020 (Date) — By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) — By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) — By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

SS

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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

Whittier Union HSD Repair, Health, Safety, Student Achievement Measure

BALLOT NO. OR LETTER	JURISDICTION	
Whittier Union HSD Rep	Los Angeles County	☑ 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 09/20/2020 through 10/17/2020

CALIFORNIA FORM 460

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Monica Oviedo

I.D. NUMBER: 1431126

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 5900	$ 53159.21
2. Loans Received	Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$	$
4. Nonmonetary Contributions	Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$	$

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 18525.36	$ 18586.75
7. Loans Made	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 18525.36	$ 18586.75
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		
10. Nonmonetary Adjustment	Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 18525.36	$ 18586.75

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 47197.82
13. Cash Receipts	Column A, Line 3 above	5900
14. Miscellaneous Increases to Cash	Schedule I, Line 4	
15. Cash Payments	Column A, Line 8 above	18525.36
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 34572.46

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $

Cash Equivalents and Outstanding Debts

18. Cash Equivalents — See instructions on reverse — $
19. Outstanding Debts — Add Line 2 + Line 9 in Column B above — $

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).

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	$	$

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
/ /	$
/ /	$

*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

CALIFORNIA FORM **460**

Statement covers period
from 09/20/2020
through 10/17/2020

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Monica Oviedo

I.D. NUMBER
1431126

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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/21/20	Martin Plourde 1887 Sugarloaf, 91784	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	educator	500	500	
9/25/20	Sandra Thorstenson 8214 La Bajada, 90605	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired educator	300	300	
9/24/20	Matt Blackburn, 2460 E. 24th St, 90058	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	V.P. waste company	500	500	
9/24/20	Kevin Jamero, 2405 Sandpebble Ln, 92821	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	educator	250	250	
10/1/20	Cathy Warner, 8405 La Bajada, 90605	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		250	250	
			SUBTOTAL $	1800		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 5900
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ _____
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 5900

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 09/20/2020
through 10/17/2020

CALIFORNIA FORM 460

NAME OF FILER Monica Oviedo

I.D. NUMBER 1431126

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/6/20	Lori Eshilian, 8318 La Bajada 90605	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	retired educator	100	100	
10/10/20	Athens Services. P.O. Box 60009, 91716	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		2500	2500	
10/12/2020	Lorrie Ruiz. 8504 Firestone Blvd, 90241	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	school funding & planning consultant	500	500	
10/13/20	Eric Bathen	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	attorney	1000	1000	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
				SUBTOTAL $ 4100		

*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

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 09/20/2020
through 10/17/2020

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Monica Oviedo

I.D. NUMBER: 1431126

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
Direct Connection 1968 Yeager Ave, La Verne 91750	LIT	postcards (Teacher endorsements)	8574.14
Direct Connection 1968 Yeager Ave, La Verne 91750	LIT	postcards (Business endorsements)	9781.22

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

SUBTOTAL $

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 18355.36
2. Unitemized payments made this period of under $100 ..... $ 170
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 18586.75

2020-4-LC 01

497 Contribution Report

Amounts may be rounded to whole dollars.

Email

NAME OF FILER Monica Oviedo Prop. AA		Date of This Filing 9/10/2020	RECEIVED BY LOS ANGELES COUNTY 2020 SEP 11 AM 10:24 CAMPAIGN FINANCE DISCLOSURE SECTION email 9/10/20
AREA CODE/PHONE NUMBER 562-619-1525	I.D. NUMBER (if applicable) Pending	Report No.	
STREET ADDRESS 8250 Catalina Ave		☐ Amendment to Report No. (explain below)	
CITY Whittier	STATE CA / ZIP CODE 90602	No. of Pages 1	

CALIFORNIA FORM **497**

For Official Use Only

611307

1. Contribution(s) Received

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
9/10/2020	Erickson Hall Construction 500 Corporate Drive Escondido, CA 92029	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$30,000 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

* 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

Reason for Amendment: _____

SS

2020-4-L001

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER PROP AA Monica Oviedo on behalf of Committee to Support Measure AA 2020	Date of This Filing 09/14/20	RECEIVED LOS ANGELES COUNTY Email 2020 SEP 14 PM 2:48 CAMPAIGN FINANCE (Date Stamp)	CALIFORNIA FORM **497**
AREA CODE/PHONE NUMBER 562-619-1525 / I.D. NUMBER (if applicable) PENDING	Report No. 2		For Official Use Only
STREET ADDRESS 8250 Catalina Ave	☐ Amendment to Report No. _____ (explain below)		
CITY Whittier / STATE CA / ZIP CODE 90602	No. of Pages 1		G11307

1. Contribution(s) Received

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
9/14/2020	TDM Architects, INC, 930 Colorado Blvd, Los Angeles, CA 90041	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		12,000 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

* 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

Reason for Amendment: _____

SS

20004-LC01 JAN

Email

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER PTCPAA Monica Oviedo on behalf of Committee to Support Measure AA 2020	Date of This Filing 09/17/2020	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2020 SEP 17 PM 2:53 CAMPAIGN FINANCE	CALIFORNIA FORM **497**
AREA CODE/PHONE NUMBER: 562-619-1525 / I.D. NUMBER (if applicable): 1431126	Report No. 3		For Official Use Only
STREET ADDRESS: 12307 Primrose Ave	☐ Amendment to Report No. _____ (explain below)		
CITY: Whittier / STATE: CA / ZIP CODE: 90606	No. of Pages 1	email	G11307

1. Contribution(s) Received

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
9/15/2020	Educators for Better Schools - Issues FPPC#: 931652 9401 Painter Ave, Whittier, CA 90631	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		5000 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

Reason for Amendment: _____

* 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

SS

2020-4 -C02

Email

497 Contribution Report PROP AA

Amounts may be rounded to whole dollars.

NAME OF FILER: Monica Oviedo	Date of This Filing: 10/13/20	Date Stamp: 10/13/20	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER: 562-619-1525 — I.D. NUMBER (if applicable): 1431126	Report No. 5		For Official Use Only: 611307
STREET ADDRESS: 12307 Primrose Ave	☐ Amendment to Report No. _____ (explain below)		
CITY: Whittier — STATE: CA — ZIP CODE: 90606	No. of Pages 1		

1. Contribution(s) Received

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
10/13/2020	Eric Bathen, 650 Town Center Drive #1200, Costa Mesa, 92626	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	attorney	1000 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

* 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

Reason for Amendment: _____

SS

2020-4 LCOI
Email

497 Contribution Report PROP AA

Amounts may be rounded to whole dollars.

NAME OF FILER: Monica Oviedo	Date of This Filing: 10/10/20	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER: 562-619-1525 / I.D. NUMBER (if applicable): 1431126	Report No. 4		For Official Use Only
STREET ADDRESS: 12307 Primrose Ave	☐ Amendment to Report No. _____ (explain below)		611307
CITY: Whittier / STATE: CA / ZIP CODE: 90606	No. of Pages 1	10/13/20	

1. Contribution(s) Received

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
10/10/20	Athens Services, P.O. Box 60009, City of Industry, Ca91716	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		2500 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

* 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

Reason for Amendment: _____

2020-4

497 Contribution Report PROP AA

Amounts may be rounded to whole dollars.

email

NAME OF FILER		Date of This Filing 11/13/2020	Date Stamp	CALIFORNIA FORM 497
Monica Oviedo, Committee to Support Measure AA 2020			RECEIVED BY LOS ANGELES COU	
AREA CODE/PHONE NUMBER: 562-619-1525	I.D. NUMBER (if applicable): 1461126 1431126	Report No. 8	2020 NOV 17 AM 10:37 11/13/20	For Official Use Only
STREET ADDRESS: 12307 Primrose Ave		☐ Amendment to Report No. ____ (explain below)	CAMPAIGN FINANCE	G11307
CITY: Whittier	STATE: CA / ZIP CODE: 90602	No. of Pages 1		

1. Contribution(s) Received

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
11/13/2020	Pacifica Services Inc, 106 Mentor Ave, Suite 200, Pasadena 91106	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		7000 ☐ Check if Loan ____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ____% Provide interest rate

* 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

Reason for Amendment: ____

SS

2020-

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY LOS ANGELES COUNTY 11/3/20 2020 NOV -4 AM 9:10 CAMPAIGN FINANCE

CALIFORNIA FORM **497**

For Official Use Only

611307

NAME OF FILER PROP AA
Monica Oviedo, Committee to Support Measure AA 2020

AREA CODE/PHONE NUMBER: 562-619-1525

I.D. NUMBER (if applicable): 1431126

STREET ADDRESS: 12307 Primrose Ave

CITY: Whittier STATE: CA ZIP CODE: 90606

Date of This Filing: 11/3/20 (Date Stamp)

Report No.: 7

☐ Amendment to Report No. _____ (explain below)

No. of Pages _____

1. Contribution(s) Received

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
11/03/2020	DLR Group, 3457 Frances St Suite 200, Omaha, 68106	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		7500 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

* 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

Reason for Amendment: _____

SS