Recipient Committee				COVER PAGE
Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		CIT	RECEIVED CITY CLERK Y OF PICO RIVERA	CALIFORNIA 460
• A construction of the description of the desc	Statement covers period	Date of election if applicable:	TOGATVERA	Page1 of19
	from01/01/2024	(Month, Day, Year) 2021	JUL 15 AM 11:11	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through06/30/2024	11/05/2024	2000000 € 1	50 SON GUIDAGE ST 10027
1. Type of Recipient Committee: All Committees - Committe	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	Spermination) State	arterly Statement ecial Odd-Year Report oplemental Preelection terment - Attach Form 495
3. Committee information	D. NUMBER 1463161	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Dr. Sanchez for City Council 2024		NAME OF TREASURER  Monica Sanchez  MAJLING ADDRESS		
er Latelli Land Beth		THE TO THE PROPERTY.		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP (	CODE AREA CODE/PHONE
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	вох	MAILING ADDRESS		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP (	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	
4. Verification				
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californi	g this statement and to the best of my know a that the foregoing is take and correct	wledge the information contained her	ein and in the attached sched	ules is true and complete. I certify
Executed onDate	Ву	Signature of Treasurer or Assistant T	Freasurer	<del></del>
Executed onDate	By Signature of Cont	rolling Office holder, Candidate, State Measure Prop	ponent or Responsible Officer of Sponsor	
Executed on	By	Signature of Controlling Officeholder, Candidate, St		
Executed on	Ву		District March Co. (24)	
Date	,	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	FPPC Form 460 (Jan/2016)

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

### Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2									
	ORNIA	4	60						
FC	RM		UU						
Page	2	of	19						

. Officeholder or Candidate Controlled Com	mittee	6.	Primarily Formed Ballo	t Measure Commit	tee	
NAME OF OFFICEHOLDER OR CANDIDATE	*		NAME OF BALLOT MEASURE			
Monica Sanchez	1					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICTLY Council Member Pico Rivera	CICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling office	ceholder, candidate, o	r state measur	e proponent, if any.
		10	NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROPONENT		
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your c	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE S	OUGHT OR HELI	SUPPORT OPPOSE
5 · · · · · · · · · · · · · · · · · · ·	CODE AREA CODE/PHONE	.1	NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE S	OUGHT OR HELI	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE S	OUGHT OR HELI	SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE S	OUGHT OR HELI	SUPPORT OPPOSE
	CODE AREA CODE/PHONE		Attack	n continuation sheets	if necessary	

### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statem	ent covers period	CALIFORNIA AGO
from	01/01/2024	FORM 400
through _	06/30/2024	Page3 of19
		I.D. NUMBER
		1463161

Dr. Sanchez for City Council 2024 1463161 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 1. Monetary Contributions ...... Schedule A, Line 3 \$ 18,141.00 1/1 through 6/30 7/1 to Date 1,200.00 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ \_\_\_\_\_ 18,141.00 19,341.00 Received 21. Expenditures 19,341.00 Made **Expenditures Made** Expenditure Limit Summary for State \$ 6,130.30 Candidates 7. Loans Made ...... Schedule H, Line 3 0.00 22. Cumulative Expenditures Made\* 6,130.30 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ \_\_\_\_\_ 6,130.30 (If Subject to Voluntary Expenditure Limit) 0.00 Date of Election Total to Date (mm/dd/yy) 0.00 6,130.30 Current Cash Statement 7,180.47 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ \_\_\_\_ To calculate Column B. add 18,141.00 amounts in Column A to the corresponding amounts \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 0.00 from Column B of your last reported in Column B. report. Some amounts in 6,130.30 Column A may be negative 19,191.17 figures that should be 16. ENDING CASH BALANCE ........... Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. 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 Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents ...... See instructions on reverse \$ 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ \_\_\_\_\_ 1,200.00 FPPC Form 460 (Jan/2016)

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

Schedule		Amoun	ts may be rounded	Statement cov	ers period	SCHEDULE A				
viorietary	Contributions Received	to	whole dollars.	from01/01/2	•	california 460				
ÉE INSTRUCTIO	DIVISION REVERSE	ng <sup>P</sup> er ang	and the second of the second	through06/30/2	024	Page	44	of		
AME OF FILER-						I.D. N	UMBER			
Dr. Sanchez	for City Council 2024					1463	161			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTERI, D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	Т	ELECTION O DATE (EQUIRED)		
03/24/2024	Taco Nazo	□IND □COM ☑OTH □PTY □SCC		1,000.00 Received through inter eFundraising Connectio 2831 G Street Ste. 120 Sacramento, CA 95814		000.00	P2024	\$1,000.00		
03/25/2024	. Monique_Limon	⊠IND □COM □OTH □PTY □SCC	Legislator State of California	1,500.00  Received through inter eFundraising Connectic 2831 G Street Ste. 120 Sacramento, CA 95814	mediary:	500.00	P2024	\$1,500.00		
03/25/2024	Yarisma Rocha	☑IND □COM □OTH □PTY □SCC	Manager City National Bank	150.00 Received through inter eFundraising Connectio 2831 G Street Ste. 120 Sacramento, CA 95814	mediary:	250.00	P2024	\$250.00		
03/26/2024	Lisa Ceia	⊠IND □COM □OTH □PTY □SCC	Achievement Specialist Orenda Education	100.00 Received through inter eFundraising Connection 2831 G Street Ste. 120 Sacramento, CA 95814	mediary:	100.00	P2024	\$100.00		
03/27/2024	Anthony Contreras	IND COM OTH PTY	Sales Walters Wholesale Electric Co	Received through inter eFundraising Connection 2831 G Street Ste. 120 Sacramento, CA 95814	mediary:	100.00	P2024	\$200.00		
			SUBTOTAL	2,850.00						
. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$ <u></u>	17,185.00	IND-					
. Amount re	ceived this period – unitemized monetary contributions	of less than §	\$100 \$	956.00			(e.g., bus	iness entity)		
. Total mone	etary contributions received this period.							Committee		
(Add Lines	1 and 2. Enter here and on the Summary Page, Colur	nn A, Line 1.)	)TOTAL \$	18,141.00						

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

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole		Statement covers period from		FORM 460		
				through 06/30	/2024 Pa	ge5	of 19	
NAME OF FILER					1.0	. NUMBER		
Dr. Sanchez	for City Council 2024				14	63161		
DATE RECEIVED .	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)		R ELECTION TO DATE REQUIRED)	
03/27/2024	Oracio Gonzalez	☑IND □COM □OTH □PTY □SCC	Advocate Ollin Strategies	1,000.00  Received through inte eFundraising Connect; 2831 G Street Ste. 12 Sacramento, CA 95814	mediary:	00 P2024	\$1,000.0	
03/27/2024	Infrastructor	□IND □COM ☑OTH □PTY □SCC	e	Received through inte eFundraising Connecti 2831 G Street Ste. 12 Sacramento, CA 95814	rmediary:	00 P2024	\$100.0	
03/27/2024	Andrew Lara	⊠IND □COM □OTH □PTY □SCC	Nurse CAL MED Ambulance	250.00 Received through inte eFundraising Connecti 2831 G Street Ste. 12 Sacramento, CA 95814		00 P2024	\$250.0	
03/27/2024	On It Freight Ing	□IND □COM ☑OTH □PTY □SCC		100.00  Received through integrundraising Connectical 2831 G Street Ste. 12 Sacramento, CA 95814	mediary:	00 P2024	\$100.0	
03/27/2024	Oscar Valladares	IND COM OTH PTY	Deputy Public Conservator County of Los Angeles	Received through interefrudraising Connective 2831 G Street Ste. 12 Sacramento, CA 95814	mediary:	00 P2024	\$100.00	
			SUBTOTAL	\$ 1,550.00		AT. 11		

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded

SCHEDULE A (CONT.)

DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * COUPATION AND EMPLOYER (FEGURED THIS FEGURE THE FEGURE THIS FEGURE THIS FEGURE THIS FEGURE THIS FEGURE THE FEGURE THIS FEGURE THIS FEGURE THE FEGURE THIS FEGURE THIS FEGURE THE FEGURE THIS FEGURE THE FEGURE THIS FEGURE THE FEGURE THIS FEGURE THE FEGURE THIS FEGURE THE FEGURE THIS FEGURE THE FEGURE TH	Worletary	Contributions Received	to whole		from01/01/2024		F	FORNIA DRM	400
DATE RECEIVED    DATE RECEIVED   FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * COUNTRIBUTOR COUN					through 06/30/	2024	Page _	60	of
PULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * CONTRIBUTOR COUDE** COUDE	NAME OF FILER	-					I.D. NUI	MBER	
COURTIBUTION   COURTING   COURT	Dr. Sanchez i	for City Council 2024					14631	61	
COM   COM   COM   COM   Commercial   Comme	RECEIVED	(IF COMMITTEE, ALSO ENTER LD. NUMBER)		OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME	RECEIVED THIS PERIOD	CALENDAR YEA (JAN, 1 - DEC. )	AR B1)	(IF RE	DATE EQUIRED)
COM   COM   Comex. Inc.			□COM ☑OTH □PTY		Received through inte eFundraising Connection 2831 G Street Ste. 120		0.00	P2024	\$100.00
COM   OTH   PTY   SCC	04/03/2024	Affordable Auto, Inc.	□COM ☑OTH □PTY		250.00	25	0.00	P2024	\$250.00
Representatives Water Replenishment OTH PTY SCC  IND COM Water Replenishment District  IND COM OTH PTY SCC  IND COM OTH PTY SCC	04/03/2024	Cumex. Inc.	□COM ☑OTH □PTY		2,000.00	2,00	0.00	P2024	\$2,000.00
□ COM □ COM □ DTH □ PTY □ SCC	04/03/2024	Alejandra Hernandez	COM OTH	Representatives Water Replenishment	200.00	20	0.00	22024	\$200,00
SUBTOTAL\$ 3,300.00	04/03/2024	TRE Digital	□COM ☑OTH □PTY		750.00	75	0.00	2024	\$750.00
				SUBTOTAL	3,300.00				

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole		Statement cov	/2024		FORNIA ORM	460
				through 06/30	/2024	Page_	7	of19
NAME OF FILER						I.D. NU	MBER	
Dr. Sanchez	for City Council 2024					14631	.61	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	T	ELECTION O DATE REQUIRED)
04/03/2024	Leba Inc/Picolandia	□IND □COM □OTH □PTY □SCC		5,000.00	5,00	00.00	P2024	\$5,000.00
04/03/2024	Turnkey Investment Group, Inc.	☐IND ☐COM ☑OTH ☐ PTY ☐SCC		500.00	50	00.00	P2024	\$500.00
04/23/2024	Chacon Water Advisory	□IND □COM ☑OTH □PTY □SCC		1,000.00 Received through inte ePundraising Connecti 2831 G Street Ste. 12 Sacramento, CA 95814	mediary:	00.00	P2024	\$1,000.00
06/05/2024	Max Ordonez	⊠IND □COM □OTH □PTY □SCC	President I and M Management	250.00  Received through inte eFundraising Connecti 2831 G Street Ste. 12 Sacramento, CA 95814		0.00	P2024	\$500.00
06/05/2034	Yarisma Rocha	☑IND □COM □OTH □PTY □SCC	Manager City National Bank	Received through inte erundraising Connecti 2831 G Street Ste 12 Sacramento, CA 95814		0.00	P2024	\$250.00
			SUBTOTAL	\$ 6,850.00				

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole		Statement coverage from 01/01			IFORN ORM	IA Z	460
				through 06/30	/2024	Page.	8	_ of _	19
NAME OF FILER						I.D. NU	JMBER		
Dr. Sanchez	for City Council 2024					14631	161		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	/EAR		TO DA	ATE
06/07/2024	Heather Crawford	⊠IND □COM □OTH □PTY □SCC	Heather Crawford Business Owner	Received through inte ePundraising Connecti 2831 G Street Ste. 12 Sacramento, CA 95814	Twediary:	100.00	P2024		\$100.00
06/07/2024	Jazzy Crawford	⊠IND □COM □OTH □PTY □SCC	Human Resources Mammoth Electric	100.00 Received through inte eFundraising Connective 2831 G Street Ste. 12 Sacramento, CA 95814	rmediary: ons	100.00	P2024		\$100.00
06/07/2024	Yolie Crawford	☑IND □COM □OTH □PTY □SCC	Sales Performance Lighting	Received through inte eFundraising Connection 2831 G Street Ste. 12 Sacramento, CA 95814	-mediary: ons	100,00	P2024		\$100.00
06/07/2024	Genaro Moreno	⊠IND □COM □OTH □PTY □SCC	Realtor Excellence Real Estate	Received through interefundraising Connection 2831 G Street Ste. 120 Sacramento, CA 95814		120.00	P2024		\$120.00
06/09/2024	Daniel Garcia		Educator St. Hilary School	120.00 Received through intererundraising Connectic 2831 G Street Ste 124 Sacramento, CA 95814	mediary:	140.00	P2024		\$140.00
			SUBTOTAL	\$ 540.00					

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

# Schedule A (Continuation Sheet)

SCHEDULE A (CONT.)

Monetary Contributions Received		ributions Received Amounts may be rounded to whole dollars.				FORM 460				
				through06/30/	/2024	Page _	9 c	of19		
NAME OF FILER						I.D. NU	MBER			
Dr. Sanchez 1	for City Council 2024					14631	61			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	TO	ELECTION DATE EQUIRED)		
06/11/2024	Melendez for Montebello City Council 2022 (ID# 1438483)	□IND ©COM □OTH □PTY □SCC		200.00	2	00.00	P2024	\$200.00		
06/11/2024	Corina Dreece	IND COM OTH PTY	Realtor Excellence Real Estate	Received through inte eFundraising Connecti 2831 G Street Ste. 12 Sacramento, CA 95814		20.00	P2024	\$140.00		
06/12/2024	John Contreras	□ IND □ COM □ OTH □ PTY □ SCC	Trainer SCG	25.00 Received through intererundraising Connectie 2831 G Street Ste. 12 Sacramento, CA 95814		25.00	P2024	\$175.00		
06/12/2024	John Contreras	☑IND □COM □OTH □PTY □SCC	Trainer SCG	100.00 Received through inter ePundraising Connection 2831 G Street Ste. 126 Sacramento, CA 95814	mediary:	25.00	P2024	\$175.00		
06/12/2024	Brenda Coronel	IND COM OTH PTY	Psychotherapist R and R Healing Family Therapy Inc.	120.00 Received through interefundraising Connectic 2831 G Street Ste. 12 Sacramento, CA 95814		20.00	P2024	\$120.00		
			SUBTOTALS	545.00						

\*Contributor Codes

IND - Individual

COM -- Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

### Schedule A (Continuation Sheet)

SCHEDULE A (CONT.)

Monetary	Monetary Contributions Received		dollars.	Statement coverage from 01/01/	FORM 460			
				through 06/30	/2024	Page .	10	of19
NAME OF FILER						I.D. NL	JMBER	
Dr. Sanchez	for City Council 2024					14631	161	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	YEAR	Т	ELECTION O DATE REQUIRED)
06/12/2024	Patrigia Cubero	IND COM OTH SCC	Administrative Analyst Los Angeles County of Education	Received through interefundraising Connectic 2831 G Street 12: Sacramento, CA 95814		180.00	P2024	\$180.00
06/12/2024	Patricia Cubero	IND □COM □OTH □PTY □SCC	Administrative Analyst Los Angeles County of Education	Received through intel eFundraising Connective 2831 G Street Ste. 12 Sacramento, CA 95814	rmediary:	180.00	P2024	\$180.00
06/12/2024	David Allen Real Estate Service	□IND □COM ☑OTH □PTY □SCC		200.00  Received through interefundraising Connective 2831 G Street Ste. 120 Sacramento, CA 95814	rmediary: ons	200.00	P2024	\$200.00
06/12/2024	Daniel Garcia	⊠IND □COM □OTH □PTY □SCC	Educator St. Hilary School	Received through intererundraising Connective 2831 G Street Ste. 12's Sacramento, CA 95814	rmediary:	140.00	P2024	\$140.00
06/12/2024	Gregory David Jackson	IND COM OTH PTY	Retired None	Received through intererundraising Connecti 2831 G Street Ste. 12 Sacramento, CA 95814		100.00	P2024	\$100.00
			SUBTOTAL	\$ 500.00				

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party

SCHEDULE A (CONT.)

Amounts may be rounded

Statement covers period

Monetary	Contributions Neceived	to whole	dollars.	from01/01/2024		FORM 460		
				through 06/30	/2024	Page _	11 c	of19
NAME OF FILER			***************************************			I.D. NUI	#BER	
Dr. Sanchez	for City Council 2024					14631	61	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO I CALENDAR YE. (JAN. 1 - DEC. :	AR	TC	ELECTION DATE EQUIRED)
06/12/2024	Rocio Lara	☑IND □COM □OTH □PTY □SCC	Director II Los Angeles County Office of Education	140.00 Received through integrundraising Connecti 2831 G Street Ste. 12 Sacramento, CA 95814	mediary:	0.00	P2024	\$140.00
06/12/2024	Esther Mejia	IND □COM □OTH □PTY □SCC	Office Manager Halsey	Received through inte eFundraising Connecti 2831 G Street Ste. 12 Sacramento, CA 95814	mediary:	0.00	22024	\$190.00
06/12/2024	Esther Meija	☑IND □COM □OTH □PTY □SCC	Office Manager Halsey	Received through inte ePundraising Connection 2831 G Street Ste. 12 Sacramento, CA 95814	mediary:	0.00	₽2024	\$190.00
06/12/2024	Meruelo Group	□IND □COM ☑OTH □PTY □SCC		Received through inte- erundraising Connecti- 2831 G Street Ste. 12 Sacramento, CA 95814	mediary:	0.00	22024	\$100.00
06/12/2024	Corina Preece	IND COM OTH PTY	Realtor Excellence Real Estate	20.00 Received through integralsing Connectic 2831 G Street Ste. 12 Sacramento, CA 95814	mediary:	0.00	22024	\$140.00
			SUBTOTALS	\$ 400.00				

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded

SCHEDULE A (CONT.)

	to whole dollars.		from01/01/		CALI F	FORNIA ORM	460	
				through 06/30/	/2024	Page.	12 o	f19
NAME OF FILER						I.D. NU	MBER	
Dr. Sanchez for Ci	ity Council 2024					14631	.61	
DATE FULL RECEIVED	NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	TO	ELECTION DATE EQUIRED)
06/12/2024 Fred	l Zermeno	⊠IND □COM □OTH □PTY □SCC	Communications Director State of California	100.00 Received through intererundraising Connectie 2831 G Street Ste. 12 Sacramento, CA 95814		00.00	P2024	\$100.00
06/27/2024 Glor	ria E. Aquirre	☑IND □COM □OTH □PTY □SCC	Real Estate Agent Excellence Real Estate	200.00	20	00.00	P2024	\$300.00
a netro	fic Escrow, Inc.	□IND □COM ☑OTH □PTY □SCC		250.00	25	50.00	P2024	\$250.00
06/27/2024 Roci	o Parra	EIND	Director The Whole Child	100.00	10	00.00	P2024	\$100.00
		□IND □COM = □OTH □PTY □SCC						
			SUBTOTAL	650.00				

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Schedule B – Part 1 Loans Received	ounts may be re to whole dolla			ers period	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE					through06/3	0/2024	Page13	of
NAME OF FILER							I.D. NUMBER	
Dr. Sanchez for City Council 2024							1463161	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIO	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Monica Sanchez 6001 Rosemead Blvd. Unit B Pico Rivera, CA 90660	Grants Development Officer Los Angeles County Office of Education			PAID \$ 0.0 FORGIVEN		0.00% RATE	\$ 1,200.00	\$ 0.00 PER ELECTION**
¹☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ 1,200.00	\$	\$0.0	DATE DUE	\$0.00	09/26/2023 DATE INCURRED	\$ P2024 1,200.00
TO US TO SOUR TO STUDENT TO SOO		\$	s	\$ PAID  FORGIVEN	\$	% RATE	\$	\$PER ELECTION *
IND COM OTH PTY SCC					BATEBOE		DATE INCORRED	CALENDAR YEAR
Later Deligible				\$ FORGIVEN		RATE %	\$	\$PER ELECTION**
†   IND   COM   OTH   PTY   SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	0.00	\$ 0.	00\$ 1,200.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period  (Total Column (b) plus unitemized loan		•••••	•••••	\$	0.00	(+c	Contributor Codes	
Loans paid or forgiven this period     (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	paid or forgiven.)			\$	0.00	IN CC	D – Individual DM – Recipient Co	ommittee PTY or SCC) business entity)
Net change this period. (Subtract Line Enter the net here and on the Summar			•	NET \$	0.00 (May be a negative number)		CC – Small Contrib	
*Amounts forgiven or paid by another party also ** If required.	must be reported on Schedule A.						EDDO T	460 / lau/20

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

#### Schedule E **Payments Made**

#### Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from01/01/2024	FORM 400
through06/30/2024	Page 14 of 19
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE				Lili	ougn	rage or
NAME OF FILER						I.D. NUMBER
Dr. Sanchez for City Council 2024						1463161
CODES: If one of the following codes accurately describes	the payment, y	ou may e	nter the code. (	Otherwise,	describe the payment.	-
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	OFC office experiments PET petition circ PHO phone bank POL polling and POS postage, de	nd appearangenses ulating ss survey rese elivery and n	ces	RFD SAL TEL TRC TRS	campaign workers' salaries t.v. or cable airtime and producandidate travel, lodging, and staff/spouse travel, lodging, a transfer between committees voter registration	uction costs I meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
Gould & Orellana, LLC		PRO				300.00

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Gould & Orellana, LLC	PRO		300.00
\$1.0 miles \$1			
eFundraising Connections	CMP	Credit Card Processing Fee	2.55
Pico Rivera Golf Club	CMP		1,031.94

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 1,334.49

#### Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.)	\$	6,105.30
2. Unitemized payments made this period of under \$100	\$	25.00
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.)	TOTAL \$	6,130.30

Schedule E (Continuation Sheet) Payments Made	ation Sheet)  Amounts may be rounded to whole dollars.				01/01/2024 ugh 06/30/2024	SCHEDULE E (CONT.)  CALIFORNIA 460  FORM  Page 15 of 19		
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER						I.D. NUMBER		
Dr. Sanchez for City Council 2024						1463161		
CODES: If one of the following codes accurately descr CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LTC campaign literature and mailings	MBR member con MTG meetings an OFC office exper PET petition circc PHO phone banks POL polling and POS postage, del	nmunications and appearance ases allating assurvey resea	ces	RAD RFD SAL TEL TRC TRS	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro- candidate travel, lodging, an staff/spouse travel, lodging, transfer between committee voter registration	duction costs and meals and meals es of the same		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	ON OF PAYMENT		AMOUNT PAID	
Gould & Orellana LLC		PRO					300.00	
Bergmann Zwardling pirect	₹.1 %	LIT				٠	.696.63	
Gould & Orellana LLC		PRO					300.00	
Saint Hilary School		cvc					125,00	

CVC

SUBTOTAL \$ 1,681.63

260.00

St. Marianne Catholic School

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

Schedule E, (Continuation	Sheet)
Payments Mad	le

UT campaign literature and mailings

#### Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)	
Statement covers period	CALIFORNIA 460	
from01/01/2024	FORM TOO	
through06/30/2024	Page 16 of 19	
	I.D. NUMBER	

WEB information technology costs (internet, e-mail)

- aymonto mado				Trom.	01/01/2021	
SEEI	NSTRUCTIONS ON REVERSE			throu	gh06/30/2024	Page 16 of 19
NAME	OF FILER					I.D. NUMBER
	9 -					
Dr.	Sanchez for City Council 2024					1463161
COL	DES: If one of the following codes accurately describes	the	payment, you may enter the code. Othe	rwise,	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	
СТВ	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries	
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and prod	uction 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, a	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	

PRO professional services (legal, accounting)

print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections	CMP	Credit Card Processing Fee	45.30
erundraising Connections	CMP	Credit Card Processing Fee	74.85
eFundraising Connections	CMP	Credit Card Processing Fee	4.80
eFundraising Connections	CMP	Credit Card Processing Fee	73.84
eRundraising Connections	CMP	Credit Card Processing Fee	4.80

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

SUBTOTAL \$

203.59

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E	(CONT.
------------	--------

(Continuation Sheet) Payments Made	Amounts may b to whole do			from01/01/2024	FORM	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER:				through 06/30/2024	- Page 1	0f 19
Dr. Sanchez for City Council 2024					1463161	
CODES: If one of the following codes accurately desc  CMP campaign paraphemalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance ses lating survey resear ivery and me	es	RAD radio airtime and production returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and production TRC candidate travel, lodging, TRS staff/spouse travel, lodging transfer between committed voter registration WEB information technology co	es es roduction costs and meals g, and meals ees of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	*	CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Gould & Orellana, LLC		PRO				300.00
eFundraising Connections		CMP	Credit Card Proce	ssing Fee		4.80
eFundraising Connections		CMP	Credit Card Proce	ssing Fee		4.80
eFundraising Connections		CMP	Credit Card Proce	ssing Fee		4.76
Fundraising Connections		CMP	Credit Card Proce	ssing Fee		45.30

SUBTOTAL \$

359.66

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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Dr. Sanchez for City Council 2024

I.D. NUMBER

DI. Banchez for City Council 2024				1463	101
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants     contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  ND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circui PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating urvey reseal very and me	RAD es RFD SAL TEL TRC rch TRS assenger services TSF gal, accounting) VOT	describe the payment. radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production of candidate travel, lodging, and meals staff/spouse travel, lodging, and meal transfer between committees of the voter registration information technology costs (interne	als same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESCRIPTION	N OF PAYMENT	AMOUNT PAID
Gould & Orellana, LLC		PRO			300.00
Gould & Orellana, LLC		PRO			300.00
eFundraising Connections		CMP	Credit Card Processing	Fee	3.00
eFundraising Connections		CMP	Credit Card Processing	Fee	18.90
eFundraising Connections		CMP	Credit Card Processing	Fee	14.40
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.					L\$ 636.30

CMP

Credit Card Processing Fee

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

SUBTOTAL \$ 1,889.63

64.43

eFundraising Connections