Pasiniant Committee				COVER PAGE
Recipient Committee Campaign Statement			Date Stamp	CALIFORNIA 460
Cover Page				FORM TOO
Government Code Sections 84200-84216.5)	Statement covers period	Date of election if applicable: (Month, Day, Year)	E-Filed 07/30/2024 19:52:35	Page1 of5
	from01/01/2024		Filing ID: 211818912	For Official Use Only
EE INSTRUCTIONS ON REVERSE	through06/30/2024			
. Type of Recipient Committee: All Committees	s – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
 ☑ 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) 	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te	Special C Supplem Statemer	v Statement Odd-Year Report ental Preelection nt - Attach Form 495
. Committee Information	I.D. NUMBER 1424200	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMIT	ITEE)	NAME OF TREASURER		
Esther Mejia for ERUSD School Board 2022		Esther Mejia		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY Pico Rivera	STATE ZIP CODE CA 90660	AREA CODE/PHONE
CITY STATE Z	IP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	_
Pico Rivera CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR	90660	MAILING ADDRESS		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR	F.O. BOX	MAILING ADDRESS		
CITY STATE Z	IP CODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS mejia.esther@gmail.com		OPTIONAL: FAX / E-MAIL ADDR	ESS	
. Verification				
I have used all reasonable diligence in preparing and revi under penalty of perjury under the laws of the State of Cal	iewing this statement and to the best of my kn lifornia that the foregoing is true and correct.	lowledge the information contained her	ein and in the attached schedules i	s true and complete. I certify
Executed on 07/30/2024	ByEsther Mej	ia		
Executed on	Ву	Signature of Treasurer or Assistant T	Freasurer	_
Executed on	By Esther Mej Signature of Co	ia ontrolling Officeholder, Candidate, State Measure Prop	ponent or Responsible Officer of Sponsor	_
Executed on	Ву	Signature of Controlling Officeholder, Candidate, St.	ate Measure Proponent	_
Executed on	By			_
Date	-, 	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	PAGI	E - PA	RT2
	FORNIA DRM	4	16	0
Page _	2	of _	5	

. Officeholder or Candidate Controlled Committee 6. Primarily Formed Ballot N				ot Measure	Committee	•		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Esther Mejia								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABL	_E)		BALLOT NO. OR LETTER	JURISDICTI	ON		
El Rancho USD - Governing Board Member: Los	Angeles County							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE	ZIP		Identify the controlling of	ficeholder, ca	ndidate, or s	tate measure	proponent, if any
Pic	co Rivera CA	90660		NAME OF OFFICEHOLDER, CAI	NDIDATE OR PE	ROPONENT		
Related Committees Not Included in this Star not included in this statement that are controlled by you of contributions or make expenditures on behalf of your can	or are primarily formed t			OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER						<u> </u>	
NAME OF TREASURER	CONTROLLED COMMITT		7.	Primarily Formed Can				
TV III OF THE AGONETY	YES NO			officeholder(s) or candidate(s	s) for which th	s committee is	s primarily for	med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	DX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	ODE AREA COD	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	
								SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITT			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO		<u>'</u>						OPPOSE
	 					1		'
CITY STATE ZIP CO	ODE AREA COD	DE/PHONE		Atta	ch continuati	on sheets if	necessarv	
				7			,	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

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Statem	ent covers period	CALIFORNIA 160				
from	01/01/2024	FORM TOO				
through _	06/30/2024	Page3 of5				
•		I.D. NUMBER				
		1424200				

Esther Mejia for ERUSD School Board 2022 Column A **Calendar Year Summary for Candidates** Column B Contributions Received TOTALTHIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTO DATE **General Elections** 0.00 1/1 through 6/30 7/1 to Date 0.00 2. Loans Received Schedule B. Line 3 0.00 20. Contributions 0.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions Schedule C, Line 3 0.00 0.00 21. Expenditures Made 0.00 **Expenditures Made Expenditure Limit Summary for State** Candidates \$ 346.00 7. Loans Made Schedule H. Line 3 0.00 0.00 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 346.00 346.00 (If Subject to Voluntary Expenditure Limit) 0.00 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 346.00 **Current Cash Statement** To calculate Column B, add 0.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 0.00 from Column B of your last reported in Column B. report. Some amounts in 346.00 Column A may be negative 287.47 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 0.00 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 0.00 FPPC Form 460 (Jan/2016)

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov Schedule D SCHEDULE D **Summary of Expenditures** Statement covers period **CALIFORNIA** Amounts may be rounded **Supporting/Opposing Other** to whole dollars. **FORM** 01/01/2024 **Candidates, Measures and Committees** through $\frac{06/30/2024}{}$ Page ____4 ___ of ___5 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Esther Mejia for ERUSD School Board 2022 1424200 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE 100.00 G2024 05/24/2024 Tina Fredericks 100.00 \$100.00 X Monetary Board of Education Governing Board Member Pasadena Contribution ■ Nonmonetary Contribution Independent Expenditure X Support Oppose 06/03/2024 100.00 100.00 G2024 \$100.00 Yarisma Rocha X Monetary Community College Board Trustee District 2 Contribution Nonmonetary Contribution Independent Expenditure X Support Oppose ☐ Monetary Contribution Nonmonetary Contribution Independent Expenditure Support Oppose SUBTOTAL \$ 200.00

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	. \$	200.00
2. Unitemized contributions and independent expenditures made this period of under \$100	. \$	0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	. \$	200.00

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from01/01/2024	FORM TOO
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	I.D. NUMBER
	1424200

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NAME OF FILER

Esther Mejia for ERUSD 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)
LII	campaign incrature and mailings	1 131	print add	VVLD	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
Tina Fredericks PUSD Board Member 2024 (ID# 1461887) Pasadena, CA 91117	СТВ				100.00
Rocha For College Board (ID# 1468286) Norwalk, CA 90650	СТВ				100.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL\$	200.00
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Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	200.00
2. Unitemized payments made this period of under \$100\$	146.00
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.)	346.00