

**Recipient Committee
Campaign Statement
Cover Page**

07/31/24
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COVER PAGE

Date Stamp **US ARIZONA** **CALIFORNIA FORM 460**
 Page 1 of 1
 For Official Use Only
 CAMPAIGN FINANCE

Statement covers period
 from 01/01/2024
 through 06/30/2024

Date of Election if applicable

 (Month, Day, Year)

1. Type of Recipient Committee

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement

- Pre-election Statement
- Semi-Annual Statement
- Termination Statement
- Amendment
- Quarterly Statement
- Special Odd-Year Statement
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 1468817

COMMITTEE NAME
 Michael Munoz for School Board 2024

STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
 Riverside CA 92501 951/742-7886

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS / jennifer@campaignfinanceservices.net

Treasurer(s)

NAME OF TREASURER
 Jennifer Mitchell

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
 Riverside CA 92501 951/742-7886

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS / jennifer@campaignfinanceservices.net

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 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 7/31/2024 By _____
 _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
 _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
 _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
 _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Cover Page - Part 2**

Statement covers period
from 01/01/2024
through 06/30/2024

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Michael Munoz

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Glendora Unified School District - District 5 Los

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Glendora CA 91740

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 ? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE 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 <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER OR CANDIDATE OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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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 <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

**Campaign Disclosure Statement
Summary Page**

Statement covers period		CALIFORNIA FORM 460
from	01/01/2024	
through	06/30/2024	
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NAME OF FILER Michael Munoz for School Board 2024

I.D. NUMBER
1468817

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received Schedule B, Line 3	500.00	500.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+ 2	\$ 500.00	\$ 500.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 500.00	\$ 500.00

**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	\$ 42.79	\$ 42.79
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 42.79	\$ 42.79
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	\$ 42.79	\$ 42.79

**Expenditure Limit Summary
for State Candidates**

22. Cumulative Expenditures Made *
(If Subject to Voluntary Expenditure Limits)

_____ \$ _____
_____ \$ _____

* Amounts in this Section may be different from amounts reported in Column B.

Current Cash Statement	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 0.00
13. Cash Receipts Column A, Line 3 above	500.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	42.79
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 457.21
17. LOAN GUARANTEES RECEIVED. Schedule B, Part 2	\$ 0.00

Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	\$ 0.00
19. Outstanding Debts. Add Lines 2 + Line 9 in Column B above	\$ 500.00

**Schedule B - Part 1
Loans Received**

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1468817

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Michael Munoz Glendora, CA 91740 Contributor Code: IND	Attorney Munoz and Munoz Attorneys at Law		500.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	500.00	0.00	500.00	CALENDAR YEAR 500 PER ELECTION **
					DUE DATE 12/31/2024	INTEREST RATE 0.00 %	DATE INCURRED 05/07/2024	

SUBTOTALS \$	(b) 500.00	(c) 0.00	(d) 500.00	(e) 0.00	
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Schedule B Summary

- 1. Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.) \$ 500.00
- 2. Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- 3. Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 500.00
Enter the net here and on the Summary Page, Column A, Line 2.

** Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

**Schedule E
Payments Made**

Statement covers period		CALIFORNIA FORM	460
from	01/01/2024		
through	06/30/2024	Page	5 of 5
NAME OF FILER Michael Munoz for School Board 2024			I.D. NUMBER 1468817

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID

SUBTOTAL \$ 0.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	0.00
2. Unitemized payments made this period of under \$100	\$	42.79
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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	42.79