C	ampaign Statement over Page		Los	Date Stamp	california 460
		Statement covers period from 2/18/2024	Date of election if applicable: (Month, Day, Year)	1024 JUL 31 PH 4: 4	For Official Use Only
SEE INSTRUCTIONS ON REVERSE through 7/31/2024			3/5/2024 <u>CAI</u>	CAMPAIGN FINANCI	
1.	Type of Recipient Committee: All Committees - Co	mplete 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 Committee Sponsored Sponsored Sconplete Part 6) Primarily Formed Candidate/ Officeholder Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	ermination)	rterly Statement cial Odd-Year Report
3.	LOIDING INFORMATION	MUMBER 465650	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
	Quintanilla For PCC Trustee 2024		Rosalyn Butala MAILING ADDRESS		
	STREET ADDRESS (NO P.O. BOX)		South El Monte	STATE ZIP C CA 917	
	CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
	Rosemead CA 9177/ MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
	MALING ASSESS (II SITS EIGHT) NO. AND STREET ON 1.5 207	•	MAILING ADDRESS		
	CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS	-	OPTIONAL: FAX / E-MAIL ADDR	ESS	
1.	Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of		[18] [18] [18] [18] [18] [18] [18] [18]	d herein and in the attached sc	hedules is true and complete. I
	Executed on 7/31/2024 Date	By.		surer	Althoration descript
,	Executed on 7/31/2024 Date	By Signature of Control	ling Officeholder, Candidate, State Measure P	roponent or Responsible Officer of Spon	sor
	Executed on	By	mature of Controlling Officeholder, Candidate.		
	Executed on	BySig	nature of Controlling Officeholder, Candidate	State Measure Proponent	

FPPC Form 460 (Jan/2016))

COVER PAGE

Recipient Committee Campaign Statement Cover Page

C	ecipient Committee ampaign Statement over Page			Date Stamp RECEIVED LUS ANGELES	CALIFORNIA 460						
		Statement covers period from $\frac{2/18/2024}{}$	Date of election if applicable: (Month, Day, Year)	2024 JUL 31 PM CAMPAIGN FINA	For Official Use Only						
SEE INSTRUCTIONS ON REVERSE		through 7/31/2024	3/5/2024	CAMPAIGN FINA	NCE						
1.	Type of Recipient Committee: All Committees -	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 Amendment (Explain be	t	arterly Statement ecial Odd-Year Report						
3.	Committee Information	1.D. NUMBER 1465650	Treasurer(s)								
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE		NAME OF TREASURER								
	Quintanilla For PCC Trustee 2024		Rosalyn Butala MAILING ADDRESS								
	STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP C	CODE AREA CODE/PHONE						
			South El Monte	CA 917	733 626-448-2136						
		CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	ER, IF ANY							
	Rosemead CA 91 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	770 626-676-3333 BOX	MAILING ADDRESS								
	CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIP C	CODE AREA CODE/PHONE						
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL; FAX / E-MAIL ADDRE	ESS							
4.	Verification I have used all reasonable diligence in preparing and reviecertify under penalty of perjury under the laws of the State			herein and in the attached so	chedules is true and complete. I						
	Executed on 7/31/2024 Date	By	Signature of Treasurer or Assistant	Treasurer							
	Executed on 7/31/2024 Date	By — Signature of Co.	ntrolling Officeholder, Candidate, State Measure Pro	oponent or Responsible Officer of Spon	isor						
	Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent							
	Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	EPPC Form 460 (Jan/2016))						

Recipient Committee Campaign Statement Cover Page — Part 2

	RNIA 460
Page	of

NAME OF OFFICEHOLDER OR CANDIDATE			Primarily Formed Ballot	weasure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				4,000
John Quintanilla							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI	ISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	Тг	SUPPORT
Pasadena City College Trustee Area #6							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling office	nolder, candid	date, or state n	measure prop	onent, if any.
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR P	ROPONENT	27402	
Related Committees Not Included in this 3 not included in this statement that are controlled by you contributions or make expenditures on behalf of your contributions.	и or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office for which this	eholder Cor committee is p	mmittee Lis	st names of d.
COMMITTEE ADDRESS STREET ADDRESS (NO P			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUR	GHT OR HELD	SUPPORT OPPOSE
CITY STATE Z	IP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUR	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P	IP CODE AREA CODE/PHONE		Attac	ch continuatio	on sheets if ne	ecessary	

Schodule A

Amounts may be rounded

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	Statement cov from <u>2/18/2024</u>	rers period	CALIFORNIA 460		
SEE INSTRUCTION	S ON REVERSE			through 7/31/203	4	Page_	of	
NAME OF FILER Quintanilla for	PCC Trustee 2024					1.D. NUM		
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE	A CHECKEN STATE OF	PER ELECTION TO DATE	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/20/2024	Dwain Carlo Crum Rosemead, CA 91770	IND COM OTH PTY SCC	Retired	100.00	100.00	100.00
3/2/20204	Frest Tennant West Covina, CA 91790	IND COM OTH PTY SCC	Retired	500.00	500.00	500.00
3/3/2024	Mathew Lin San Marion, CA 91108	IND COM OTH SCC	Retired	100.00	100.00	100.00
2/19/2024	Kristy Lau Arcadia, CA 91077	IND COM OTH PTY	Teacher	250.00	250.00	250.00
		□IND □COM □OTH □PTY □SCC				

SUBTOTAL \$ 700.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions. 950.00 (Include all Schedule A subtotals.)\$

2. Amount received this period – unitemized monetary contributions of less than \$100 $\frac{50.00}{}$

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$ 1,000.00 *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

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S	cl	he	d	ul	e	В	-	P	a	rt	1	
	o	an	S	R	e	ce	iv	e	d			

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA AGO

Statement covers period

Loans Received					from <u>2/18/2024</u>		FORM TOU		
SEE INSTRUCTIONS ON REVERSE					through <u>7/31/202</u>	24	Page	of	
NAME OF FILER					11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		I.D. NUMBER		
Quintanilla for PCC Trustee 2024							1465650		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
John Quintanilla	Candidate			PAID				CALENDAR YEAR	
				\$	\$	RATE	\$	s_744.68	
Rosemead, CA 91770	1			FORGIVEN		RATE		PER ELECTION**	
		0.00	744.68	s 744.68	0.00	s 0.00	744.68	s 744.68	
TEND COM OTH PTY SCC					DATE DUE		DATE INCURRED		
				PAID				CALENDAR YEAR	
				\$	\$	RATE	\$	\$	
				FORGIVEN		RATE		PER ELECTION**	
				s		s		\$	
IND COM OTH PTY SCC		\$	\$		DATE DUE		DATE INCURRED		
				PAID				CALENDAR YEAR	
				\$	\$	%	\$	\$	
				FORGIVEN		RATE		PER ELECTION**	
			s	\$		S			
TO IND COM OTH PTY SCC					DATE DUE		DATE INCURRED	-	
	5	SUBTOTALS \$		\$	\$	\$			
Caladala B Carrana				/·	-	(Enter (e) on Scheo	tule E, Line 3)		
Schedule B Summary				744	.68				
Loans received this period (Total Column (b) plus unitemized loan	ne of lose than \$100 \								
Loans paid or forgiven this period				s 744	.68		Contributor Codes		
(Total Column (c) plus loans under \$1							ND – Individual OM – Recipient C	ommittee	
(Include loans paid by a third party that				0.00		"		PTY or SCC)	
Net change this period. (Subtract Line)				NET \$			TH - Other (e.g., I		
Enter the net here and on the Summa	ry Page, Column A, Line 2.						CC - Small Contri		
				(Ma	ay be a negative number)				

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

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Schedule	В	- Part	2
Loan Gua	ra	ntors	

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 2

Statement covers period from $\frac{2/18/2024}{}$	CALIFORNIA 460
through 7/31/2024	Page of
	I.D. NUMBER
	1465650

NAME OF FILER Quintanilla for PCC Trustee 2024 IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER FULL NAME, STREET ADDRESS AND ZIP CODE OF AMOUNT BALANCE CONTRIBUTOR CUMULATIVE CONTRIBUTOR **GUARANTEED** OUTSTANDING LOAN CODE* TO DATE (IF SELF-EMPLOYED, ENTER THIS PERIOD TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) LENDER CALENDAR YEAR ☐ IND COM OTH PER ELECTION (IF REQUIRED) DATE PTY SCC LENDER CALENDAR YEAR IND COM OTH PER ELECTION (IF REQUIRED) DATE ☐ PTY SCC CALENDAR YEAR LENDER ☐ IND □ сом OTH PER ELECTION (IF REQUIRED) DATE □ PTY SCC CALENDAR YEAR LENDER □ IND COM OTH PER ELECTION (IF REQUIRED) DATE □ PTY SCC Enter on SUBTOTAL \$ Summary Page,

Line 17 only.

ON REVERSE				from _	2/18/2024		FOR	RM 460
				throug	7/31/2024		Page	of
CC Trustee 2024							1.D. NUME 1465650	
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/ FAIR MARKET VALUE	CALENDA	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
	□IND □COM □OTH □PTY □SCC							
	□IND □COM □OTH □PTY □SCC							
	□IND □COM □OTH □PTY □SCC							
	□IND □COM □OTH □PTY □SCC							
l information on appropriately labeled	continuation	sheets.	SUBTO	TAL\$				
	ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) IND	ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER) CONTRIBUTOR CODE * CODE * CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) IND COM OTH PTY SCC IND COM OTH PTY SCC	ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR CODE * COCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) CONTRIBUTOR CODE * (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) DESCRIPTION OF GOODS OR SERVI	CONTRIBUTOR CODE * CONTRIBUTOR CODE * CONTRIBUTOR CODE * COMMITTEE ALSO ENTER LO. NUMBER) COM COM COM COMMITTEE ALSO ENTER LO. NUMBER COM COM COM COMMITTEE ALSO ENTER LO. NUMBER COM COM COM COM COMMITTEE ALSO ENTER LO. NUMBER COM COM COM COM COMMITTEE ALSO ENTER LO. NUMBER CODE * COMMITTEE ALSO ENTER LO. NUMBER COM COM COMMITTEE ALSO ENTER LO. NUMBER CODE * COMMITTEE ALSO ENTER COD	TIPE CODE OF CONTRIBUTOR GP SCLE-EMPLOYED, BATER GP SCLE-EMPLOYED, BATER GP SCLE-EMPLOYED, BATER NAME OF BUSINESS) DESCRIPTION OF GOODS OR SERVICES FAIR MARKET VALUE FAIR MARKET FAIR MARKET	CONTRIBUTOR CODE* CODE	CODE ** CONTRIBUTOR CODE ** (P SEL-FEMPLOYDE, ENTER NAME OF BUSINESS) CODE ** (P SEL-FEMPLOYDE, ENTER NAME

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 $$\frac{0.00}{}$

3. Total nonmonetary contributions received this period.

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PTY - Political Party

(other than PTY or SCC)
OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

Schedule D SCHEDULE D Summary of Expenditures Amounts may be rounded CALIFORNIA 46 Statement covers period to whole dollars. Supporting/Opposing Other 2/18/2024 FORM Candidates, Measures and Committees through 7/31/2024 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Quintanilla for PCC Trustee 2024 1465650 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION AMOUNT THIS DATE TYPE OF PAYMENT CALENDAR YEAR MEASURE NUMBER OR LETTER AND JURISDICTION, TO DATE PERIOD (IF REQUIRED) OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) ☐ Monetary Contribution ■ Nonmonetary Contribution Independent ☐ Support Oppose Expenditure ☐ Monetary Contribution ■ Nonmonetary Contribution ☐ Independent

Expenditure

Monetary
Contribution

Nonmonetary
Contribution

Independent

Expenditure

Schedule D Summary

☐ Support

☐ Support

☐ Oppose

☐ Oppose

1.	Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	0.00	
	the state of the s	0.00	
	Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	0.00	

SUBTOTAL \$

Schedule E Payments Made

Amounts may be rounded to whole dollars.

	SCHEDULE			
Statement covers period from $\frac{2/18/2024}{\text{through}} \frac{7/31/2024}{\text{through}}$	CALIFORNIA 460			
	Page of			
	I.D. NUMBER			
	1465650			

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Quintanilla for PCC Trustee 2024

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)* SAL campaign workers' salaries OFC office expenses CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs 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)* TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Aaron, Thomas & Associates, Inc. LIT Postcard Mailer 3.108.85 Simi Valley, CA 93065 CMP **COGS South Signs** Lawin Signs 1,220.27 Santa Ana, CA 92707

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

SUBTOTAL \$ 4,329.12

Schedule E Summary

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S	ш	D	111	_	1

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Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	Statement coverage from 2/18/2024	ers period C	CALIFORNIA 460	
			through 7/31/202	24	Page of
SEE INSTRUCTIONS ON REVERSE					
NAME OF FILER				15.55	D. NUMBER
Quintanilla for PCC Trustee 2024				1	465650
CODES: If one of the following codes accurately describe 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	s the payment, you may MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	nns nces earch messenger services	RAD radio airtime ai RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production costs butions kers' salaries time and production el, lodging, and mea avel, lodging, and mea committees of the on	ls eals e same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (AI SO REPORT ON	BALANCE AT CLOSE
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	<u> </u>	\$
Schedule F Summary	N. W		-	410	
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized as	chedule F, Column (b) su accrued expenses under S	btotals for \$100.)	INCU	RRED TOTALS	\$ \$
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p	dule F, Column (c) subtoto payments on accrued exp	tals for payments on enses under \$100.).		PAID TOTALS	\$ \$
Net change this period. (Subtract Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.)	er the difference here and	1		NE 1	r \$
			FP	PC Advice: advice@	May be a negative number FPPC Form 460 (Jan/2016)) fppc.ca.gov (866/275-3772)

Schedule G Payments Made by an Agent or Independen Contractor (on Behalf of This Committee)	t Amounts may be rounded to whole dollars.	Statement covers period from 2/18/2024	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE		through 7/31/2024	Page of	
NAME OF FILER Quintanilla for PCC Trustee 2024			I.D. NUMBER 1465650	
CODES: If one of the following codes assurately describe	the navment yeu may enter the code	Otherwise, describe the neumont		
CODES: If one of the following codes accurately described 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	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, and	costs uction costs d meals and meals s of the same candidate/sponsor	

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAIL
		10 41	

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Attach additional information on appropriately labeled continuation sheets.

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TOTAL* \$

Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement covers period from $\frac{2/18/2024}{through}$		CALIFORNIA 460 FORM Page of	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENES: THIS PERIOD	S BALANCE AT	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID FORGIVEN	\$	RATE	\$	CALENDAR YEAR \$ PER ELECTION**
		s	\$	s	DATE DUE	\$	DATE INCURRED	\$
		\$	\$	PAID FORGIVEN S	\$	RATE %	\$DATE INCURRED	\$ PER ELECTION**
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	s	\$	\$	\$		
Schedule H Summary 1. Loans made this period	s of less than \$100.)				\$ <u>0.00</u>)		**If Required

(Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

Schedule I Miscellaneous Increases to Cash SEE INSTRUCTIONS ON REVERSE		Amounts may be rounded to whole dollars.	Statement covers period from $\frac{2/18/2024}{\text{through}}$	CALIFORNIA 460 FORM
NAME OF FILER	ENSE			I.D. NUMBER
Quintanilla for PCC Trus	stee 2024			1465650
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURC (IF COMMITTEE, ALSO ENTER LD. NUMBER)	E	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach additional infor	mation on appropriately labeled continuation she	nets.	SUBTOTA	L \$
Schedule I Summa	ary		A AA	The second section for the second section and section and section sect
	o cash this period			-
	es to cash of under \$100 this periodes to cash of under \$100 this period on loans made to others.			_
4. Total miscellaneous	increases to cash this period. (Add Lines 1, e 14.)	2, and 3. Enter here and on the	0.00	FPPC Form 460 (Jan/2016))
			FPPC Advice: adv	vice@fppc.ca.gov (866/275-3772)

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