Paginiant Committee	,	COVER PAG
Recipient Committee Campaign Statement Cover Page		RECENT CALIFORNIA 460
	Statement covers period from 01 /01/2024	Date of election if applicable 2024 SEP 23 AHII: 37 Page 1 of 16 (Month, Day, Year) For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>09/21/2024</u>	11/05/2024
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 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 Termination) Amendment (Explain below)
3. Committee information	. NUMBER 471867	Treasurer(s)
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	471007	NAME OF TREASURER
Dr. Laura Jasso for School Board 2024		Allesandra Jasso MAILING ADDRESS
STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONE
		Duarte CA 91010 626-321-7043
CITY STATE ZIP CO		NAME OF ASSISTANT TREASURER, IF ANY
Duarte CA 9101 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL ADDRESS
4. Verification I have used all reasonable diligence in preparing and reviewicertify under penalty of perjury under the laws of the State of Executed on O9/25/2024 Executed on O9/25/2024 Executed on Date	California that the foresoing is this and By. By.	knowledge the information contained herein and in the attached schedules is true and complete. I
Executed on	Ву	Signature of Controlling Officeholder, Condidate State Magazine Branchard

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2									
CALIFORNIA FORM	460								
Page 2 o	16								

5.	Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ballot	Measure Committ	ee	
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
	Dr. Laura Jasso						
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF AP	PLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
	Duarte Unified School District Governing Board Trustee Area 1						OPPOSE
		ATE ZIP		Identify the controlling office	nolder, candidate, or sta	ite measure pro	pponent, if any.
				NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPONEN	г	
	Related Committees Not Included in this Statement: List any not included in this statement that are controlled by you or are primarily forme contributions or make expenditures on behalf of your candidacy.			OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
	COMMITTEE NAME I.D. NUMBER						
	NAME OF TREASURER CONTROLLED CO		7.	Primarily Formed Candi officeholder(s) or candidate(s) to	date/Officeholder (for which this committee	Committee I Is primarily form	List names of ned.
] NO		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICES	OUGHT OR HEL	D I
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)						SUPPORT OPPOSE
		CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE S	OUGHT OR HEL	SUPPORT OPPOSE
	COMMITTEE NAME I.D. NUMBER			NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE S	OUGHT OR HEL	D SUPPORT OPPOSE
	NAME OF TREASURER CONTROLLED CO YES COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NO		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE S	OUGHT OR HEL	SUPPORT OPPOSE
	CITY STATE ZIP CODE AREA	CODE/PHONE		Attac	h continuation sheets i	f necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period from 01 /01/2024 CALIFORNIA 460

through 09/21/2024 Page 3 of 16

I.D. NUMBER

NAME OF FILER Dr. Laura Jasso 1471867 Column A Column B **Calendar Year Summary for Candidates** Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and **General Elections** 2982.00 2982.00 1. Monetary Contributions Schedule A. Line 3 1/1 through 6/30 7/1 to Date 0 0 20. Contributions 2982.00 2982.00 2982.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures £ 1903.00 2982.00 2982.00 Made TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 1903.00 1903.00 6. Payments Made...... Schedule E, Line 4 **Candidates** 0 22. Cumulative Expenditures Made* 1903.00 1903.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 0 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date 0 0 (mm/dd/yy) 1903.00 1903.00 **Current Cash Statement** 12. Beginning Cash Balance Previous Summery Page, Line 16 To calculate Column B. 2982.00 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 0 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 1903.00 15. Cash Payments Column A, Line 8 above amounts in Column A may 1079.00 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED...... Schedule B. Part 2 \$ 0 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 FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	Statement cov	ers period	CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through <u>09/21/20</u>	24	Page	4 of _16	
NAME OF FILER Dr. Laura Jas	so					I.D. NL 14718	UMBER	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
07/28/2024	David Teasdale , Bakersfield CA 93312	IND COM OTH PTY	Executive Director - Economic Development Kern Community College	150.00	150.00		150.00	
08/09/2024	LauraTeasdale Bakersfield CA 93312	IND COM OTH PTY	Director of Casualty Claims Capital Insurance Group	150.00	150.00		150.00	
08/11/2024	Lubia Sanchez Walnut Creek. CA 94596	IND COM OTH PTY	Professional Learning Associate E.L. Achieve	100.00	100.00		100.00	
08/12/2024	Scott Townsend Eagle Point, OR 97524	IND COM OTH SCC	Professional Learning Associate E.L. Achieve	100.00	100.00		100.00	
08/20/2024	Stephanie Spring Sierra Madre, CA 91024	IND COM OTH SCC	Teacher El Monte City School District	100.00	100.00		100.00	
			SUBTOTAL \$	600.00				
Amount re- (Include all Amount re-	A Summary ceived this period – itemized monetary contributions I Schedule A subtotals.)				OTH-	(other Other (Politica	ent Committee than PTY or SCC) (e.g., business entity)	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	lumn A, Line 1	.)TOTAL \$ 298	32.00		FPP	C Form 460 (Jan/2016))	

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 46

Statement covers period

				from Ol '01/2024		F	ORM 40U				
				through 09/21/20	24	Page .					
Dr. Laura Jas	SO					1.D. NO 14718	UMBER 367				
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	PER ELECTION TO DATE (IF REQUIRED)				
08/21/2024	Helen Toyoda Arcadia, CA 91007	ZIND COM OTH PTY	Retired Small Business Owner - Toyoda Landscaping	200.00	200.00		200.00		200.00		200.00
08/21/2024	Lisa La Londe Monrovia CA 91016	ZIND COM OTH PTY SCC	Retired Educator - Arcadia Unified School District	200.00	200.00		200.00				
08/23/2024	Sophia Cea Ontario CA 91764	☑IND □COM □OTH □PTY □SCC	Representative - Enzyme Innovation	100.00	100.00		100.00				
08/27/2024	Christina Heany Duarte, CA 91010	IND COM	Board of Director Duarte Chamber of Commerce	100.00	100.00		100.00				
09/02/2024	Leticia Arreola Sierra Madre, CA 91024	☑IND □COM □OTH □PTY □SCC	Teacher El Monte City School District	100.00	100.00		100.00				
	SUBTOTAL \$ 700.00										

*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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars. SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from 4/01/2024

				through _09/21/20	24	Page .				
Dr. Laura Jas	iso		-			I.D. NUMBER 1471867				
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)			
09/02/2024	Aide Vasquez Whittier, CA 90601	IND COM OTH PTY	Educational Consultant E.L. Achieve	243.00	243.00		243.00			
09/05/2024	Elizabeth Macias Oakland, CA 94601	☑IND □COM □OTH □PTY □SCC	Chief Executive Officer E.L. Achieve	300.00	300.00		300.00		300.00	
09/06/2024	Raquel Nunez Alpine CA 91901	IND COM	Chief Creative Officer E.L. Achieve	250.00	250.00		250.00			
09/15/2024	Lois Gaston Duarte, CA 91010	☑IND □COM □OTH □PTY □SCC	Retired HR Manager AT&T Lucent Technology	50.00	50.00		50.00			
9/17/2024	Melissa Negrete Covina, CA 91723	ZIND COM OTH PTY SCC	Assistant Principal El Monte City School District	300.00	300.00		300.00			
	SUBTOTAL \$ 1143.00									

*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

	A (Continuation Sheet) Contributions Received	Amounts may to whole		Statement cov	-	CALIFORNIA 460		
				through 09/21/20	24	Page	7 of 16	
NAME OF FILER Dr. Laura Jas	iso					1.D. N	UMBER 867	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	1F AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	. AMOUNT RECEIVED THIS PERIOD	THIS CALENDAR Y		PER ELECTION TO DATE (IF REQUIRED)	
9/19/24	Lino Paras	OTH	Controller Grover Manufacturing	200.00	200.00		200.00	
	Duarte, CA 91010	SCC	Corp					
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC			-			

SUBTOTAL \$ 200.00

*Contributor Codes

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 B – Part 1 Loans Received	7	to whole dollars.					CALIFORNIA 46		
SEE INSTRUCTIONS ON REVERSE					from (N) 1/01/2024 through 09/21/2		Page 8	of_16	
Dr. Laura Jasso							1471867		
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	(e) AMOUNT PAIL OR FORGIVEI THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD		(g) CUMULATIVE CONTRIBUTIONS TO DATE	
[†] □IND □ COM □ OTH □ PTY □ SCC		s	\$	PAID FORGIVEN \$	\$DATE DUE	% RATE	\$DATE INCURRED	\$PER ELECTION**	
			e	PAID FORGIVEN	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION**	
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	PAID FORGIVEN	\$	RATE	\$	\$PER ELECTION**	
†□IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED		
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loan		SUBTOTALS \$		\$ <u>0</u>	\$	(Enter (e) on Scho			
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha 3. Net change this period. (Subtract Line Enter the net here and on the Summar	00 paid or forgiven.) t are also itemized on Sche e 2 from Line 1.)	dule A.)		.NET \$			†Contributor Codes IND – Individual COM – Recipient C (other than OTH – Other (e.g., PTY – Political Parl SCC – Small Contri	ommittee PTY or SCC) business entity) ly	
*Amounts forgiven or paid by another party also m	ust be reported on Schedule A)		(4	flay be a negative number)				
Amounts longiven or paid by another party also m	ust be reported on somedule A.	1							

** If required.

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

SCHEDULE B - PART 1

			_				SCHE	DULE B - PART 2	
Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		Statement covers period from 0) /01/2024			CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				through	09/21/2024		Page 9	of	
NAME OF FILER Dr. Laura Jasso							I.D. NUMBER 1471867		
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)	LOAN	,	AMOUNT GUARANTEED THIS PERIOD		JMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE	
	□ IND		LENDER			CAI	ENDAR YEAR		
	□OTH □PTY □SCC		DATE			PE . (IF	R ELECTION REQUIRED)	•	
	□IND	· · · · · · · · · · · · · · · · · · ·	LENDER			CAL	ENDAR YEAR		
	□ сом □ отн	□сом		DATE			\$ _ PE (IF	R ELECTION REQUIRED)	
	□scc			<u>-</u>		\$_			
	□ IND		LENDER			CAL \$_	ENDAR YEAR		
	□ОТН □РТҮ		DATE			PE (IF	R ELECTION REQUIRED)		
	□scc					\$_			
	□ IND		LENDER			CAL	ENDAR YEAR		
	□OTH □PTY		DATE			PE (1F	R ELECTION REQUIRED)		
	□scc					\$_			
			SUB	TOTAL	\$ 0		Enter on mmary Page, ine 17 only.		

Schedule C		to whole dollars.				· ,	SCHEDULE C			
Nonmone [®]	tary Contributions Received			·.		Statement covers in Ci. 1/01/2024	period	FORM 460		
EE INSTRUCTIO	NS ON REVERSE				thro	ough 09/21/2024		Page of		
AME OF FILER					l			I.D. NUME		
Dr. Laura Jasso)							1471867	7	
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 - I	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								
Attach addition	onal information on appropriately labeled	continuation	sheets.	SUBTO	OTAL S	3				
Schedule (Summary						(*Con	tributor Cod	ies	
. Amount red	ceived this period – itemized nonmonetar Schedule C subtotals.)	y contribution	ns.		\$ _)	IND - COM	Individual – I – Recipien (other tha	nt Committee an PTY or SCC)	
	ceived this period — unitemized nonmone onetary contributions received this period		ions of less than \$100		\$) 	PTY	- Political F	g., business entity) Party entributor Committee	
	1 and 2 Enter here and on the Summar		mn A. Lines 4 and 10)	TOTA	LS	0				

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole dol		Statement cover	CALIFORNIA 460		
SEE INSTRUCT	TIONS ON REVERSE			through <u>09/21/202</u>	4	Page	
NAME OF FILE	R					I.D. NUMI	BER
Dr. Laura Jas	sso					147186	7
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
			SUBTOTAL	\$			
Schedule	e D Summary						
	contributions and independent expenditures mad	e this period. (Includ	le all Schedule D subtotals.)		\$_C	
	ed contributions and independent expenditures m					s _0)

A 1 1 1 =					SCHEDULE E			
Schedule E Amounts may to whole of			Statement covers period	CALI	FORNIA 460			
Payments Made			from 01/01/2024	FC	ORM 400			
SEE INSTRUCTIONS ON REVERSE			through <u>09/21/2024</u>		12 of 16			
NAME OF FILER				I.D. NU				
Dr. Laura Jasso				14718	867			
CODES: If one of the following codes accurately describes the payment, your campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees pundraising events independent expenditure supporting/opposing others (explain)* IND legal defense LIT campaign literature and mailings MBR member cor meetings are office expendition circuit of payment, your compact of the payment, your compact of th	nmunications d appearanc ses ulating s survey reseau	es	wise, describe the payment. RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the candidate travel, lodging, and the candidate travel, lodging, and transfer between committees voter registration WEB information technology costs of the candidate travel.	ection cost meals nd meals of the san	ne candidate/sponsor			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESC	CRIPTION OF PAYMENT		AMOUNT PAID			
Curo Managed Print	LIT	Graphic Design			300.00			
DUDAR CA 91016								
Curo Managed Print	СМР	Yard Signs, Door Hangers 1324.10						
DUCUTE, CA 91010								
Curo Managed Print	СМР	Banners and T-Shi	rt		200.00			
Duarte, CA 91010								
* Payments that are contributions or independent expenditures must also be summarized on Sch	edule D.		SUE	STOTAL	\$ 1824			
Schedule E Summary								
1. Itemized payments made this period. (Include all Schedule E subtotals.)	1. Itemized payments made this period. (Include all Schedule E subtotals.)							
2. Unitemized payments made this period of under \$100\$								
3. Total interest paid this period on loans. (Enter amount from Schedule B, Pa	\$ _0							
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and or								

\sim 1.	4	11	F	г

www.fppc.ca.gov

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	Statement covers period from 2 /01/2024		CALIFORNIA 460		
	through _09/21/2024				Page 13 of 16	
SEE INSTRUCTIONS ON REVERSE			<u> </u>		· · · · · ·	
NAME OF FILER				ļ	I.D. NUMBER 1471867	
Dr. Laura Jasso						
CODES: If one of the following codes accurately describes CMP campaign paraphemalia/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	enter the code. Others nces earch messenger services legal, accounting)	herwise, describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)				
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 PA THIS PERIC (ALSO REPORT C	DD BAL	(d) DUTSTANDING LANCE AT CLOSE F THIS PERIOD
* Payments that are contributions or independent expenditures must also be						
summarized on Schedule D.	SUBTOTALS	\$ 	\$; 	\$ 	·
Schedule F Summary						
 Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a 	chedule F, Column (b) sul accrued expenses under \$	btotals for \$100.)	INCU	RRED TOTA	L S \$	
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p	edule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.)		. PAID TOTA	LS\$	
3. Net change this period. (Subtract Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.)	er the difference here and			N	ET \$	
					FPPC Forn	negative number n 460 (Jan/2016)) v (866/275-3772)

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) SEE INSTRUCTIONS ON REVERSE NAME OF FILER Dr. Laura Jasso	t Amou	nts may be ro whole dollar		from	tatement covers period <u>Ö</u> \(\frac{701/2024}{2024}\)	FOR Page 14	I.D. NUMBER	
NAME OF AGENT OR INDEPENDENT CONTRACTOR								
CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc. CRS campaign consultants CTB contribution (explain nonmonetary)* 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 * Payments that are contributions or independent expenditures must also be	MBR member commeetings a OFC office experition circle PHO phone bank POS postage, de PRO professions PRT print ads	ommunications and appearance in appearance in a culating ks survey reseal elivery and meal services (leg	es cch essenger services	RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment radio airtime and production returned contributions campaign workers' salaries and production candidate travel, lodging, an staff/spouse travel, lodging, ransfer between committee voter registration information technology costs	costs fuction costs d meals and meals s of the same co	·	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR .	DESCRIPTION	OF PAYMENT		AMOUNT PAID	
							-,	

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

^{*} 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.

		SCHEDULE H							
Schedule H	Amounts may be rounded to whole dollars.			Statement covers period from O\'/01/2024		CALIFORNIA 460			
Loans Made to Others*									
					00/01/0004		1.5	•	
SEE INSTRUCTIONS ON REVERSE					through09/21/20	J24 <u>.</u>	Page 15	of16	
NAME OF FILER							I.D. NUMBER		
Dr. Laura Jasso							1471867		
EUL MANE CTREET ADDRESS AND ZIR CORE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b)	(c)	(d)	(e)	(f)	(g)	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE	AMOUNT LOANED THIS	REPAYMENT C FORGIVENES	e BALANCE AT	INTEREST	ORIGINAL AMOUNT OF	CUMULATIVE	
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NAME OF BUSINESS)	BEGINNING THIS PERIOD	PERIOD	THIS PERIOD	CLOSE OF THIS	RECEIVED	LOAN	TO DATE	
				☐ PAID				CALENDAR YEAR	
		1		s	s	%	s	,	
		ļ		FORGIVEN	· · · · · · · · · · · · · · · · · · ·	RATE	1	PER ELECTION**	
				L PORGIVEN		1		PERELECTION	
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
			i	☐ PAID	İ			CALENDAR YEAR	
				\$	\$	%	\$	\$	
			1	FORGIVEN	1	RATE		PER ELECTION**	
		s	s			s .			
				*	DATE DUE		DATE INCURRED		
*Loans that are contributions to another candidate									
also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also be	SUBTOTALS	\$	\$	\$	\$			
						(Enter (e) on	<u> </u>	3.856.3.3.3.5.5.	
						Schedule I, Line 3)			
Schedule H Summary						•	•		
1. Loans made this period					\$ <u>0</u>				
(Total Column (b) plus unitemized loan	s of less than \$100.)				0			**If Required	
2. Payments received on loans		••••••	•••••		\$				
(Total Column (c) plus unitemized payn	nents of less than \$100.)				NET e 0				
Net change this period. (Subtract Line 2 (Enter the net here and on the Summa)			••••••	••••••	VEI \$				
(Enter the net here and on the Summa	iy i age, colullil A, Lille (.)	,							

(May be a negative number)

Schedule I		Amounts may be	rounded	SCHEDULE			
Miscellaneous Inc	creases to Cash	to whole doll	ars.	Statement covers period	california 460		
				from <u>Oi /01/2024</u>			
,				through <u>09/21/2024</u>	Page 16 of 16		
SEE INSTRUCTIONS ON REVE NAME OF FILER	:RSE			L	I.D. NUMBER		
Dr. Laura Jasso					1471867		
Di. Laura jasso				- <u></u>	- 1471007		
DATE	FULL NAME AND ADDRESS OF SOURCE		DES	CRIPTION OF RECEIPT	AMOUNT OF		
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)				INCREASE TO CASH		
j							
'							
1							
1							
			,				
		-1					
Attach additional inform	nation on appropriately labeled continuation sheets.			SUBTOTA	L\$		
Schedule I Summa							
1. Itemized increases to	cash this period			\$ <u>0</u>	_		
	s to cash of under \$100 this period						
3. Total of all interest re	ceived this period on loans made to others. (Sc	hedule H, Column	(e).)	\$			
4. Total miscellaneous i	ncreases to cash this period. (Add Lines 1, 2, a	nd 3. Enter here a	nd on the	TOTAL \$ 0			
January 1 ago, Enlo	. 17.				FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772)		

www.fppc.ca.gov