Recipient Committee Campaign Statement Cover Page			Date Stamp	Y	IFORNIA 460
	Statement covers period from 07/01/2024	(Month, Day, Year)	S ANGELES CO 24 SEP <b>26 PM</b> I		For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 09/21/2024	11/05/2024	AMPAIGN FINA	- 1	
1. Type of Recipient Committee: All Committees - Com	plete 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	rimarily Formed Ballot Measure committee Controlled Sponsored so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terr Amendment (Explain belo	mination)	Quarterly Sta Special Odd-	
3. Committee Information	NUMBER -855	Treasurer(s)	<u>.                                    </u>	-	
Tonette Parker Reyes	•	NAME OF TREASURER TONETTE P	arken Ro	yes.	
STREET ADDRESS (NO P.O. BOX)		Duarte	STATE	ZIP CODE 91010	AREA GÖDE/PHONE 626-484-3394
Duarte Ca 91	010 626-484-3394	NAME OF ASSISTANT TREASURE	R, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP COL	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	<del> </del>	OPTIONAL: FAX / E-MAIL ADDRES	· ·		•
4. Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of Certify under penalty of perjury under the laws of the State of Certify under penalty of perjury under the laws of the State of Certify under the laws of Certify	California that the foregoing is true and c  By  By Signature of Control		onen¥or Responsible Ófficer		s true and complete. I
Executed on	BySig	N/A nature of Controlling Officeholder, Candidate, Sta	ite Measure Proponent		•

**COVER PAGE** 

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA CALIFORNIA FORM	460
Page 2 o	f_17_

Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	Measure (	Committee	-	
Tonethe Parker Reyes	· · · · · · · · · · · · · · · · · · ·		NAME OF BALLOT MEASURE		-		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR Duarte Unified School T			BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	1 0 00		Identify the controlling office			measure prop	onent, if any.
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD	IDIDATE, OR P	ROPONENT	DISTRICT NO.	IF ANY
COMMITTEE NAME  N/A	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candi officeholder(s) or candidate(s) i	idate/Office for which this	eholder Co committee is p	mmittee Lis	t names of d.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	-		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
N/A	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELD	☐ SUPPORT
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	CONTROLLED COMMITTEE?  YES NO OX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	, 		Attac	h continuatio	on sheets if ne	ecessary	

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 01012024 CALIFORNIA 460

through 09212024 Page 3 of 17

SEE INSTRUCTIONS ON REVERSE

Tonette Parkter REYES

19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above

Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 1952.33 1/1 through 6/30 7/1 to Date 20. Contributions Received Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 1431.40 6. Payments Made...... Schedule E, Line 4 Candidates 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made\* SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) Total to Date Date of Election (mm/dd/yy) 10. Nonmonetary Adjustment...... Schedule C, Line 3 11. TOTAL EXPENDITURES MADE ...... Add Lines 8 + 9 + 10 **Current Cash Statement** 12. Beginning Cash Balance .................................. Previous Summary Page, Line 16 To calculate Column B, 952,33 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 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. 431.40 of your last report. Some 15. Cash Payments ...... Column A, Line 8 above amounts in Column A may 520,93 be negative figures that 16. ENDING CASH BALANCE ......Add Lines 12 + 13 + 14, then subtract Line 15 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 \$ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). 18. Cash Equivalents ...... See instructions on reverse

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	OOTILDOLL
Statement covers period from 01/01/2024	CALIFORNIA 460
through 09/21/2024	Page 4 of 17
	1.D. NUMBER 1177055

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

To	nette Parker Reyes					1472855
DATÈ 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 D CALENDAR YEA (JAN. 1 - DEC. 3	R TO DATE
07/10/2024	Tonette Parkur Reyes	COM OTH	Retired	\$50.00	\$ 398.3	3
, :	Duarte Ca 91010	□ PTY □ SCC	. 11.11	;		
08/24/2024	Brenda Brooks	COM OTH	Retired	\$100,00	\$ 100.00	
	Las Vegas NV 89166	□PTY □scc				
08/24/2024	Chris F. Allen	OTH	Attorney at Law 4355 Cobb PKWYSE	# 100.00	\$ 100.00	
	Atlanta GA 30339 Apt. #1003	□scc	Atlanta GA 30339			
08/30/2024	Patricia WALKER	COM OTH	Libertarian City of LA Libertarian Ibi S Gardnerst	\$ \$ 100.00	\$ 100.00	)
	LOS Angeles CA 90019	scc	Los Angeles CA 90036		,	
08/31/2024	Gale Tate	COM OTH	Retired	\$ 200.∞	\$ 200.00	
	Chino Hills Ca 91709-8766	□ PTY □ SCC				
			SUBTOTAL \$	898.33		

#### Schedule A Summary

- 1. Amount received this period itemized monetary contributions.
- 2. Amount received this period unitemized monetary contributions of less than \$100 .......\$ 554.00
- 952.33 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$

\*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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## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Contributions Received	· to whole o	dollars.	Statement cov	1024	CALIFORNIA 460		
				through 09/21	2024		5 of 17	
NAME OF FILER	nette Parker Reyes					1.D. NUI	72855	
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)	
9 03 2024	Regina Tatum Sherman OAKS Ca 91423	IND COM OTH PTY SCC	Retired	\$ 100.00	\$ 100.0	00		
9/05/2024	Connie Chaney AKA Constance L. Chaney Carson Ca 90746-1737	IND COM OTH SCC	Retired	\$ 100.00	# 100.0	00		
1/05/2024	Joselyn Josef Glendale Ca 91203-1873	IND COM	Insurance Agenct United Hoalth Core Temple City Cr 9178	# 100.00	# 100.0	00		
9/20/2024	Diane G. Harris Duarte Ca 91010	DIND COM OTH PTY SCC	retired	\$ 200.00	\$ 200.	00		
		□IND □COM □OTH □PTY □SCC						

SUBTOTAL \$ 500,00

\*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 B - Part 1 **Loans Received**

SEE INSTRUCTIONS ON REVERSE

Schodula R Summary

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** Page\_ I.D. NUMBER 1472855

NAME OF FILER

Tonette Parker Reves

(d) OUTSTANDING (c) AMOUNT PAID (f) ORIGINAL (g) CUMULATIVE (e) INTEREST IF AN INDIVIDUAL, ENTER OUTSTÄNDING FULL NAME, STREET ADDRESS AND ZIP CODE **AMOUNT** OCCUPATION AND EMPLOYER BALANCE BALANCE AT PAID THIS AMOUNT OF CONTRIBUTIONS RECEIVED THIS OR FORGIVEN OF LENDER (IF SELF-EMPLOYED, ENTER BEGINNING THIS CLOSE OF THIS PERIOD LOAN TO DATE THIS PERIOD \* PERIOD (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) PERIOD PERIOD CALENDAR YEAR PAID RATE ☐ FORGIVEN PER ELECTION\*\* DATE DUE DATE INCURRED <sup>†</sup>□ IND ☐ COM ☐ OTH- ☐ PTY ☐ SCC CALENDAR YEAR PAID RATE ☐ FORGIVEN PER ELECTION\*\* DATE INCURRED DATE DUE □ COM □ OTH □ PTY □ SCC CALENDAR YEAR PAID RATE FORGIVEN PER ELECTION\* DATE DUE DATE INCURRED ☐ COM ☐ OTH ☐ PTY ☐ SCC SUBTOTALS \$ \$ \$

(Enter (e) on Schedule E, Line 3)

(May be a negative number)

3	inedule B Summary	$\sim$	
1.	Loans received this period\$	U	
	(Total Column (b) plus unitemized loans of less than \$100.)	$\sim$	
2.	Loans paid or forgiven this period\$		
	(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.)		
	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 (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

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#### Schedule B – Part 2 Loan Guarantors

Amounts may be rounded to whole dollars.

Statement covers period rom 01012024 CALIFORNIA 460

SEE INSTRUCTIONS ON REVERSE

Tonette Parker Reves

I.D. NUMBER 147 28 5 5

Tonette Parker Reye	<b>9</b>				147	2855
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	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	☐ IND ☐ COM		LENDER		CALENDAR YEAR	
	□OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)	
	□IND		LENDER		CALENDAR YEAR	
	□ COM □ OTH □ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)	
`	□IND		LENDER		CALENDAR YEAR	
	□COM □OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)	
	□IND		LENDER		CALENDAR YEAR	
-	☐ COM ☐ OTH ☐ PTY ☐ SCC		· DATE		PER ELECTION (IF REQUIRED)	
			SUBTOTAL	\$ 0	Enter on Summary Page, Line 17 only.	

Schedule C Nonmonetary Contributions Received			Amounts may be rounded to whole dollars.	Statement				CALIFORNIA 460	
					from	01/01/20	24	FOI	RM 400
	IONS ON REVERSE				thro	ugh 09/21/2	<del>2024</del>	Page	8 of 17
NAME OF FILER	nette Parker Reyes			٠		-,		1.D. NUME	28 <i>5</i> 5
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	ľE R 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 addit	tional information on appropriately labeled	continuation s	sheets.	SUBTO	TAL \$		endel en es		The state of the s
1. Amount re	C Summary eceived this period – itemized nonmonetary II Schedule C subtotals.)				\$ _	0	IND - COM	(other the	t Committee an PTY or SCC)

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

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$

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SCC - Small Contributor Committee

PTY - Political Party

Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be ro to whole dollar		Statement covers	CALIF	CALIFORNIA 460		
				from 01 01 a	00.9	RM TOO		
SEE INSTRUCTION	ONS ON REVERSE			through 09 H	2024 Page_	9 01 17		
NAME OF FILER	rethe Parker Reyes		a Section	. 4	I.D. NUI	128 <i>5</i> 5		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OF MEASURE NUMBER OR LETTER AND JURISDICTION OR COMMITTEE		DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
		☐ Monetary Contribution ☐ Nonmonetary				·		
* 18 .		Contribution Independent	<ul> <li>Homotopic and the second an</li></ul>	11. 11.				
	Support DOppose	Expenditure  Monetary  Contribution						
,		Contribution Independent			The state of the s			
	☐ Support ☐ Oppose	Expenditure  Monetary Contribution	- 1					
.,		Nonmonetary Contribution			en objects	reconstruction of the second		
121 .	☐ Support ☐ Oppose	Independent Expenditure				de:		
			SUBTOTAL	\$ 0	7 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	D Summary			· · · · · · · · · · · · · · · · · · ·				
1. Itemized c	ontributions and independent expenditures	made this period. (Include	all Schedule D subtotals.	)	\$ <b>\$</b> .	0		
2. Unitemize	d contributions and independent expenditure	es made this period of unde	er \$100		<b>\$</b> .	<u> </u>		

Summar Supporti Candidat	ation Sheet) y of Expenditures ing/Opposing Other tes, Measures and Commit	* :	Amounts may to whole c	be rounded ioliars.	Statement covers period from 01012024 through 09121202	FORM 460
DATE	NAME OF CANDIDATE, OFFICE, AND DIS MEASURE NUMBER OR LETTER AND JUR OR COMMITTEE	TRICT, OR	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS CALL	ATIVE TO DATE PER ELECTION ENDAR YEAR TO DATE N. 1 - DEC. 31) (IF REQUIRED)
	☐ Support ☐ Oppose		Monetary Contribution Nonmonetary Contribution Independent Expenditure		1 ' 1	
-3. 1	☐ Support ☐ Oppose		Monetary Contribution Nonmonetary Contribution Independent Expenditure			
	☐ Support ☐ Oppose		Monetary Contribution Nonmonetary Contribution Independent Expenditure			
			Monetary Contribution Nonmonetary Contribution Independent		The second secon	And the second of the second o

### Schedule E **Payments Made**

CMP campaign paraphernalia/misc.

campaign consultants

civic donations

contribution (explain nonmonetary)\*

Amounts may be rounded to whole dollars.

MBR member communications

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

1. 1. 12 12 11

Statement covers period

RAD radio airtime and production costs

campaign workers' salaries

t.v. or cable airtime and production costs

RFD returned contributions

SCHEDULE E CALIFORNIA **FORM** 

14 17

EE INSTRUCTIONS ON REVERSE		Same of the same o	through Offor	Page of
Tonethe Parker REVES	 			I.D. NUMBER
Tonette Parker REYES	 			コーバスのクラ

MTG meetings and appearances

OFC. office expenses

FIL candidate filing/ballot fees fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	POS postage, deli PRO professional PRT print ads	urvey research very and messenger services (legal, accou	services TSF unting) VO	transfer between committees of	id meals of the same candidate/sponsor internet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPT	ION OF PAYMENT	AMOUNT PAID
Los Anges County Register/Reco	order	FIL		garanta da la maranta da santa	\$200.00
Norwalk Ca 90650-3134					
Best Bry Duarte Ca 91010	and supplied to the supplied of the supplied to the supplied t	OFC	terre gr		\$ (38.86
Curo managed Print Product	100	CMP	State of the state		\$797.93
Duaste Ca 91010			*		

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

SUBTOTAL\$ 13

#### Schedule E Summary

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, Part 1, Column (e).)......\$ 

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Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement covers period from 01 01 2024	california 460	
SEE INSTRUCTIONS ON REVERSE	through 09 21 2024 Page 12 of 17			
NAME OF FILER TO NEHL Parker Reye	5 m 1 m 1 m 1 m 2 m 2 m 2 m 2 m 2 m 2 m 2		1.D. NUMBER 1472855	
CODES: If one of the following codes accurately descended in the comparison 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 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)	rwise, describe the payment.  RAD radio airtime and production cosmos returned contributions SAL campaign workers' salaries t.v. or cable airtime and product candidate travel, lodging, and most staff/spouse travel, lodging, and transfer between committees of voter registration WEB information technology costs (in	tion costs neals I meals f the same candidate/sponsor	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)	CODE OR OUTSTANDING DESCRIPTION OF PAYMENT BALANCE BEGINNING OF THIS PERIOD	(b) (c) AMOUNT INCURRED THIS PERIOD (ALSO REPORT	OD OUTSTANDING BALANCE AT CLOSE	
	The second of th			
			1 · · · ·	
The first of the control of the cont	The constitution of the co			
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	0 \$ 0	\$ 0	
<ol> <li>Schedule F Summary</li> <li>Total accrued expenses incurred this period. (Include accrued expenses of \$100 or more, plus total unitem</li> </ol>	all Schedule F, Column (b) subtotals for ized accrued expenses under \$100.)	INCURRED TOTA	.Ls \$	
Total accrued expenses paid this period. (Include all accrued expenses of \$100 or more, plus total unitem	Schedule F, Column (c) subtotals for payments on ized payments on accrued expenses under \$100.)	PAID TOTA	LS\$	
3. Net change this period. (Subtract Line 2 from Line 1 on the Summary Page, Column A, Line 9.)	Enter the difference here and		IET \$	
respiration of the second of t	· ·	FPPC Advice: advic	May be a negative number FPPC Form 460 (Jan/2016)) a@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	

Amounts may be rounded to whole dollars.

Schedule F

Schedule	E
(Continual	tion Sheet)
<b>Payments</b>	

Amounts may be rounded to whole dollars.

Statement covers period						
from 01101 2024						
through 09	121/202	4				
model	· · · · · · · · · · · · · · · · · · ·	_				

CALIFORNIA **FORM** 

I.D. NUMBER

#### SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

campaign paraphernalia/misc. campaign consultants MTG meetings and appearances

contribution (explain nonmonetary)\* OFC CTB

civic donations FIL candidate filing/ballot fees

fundraising events

independent expenditure supporting/opposing others (explain)\* LEG legal defense

LIT campaign literature and mailings

MBR member communications

127 1 2 1

office expenses

petition circulating PHO phone banks

polling and survey research POL -POS postage, delivery and messenger services

professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

returned contributions RFD

campaign workers' salaries

t.v. or cable airtime and production costs candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	
And the second s				
			the state of the s	10 10 0
en en far en en familier e Paris en familier en famili	n ne de la medica. Para la managan			
	Constitution (Section 1997) Constitution (Section 1997) Constitution (Section 1997)			
And the second of the second o	The second of the company of the com			
THE REPORT OF THE PROPERTY OF		English of Mariana profession of the control for the first of the control		
* Promonte that are contributions or independent avacadituses mu			SUBTOTAL	

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

Tonette Parker Reyes				I.D. NU	MBER 172855
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  * Payments that are contributions or independent expenditures must a	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	earch messenger services legal, accounting)	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trav TRS staff/spouse tr TSF transfer betwe VOT voter registrati	nd production costs ibutions kers' salaries time'and production costs el, lodging, and meals avel, lodging, and meals en committees of the sam	ne candidate/sponsor
NAME AND ADDRESS OF CREDITOR <sup>1</sup> (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 (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	:	· · · · · · · · · · · · · · · · · · ·			
Andrew Commence of the commenc		. 1.64 + 1			
			•		

SUBTOTALS \$

Amounts may be rounded to whole dollars.

Schedule F

NAME OF FILER

(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

SCHEDULE F (CONT.)

CALIFORNIA **FORM** 

Statement covers period

<b>Schedule</b>	G			
<b>Payments</b>	Made b	y an Ag	gent or Ir	idependent
Contracto	r (on Be	half of	This Cor	nmittee)

Amounts may be rounded to whole dollars.

Statement covers period

SCHEDULE G **CALIFORNIA FORM** 

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

NONE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

campaign consultants

contribution (explain nonmonetary)\*

CVC civic donations

candidate filing/ballot fees FIL

fundraising events

independent expenditure supporting/opposing others (explain)\* IND

legal defense LEG

campaign literature and mailings

MBR member communications MTG meetings and appearances

OFC

office expenses

petition circulating PET PHO phone banks

POL polling and survey research

postage, delivery and messenger services

professional services (legal, accounting)

PRT print ads RAD radio airtime and production costs

returned contributions

campaign workers' salaries

t.v. or cable airtime and production costs

candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

voter registration VOT

WEB information technology costs (internet, e-mail)

<sup>\*</sup> 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 PAID
	The state of the s	**
	the control of the co	

Attach additional information on appropriately labeled continuation sheets.

								SCHEDULE F
Schedule H Loans Made to Others*	Amounts may be rounded to whole dollars.			Statement covers period from 01 01 2024		CÁLIFORNIA 460 FORM		
SEE INSTRUCTIONS ON REVERSE					through 09/2	1/2024	Page 16	of 17
NAME OF FILER	· · · · · · · · · · · · · · · · · · ·		····				I.D. NUMBER	
							·	
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	(b) AMOUNT LOANED THIS ;PERIOD	(c) REPAYMENT ( FORGIVENES THIS PERIOR	S BALANCE AI	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
			,	\$	·\$	%	\$	s
**	+ 1			FORGIVEN		RATE		PER ELECTION**
		\$	\$	\$	DATE DUE	/\$	DATE INCURRED	,   \$
				☐ PAID				ÇALENDAR YEAR
				\$	\$	RATE	\$	\$PER ELECTION**
		\$	\$	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 he	SUBTOTALS	\$ 🔿	\$ 🔿	\$ 🖒	\$ O		
						(Enter (e) on Schedule I, Line 3)		-
Schedule H Summary	; ·	,	, ,				•	
Loans made this period  (Total Column (b) plus uniternized loans	s of less than \$100.)			••••••	\$	0	- T	**If Required
<ol> <li>Payments received on loans</li></ol>	nents of less than \$100.)					0	-	
(Enter the net here and on the Summar			*****************				•	

Application of the second

(May be a negative number)

Schedule I	a .	Amounts may be	rounded	SCHEDULE		
Miscellaneous Increases to Cash		to whole do		Statement covers period	CALIFORNIA 460	
				from 01012024	FORM TOO	
SEE INSTRUCTION	NO ON REVERSE		through 09/21/2024	Page 17 of 17		
NAME OF FILER	nette Parkte Rey	3			1.D. NUMBER 1472855	
DATE RECEIVED	FULL NAME AND ADI		DES	CRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
				** .		
	The second state of the second					
				Strand Communication Communica		
Attach addit	ional information on appropriately labeled	continuation sheets.	A STATE OF S	SUBTOTAL	\$ 0	
	creases to cash this period	<u> </u>			-	
	increases to cash of under \$100 this interest received this period on loans in				·	
4. Total misce Summary F	llaneous increases to cash this period Page, Line 14.)	. (Add Lines 1, 2, and 3. Enter here	and on the	TOTAL \$	EPPC Form 460 / Jan /2016	

FPPC Form 460 (Jan/2016))
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