Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)  SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/17/2021 through02/13/2021	(Month, Day, Year) 2021	Date Stamp RECEIVED BY NGELES COUNT IAR -4 PM 3: 09 PAIGN FINANCE	Page1 of14
O State Candidate Election Committee O Recall (Also Complete Part 5)  General Purpose Committee O Sponsored O Small Contributor Committee	rimarily Formed Ballot Measure ommittee ) Controlled ) Sponsored (so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	2. Type of Statement:    Preelection Statement     Semi-annual Statement     Termination Statement     (Also file a Form 410 Termin     Amendment (Explain below)     Amending Schedule E & G	Spe	arterly Statement cial Odd-Year Report pplemental Preelection tement - Attach Form 495 grinformation.
3 Committee Information	2 (626)230-9220	Treasurer(s)  NAME OF TREASURER  Yolanda Miranda  MAILING ADDRESS  CITY  Covina  NAME OF ASSISTANT TREASURER, I	CA 91	CODE AREA CODE/PHONE 722 (626) 915-763!
CITY STATE ZIP CO Covina CA 9172: OPTIONAL: FAX / E-MAIL ADDRESS somilleda4riohondo@gmail.com		OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP (	CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California  Executed on		Signature of Controlling Officeholder, Candidate, State Me	asure Proponent	ules is true and complete. I certify

FPPC Form 460 (Jan/2016)

COVER PAGE

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
CALIFORNIA FORM		4	<b>160</b>		
Dans	,		14		

				LANCE OF BALL OF LANCE				
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Alfonso Somilleda					T			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER IF APPLIC	CABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
Rio Hondo Community College Board Distri	ict 1							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STA	ATE ZIP		Identify the controlling of	ficeholder. ca	ndidate, or st	ate measure i	proponent, if a
	El Monte C	A 91732						
		-		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT		
Related Committees Not Included in this	Statement: List and	v committees						
not included in this statement that are controlled by y	-			OFFICE SOUGHT OR HELD			DISTRICT NO. 1	F ANY
contributions or make expenditures on behalf of you								
COMMITTEE NAME	I.D. NUMBER							
COMMITTEE NAME	I.D. NOWIBER							
	CONTROLL ED COM	NATTE E	7.	Primarily Formed Car	ndidate/Offic	ceholder Co	ommittee <i>Li</i>	st names of
NAME OF TREASURER	CONTROLLED COM		7.	Primarily Formed Car officeholder(s) or candidate(				
	☐ YES ☐	MMITTEE?	7.	officeholder(s) or candidate(	s) for which the	is committee is	primarily form	ed.
	☐ YES ☐		7.		s) for which the	is committee is		
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COMMITTEE ADDRESS STREET ADDRESS (NO P.  CITY STATE Z  COMMITTEE NAME	ZIP CODE AREA	OCODE/PHONE	7.	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.  CITY STATE Z  COMMITTEE NAME	ZIP CODE AREA  I.D. NUMBER  CONTROLLED COM	NO CODE/PHONE	7.	NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.  CITY STATE Z  COMMITTEE NAME	ZIP CODE AREA  I.D. NUMBER  CONTROLLED COM	OCODE/PHONE	7.	NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOU	GHT OR HELD  GHT OR HELD  GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
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COMMITTEE NAME  NAME OF TREASURER	ZIP CODE AREA  I.D. NUMBER  CONTROLLED COM	NO CODE/PHONE	7.	NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOU	GHT OR HELD  GHT OR HELD  GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.  CITY STATE 2  COMMITTEE NAME  NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.	I.D. NUMBER  CONTROLLED COM YES  CO. BOX)	NO CODE/PHONE	7.	NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOU  OFFICE SOU  OFFICE SOU  OFFICE SOU	GHT OR HELD  GHT OR HELD  GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT SUPPORT

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

## **Campaign Disclosure Statement Summary Page**

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

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period **CALIFORNIA FORM** 01/17/2021 from \_ Page \_\_\_3 \_\_ of \_\_\_14 02/13/2021 through \_ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Will of Field			I.D. NOMBER
Somilleda for College Board 2021			1435232
Contributions Received	Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	0.00 \$ 21,601.00	\$ 22,550.00 500.00 \$ 23,050.00 0.00	1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$
5. TOTAL CONTRIBUTIONS RECEIVED			21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made Schedule E, Line 4		\$8,315.29	Expenditure Limit Summary for State Candidates
7. Loans Made	\$8,295.83	\$ 8,315.29 323.26	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date
10. Nonmonetary Adjustment		0.00 \$ 8,638.55	(mm/dd/yy)
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.	21,601.00 0.00 8,295.83	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  Cash Equivalents and Outstanding Debts  18. Cash Equivalents	<del></del>	the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule E Payments Made		Amounts may be rounded				Statement covers period			CALIFORNIA	
		to whole dollars.			fron	from01/17/2021		FORM 460		
SEE INSTRUCTIONS ON REVE	RSE				thro	ough _	02/13/2021	Page _	80	14
NAME OF FILER				-				I.D. NUI	MBER	
Somilleda for College	Board 2021							14352	32	
CODES: If one of the	following codes accurately describe	es the payment,	you may er	nter the code. C	Otherwise, d	lescrib	e the payment.			
CMP campaign parapherna CNS campaign consultants CTB contribution (explain r CVC civic donations FIL candidate filing/ballot FND fundraising events IND independent expendit LEG legal defense LIT campaign literature an	nonmonetary)*  fees  ure supporting/opposing others (explain)*	OFC office exp PET petition cir PHO phone ban POL polling and POS postage, d	and appearance enses culating iks if survey reseatelivery and m	ces	RFD SAL TEL TRC TRS TSF VOT	returne campa t.v. or candid staff/sp transfe voter r	airtime and production ed contributions algn workers' salaries cable airtime and product ate travel, lodging, and couse travel, lodging, er between committee registration ation technology costs	duction cost d meals and meals s of the sai	me candio	iate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD NUMBER)		CODE	OR	DESCRIPTION	N OF PAY	MENT		АМО	UNT PAID
302 Communications Gr	oup LLC		LIT							4,500.00
Sacramento, CA 95815										
302 Communications Gr	oup LLC		PHO	Phone list						218.63
Sacramento, CA 95815										
302 Communications Gr	oup LLC		LIT	+						2,500.00
Sacramento, CA 95815										
* Payments that are con	tributions or independent expenditures	must also be sum	marized on	Schedule D.			SU	BTOTAL\$		7,218.63
Schedule E Summ	nary									
1. Itemized payments n	nade this period. (Include all Schedule	e E subtotals.)						\$	В	245.83
2. Unitemized payment	s made this period of under \$100							\$		50.00

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

0.00

Schedule E	
(Continuation	Sheet)
Payments Mad	de .

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SCHEDULE E (	CONT.)

Statement covers period	CALIFORNIA 160			
from01/17/2021	FORM TOU			
through 02/13/2021	Page 9 of 14			
	I.D. NUMBER			
	1435232			

NAME OF FILER

Somilleda for College Board 2021

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
СТВ	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

ID independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor PRO professional services (legal, accounting) VOT voter registration

LIT campaign literature and mailings PRT print ads WEB information tech

WEB 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
eFundraising Solutions	OFC	Processing Fee	22.2
Sacramento, CA 95816			
eFundraising Solutions	OFC	Processing Fee	14.5
Sacramento, CA 95816			
eFundraising Solutions	OFC	Processing Fee	2.7
Sacramento, CA 95816			
eFundraising Solutions	OFC	Processing Fee	11.1
Sacramento, CA 95816			
eFundraising Solutions	OFC	Processing Fee	14.5
Sacramento, CA 95816			
,			

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

SUBTOTAL \$

65.13

## Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA 160			
from01/17/2021	FORM 400			
through02/13/2021	Page10 of14			
	I.D. NUMBER			
	1435232			

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Somilleda for College Board 2021

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
СТВ	contribution (explain nonmonetary)*	OFC	office expenses	ŞAL	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

legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings

PRT print ads WEB 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
eFundraising Solutions	OFC	Processing fee	5.00
Sacramento, CA 95816			
eFundraising Solutions	OFC	Processing Fee	4.96
Sacramento, CA 95816			
eFundraising Solutions	OFC	Processing Fee	5.00
Sacramento, CA 95816			
eFundraising Solutions	OFC	Processing Fee	1.85
Sacramento, CA 95816			
eFundraising Solutions	OFC	Processing Fee	2.75
Sacramento, CA 95816			

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

SUBTOTAL \$

Schedule E	
(Continuation S	Sheet)
Payments Made	• · ·

## Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.
Statement covers period	CALIFORNIA 460
from01/17/2021	FORM 400
through 02/13/2021	Page11 of14
	I.D. NUMBER

1435232

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Somilleda for College Board 2021

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. RFD returned contributions CNS campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)\* office expenses SAL campaign workers' salaries OFC CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs PHO phone banks TRC candidate travel, lodging, and meals candidate filing/ballot fees FIL FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals postage, delivery and messenger services transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* ND LEG legal defense 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Solutions	OFC		11.75
Sacramento, CA 95816			
eFundraising Solutions	OFC	Processing Fee	16.71
Sacramento, CA 95816			
eFundraising Solutions	OFC	Processing Fee	11.75
Sacramento, CA 95816			
MJE Strategic, LLC	CNS	Website services	600.00
Fremont, CA 94536			
Yolanda Miranda & Assoc.	PRO		300.00
Covina, CA 91722			

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 940.21

Schedule E (Continuation Sheet)	Amounts may be rounded	Statement covers period
Payments Made	to whole dollars.	from01/17/2021

SEE INSTRUCTIONS ON REVERSE	through 02/13/2021	Page of14
NAME OF FILER		I.D. NUMBER
Somilleda for College Board 2021		1435232
CODES: If one of the following codes accurately describes the payment, you may enter the code. Other	rwise, describe the payment.	

CMP campaign paraphernalia/misc. RAD radio airtime and production costs MBR member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PET TRC candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks FIL TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor professional services (legal, accounting) LEG legal defense PRO VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OI	DESCRIPTION OF PAYMENT	AMOUNT PAID
Yolanda Miranda & Assoc.	POS	$\neg$		2.30
Covina, CA 91722				
		$\dashv$		
				٤/٠٠
•				

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

SUBTOTAL \$

Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA 160
from01/17/2021	FORM 400
through02/13/2021	Page 14 of 14
	I.D. NUMBER

1435232

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Somilleda for College Board 2021

NAME OF AGENT OR INDEPENDENT CONTRACTOR

302 Communications Group LLC

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
ЦΤ	campaign literature and mailings	PRT	print ads	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
Aaron Thomas & Assoc. Inc.	LIT	Sub-vendor: U.S. Postal Services \$595.79	2,492.16
Chatsworth, CA 91311			1
Political Data, Inc.	LIT	Data	226.99
Norwalk, CA 90652			
Political Data, Inc.	PHO	Phone list	218.63
Norwalk, CA 90652			
Political Data, Inc.	LIT	Data	97.42
Norwalk, CA 90652			
	<u> </u>		
Attach additional information on appropriately labeled continuation sheets.		TOTAL*	\$ 3,035.20

<sup>\*</sup> 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.