Recipient Committe Campaign Stateme Cover Page				Date Stamp CALIFORNIA 46						
SEE INSTRUCTIONS ON REVERS	E	from 0	1/01/2021 06/30/21	Date of election if applicable: OS ANGELES COUNT Page 1 of 4  (Month, Day, Year)  OS ANGELES COUNT Page 1 of 4  For Official Use Only						
Type of Recipient Cor	nmittee: All Committees			2. Type of Statement:						
✓ Officeholder, Candidate (  State Candidate Electric Recall (Also Complete Part 5)  General Purpose Commit Sponsored Small Contributor Coi Political Party/Centra	Controlled Committee tion Committee  ttee mmittee	Primarily F Committee Control Sponso (Also Complete F	ormed Ballot Measure lled ored art 6) ormed Candidate/ er Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)						
3. Committee Information	on	1.D. NUMBER 1410611		Treasurer(s)						
Jorge Tirado 4 Norwalk I	a Mirada Unified School	- Alberta Carlo Ca	22	NAME OF TREASURER  Jorge A. Tirado  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHO						
CITY	STATE ZI	P CODE	AREA CODE/PHONE	La Mirada CA 90638 562 652 9536						
La Mirada	CA 9	0638	562 652 9536							
MAILING ADDRESS (IF DIFFERE	ENT) NO. AND STREET OR P.O	. BOX		MAILING ADDRESS						
CITY	STATE Z	PCODE	AREA CODE/PHONE	CITY STATE ZIP CODE AREA CODE/PHO						
OPTIONAL: FAX / E-MAIL ADDR	ESS			OPTIONAL: FAX / E-MAIL ADDRESS						
Verification     I have used all reasonable discertify under penalty of perjuit     08/01/20	y under the laws of the Sta		that the fore	in and in the attached schedules is true and complete.						
Executed on <u>08/01/20</u>			Ву	rer						
Executed on $\frac{08/01/20}{}$	Date Date		Ву	t or Responsible Officer of Sponsor						
Executed on	Date		Ву	easure Proponent						

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_

Date

FPPC Form 460 (Jan/2016))

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

## Recipient Committee Campaign Statement Cover Page — Part 2

CALIFOR FORM	NIA 460
Page 2	of <sup>4</sup>

Officeholder or Candidate Controlled Committee					NAME OF DALL OF MEASURE							
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE							
Jorge A. Tirado						Turnishis						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)					BALLOT NO. OR LETTER	JURISDICTION		SUPPORT				
Norwalk La Mirada Unified School District Boad	of Governance				1			OPPOSE				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP									
La Mirada			90638		Identify the controlling office	date, or state measure p	roponent, if any.					
					NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT							
Related Committees Not Included in this S	tatoment: 14											
not included in this statement that are controlled by you					OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY				
contributions or make expenditures on behalf of your ca	andidacy.											
COMMITTEE NAME	I.D. NUMBER											
	i.b. Wolliber											
				_								
NAME OF TREASURER					Drimarily Formad Can	elie ata /f Milia						
NAME OF TREASURER	CONTROLLE	D COMM	IITTEE?	7.	officeholder(s) or candidate(s	) for which this	eholder Committee	List names of rmed.				
NAME OF TREASURER	CONTROLLE	D COMM		7.	officeholder(s) or candidate(s	) for which this	committee is primarily fo	List names of rmed.				
COMMITTEE ADDRESS STREET ADDRESS (NO P.	☐ YES			7.	officeholder(s) or candidate(s	) for which this	OFFICE SOUGHT OR HE	rmed.				
	☐ YES			7.	officeholder(s) or candidate(s	) for which this	committee is primarily fo	ELD SUPPORT				
COMMITTEE ADDRESS STREET ADDRESS (NO P.	YES O. BOX)	□ NO		<i>r</i> .	NAME OF OFFICEHOLDER OR	) for which this	OFFICE SOUGHT OR HE	SLD SUPPORT OPPOSE				
COMMITTEE ADDRESS STREET ADDRESS (NO P.	YES O. BOX)	□ NO	0	<i>i</i> .	officeholder(s) or candidate(s	) for which this	committee is primarily fo	SLD SUPPORT OPPOSE				
COMMITTEE ADDRESS STREET ADDRESS (NO P. C	YES O. BOX)	☐ NO	0	<i>i</i> .	NAME OF OFFICEHOLDER OR	) for which this	OFFICE SOUGHT OR HE	SUPPORT OPPOSE				
COMMITTEE ADDRESS STREET ADDRESS (NO P. C	YES O. BOX)	☐ NO	0	<i>i</i> .	NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE SUPPORT OPPOSE				
COMMITTEE ADDRESS STREET ADDRESS (NO P. C	YES O. BOX)	☐ NO	0	7.	NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE SLD SUPPORT OPPOSE SLD SUPPORT				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIE	YES O. BOX)	AREA CO	DDE/PHONE	,	NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HE  OFFICE SOUGHT OR HE  OFFICE SOUGHT OR HE	SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT OPPOSE  OPPOSE				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIE	P CODE  I.D. NUMBER  CONTROLLE	AREA CO	DDE/PHONE	,	NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT OPPOSE  OPPOSE				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIE  COMMITTEE NAME  NAME OF TREASURER	P CODE  I.D. NUMBER  CONTROLLE  YES	AREA CO	DDE/PHONE	,	NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HE  OFFICE SOUGHT OR HE  OFFICE SOUGHT OR HE	SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIE	P CODE  I.D. NUMBER  CONTROLLE  YES	AREA CO	DDE/PHONE	,	NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HE  OFFICE SOUGHT OR HE  OFFICE SOUGHT OR HE	SUPPORT OPPOSE  LD SUPPORT OPPOSE  LD SUPPORT OPPOSE  LD SUPPORT				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.  CITY STATE ZIE  COMMITTEE NAME  NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	P CODE  I.D. NUMBER  CONTROLLE  YES  O. BOX)	AREA CO	DDE/PHONE	,	NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HE  OFFICE SOUGHT OR HE  OFFICE SOUGHT OR HE	SUPPORT OPPOSE  LD SUPPORT OPPOSE  LD SUPPORT OPPOSE  LD SUPPORT				

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/21 CALIFORNIA FORM 460

through 06/30/21 Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jorge Tirado 4 Norwalk La Mirada Unified School District Board 2022

Year Summary for Candidate

Contributions Received		COLUMN A TOTAL THIS PERIOD (FROM ATTACHED 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 Schedule A, Line 3	\$	0.00	\$	0.00	1/1 through 6/30 7/1 to Date			
2. Loans Received Schedule B, Line 3		0.00		3450.00	(Enterodynation of Protection) Contraction Contraction			
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	3450.00	20. Contributions Received \$ \$			
4. Nonmonetary Contributions		0.00		0.00	21. Expenditures			
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	0.00	\$	3450.00	Made \$ \$			
Expenditures Made					Expenditure Limit Summary for State			
6. Payments Made Schedule E, Line 4	\$	0.00	\$	0.00	Candidates			
7. Loans Made		0.00		0.00				
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	0.00	\$	0.00	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)			
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election Total to Date			
10. Nonmonetary Adjustment		0.00		0.00	(mm/dd/yy)			
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	0.00	\$	0.00	\$			
Current Cash Statement			Т		\$			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	(-50.00)	То	calculate Column B.				
13. Cash Receipts Column A, Line 3 above		0.00	ad	d amounts in Column				
14. Miscellaneous Increases to Cash		0.00		to the corresponding nounts from Column B	*Amounts in this section may be different from amounts reported in Column B.			
		0.00		your last report. Some nounts in Column A may	Toponica in Column 5.			
16. ENDING CASH BALANCE	\$	(-50.00)	be	negative figures that				
If this is a termination statement, Line 16 must be zero.			pre	ould be subtracted from evious period amounts. If				
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	file	is is the first report being and for this calendar year, ally carry over the amounts				
Cash Equivalents and Outstanding Debts		0.00	fro	om Lines 2, 7, and 9 (if yy).				
18. Cash Equivalents See instructions on reverse	\$	0.00						
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	3450.00			FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-377; www.fppc.ca.go			

Schedule B – Part 1 Loans Received	An	to whole dollars			Statement coverage from 01/01/2021	ers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through 06/30/2021		Page 4	of <u>4</u>
NAME OF FILER								
Jorge Tirado 4 Norwalk La Mirada Unified Sc	hool District 2022						1410611	
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
Jorge A. Tirado La Mirada, CA 90638	Engineer WA Benjamin Electric	900	s 0.00	PAID  \$ 0.00  FORGIVEN	\$ 900.00 None	0 % RATE	s_900.00 9/11/18	\$ 0.00  PER ELECTION**
TO IND COM OTH PTY SCC					DATE DUE		DATE INCURRED	
Jorge A. Tirado  La Mirada, CA 90638   ↑ ☑ IND □ COM □ OTH □ PTY □ SCC	Engineer WA Benjamin Electric	2300	\$	\$ 0.00    FORGIVEN	\$ 2300.00 None	0 RATE %	\$_2300.00 8/9/18 DATE INCURRED	\$ 0.00  PER ELECTION**
Jorge A. Tirado  La Mirada, CA 90638	Engineer WA Benjamin Electric			PAID  \$ 0.00  FORGIVEN	\$ <u>250.00</u>	0 RATE	\$ 250.00	s 0.00
†☑IND □ COM □ OTH □ PTY □ SCC		\$	s_0.00	\$	None DATE DUE	s_0.00	10/9/18	s_0.00
<u> </u>		SUBTOTALS \$	0.00	0.00	\$ 3450.00	\$ 0.00		ALVERSON.
Schedule B Summary  1. Loans received this period	ns of less than \$100.)  00 paid or forgiven.)  at are also itemized on Schele 2 from Line 1.)	edule A.)		\$ <u>0.0</u>	0		†Contributor Codes IND – Individual COM – Recipient C	ommittee PTY or SCC) business entity)

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

\*\* If required.

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(May be a negative number)