SEE INSTRUCTIONS ON REVERSE    Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.   Primarily Formed Ballot Measure Controlled C	- '				COVER PAGE
SEE INSTRUCTIONS ON REVERSE  Trough   12/31/22   11/08/	Campaign Statement Cover Page			RECEIVED BY	FORM 400
1. Type of Recipient Committee: All committees - Complete Parts 1, 2, 3, and 4.    State Committee   Complete Parts 1, 2, 3, and 4.			(Month, Day, Year)	(4) NO	For Official Use Only
Prelection State Candidate Controlled Committee   Co	SEE INSTRUCTIONS ON REVERSE	through 12/31/22	11/08/22		01000=
State Candidate Election Committee Recall Recall Recall Recall Recommendate Purpose Committee Springhold Committee Information Recall Recall Recommendate Purpose Committee Springhold Committee Information Recall Recommendate Reco	1. Type of Recipient Committee: All Committees	s – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Jorge Tirado 4 Norwalk La Mirada Unified School District 2022  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  La Mirada CA 90638 562 652 9536  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODE AREA CODE/PHONE  La Mirada CA 90638 562 652 9536  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODE 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 reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California t  Executed on 01/30/22  Date  Executed on 01/30/22  Executed on 01/30/22  Date  Executed on 01/30/22  Executed on 01/30/22  Executed on 01/30/22  Date  Executed on 01/30/22	State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	Committee Controlled Sponsored (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee	Semi-annual Statement Termination Statement (Also file a Form 410 Term	nination)	Quarterly Statement Special Odd-Year Report
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE)  Jorge Tirado 4 Norwalk La Mirada Unified School District 2022  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  La Mirada CA 90638 562 652 9536  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODE AREA CODE/PHONE  La Mirada CA 90638 562 652 9536  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX / E-MAIL ADDRESS  OPTIONAL: FAX / E-MAIL ADDRESS  OPTIONAL: FAX / E-MAIL ADDRESS  4. Verification  I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California t  Executed on 01/30/22 Date 01/30/22  Date 01/30/22 Date Executed on Date  Executed on Date  Executed on Date  Executed on Date  Executed on Date  Executed on Date  Date  Executed on Date	3. Committee Information		Treasurer(s)		
STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  La Mirada CA 90638 562 652 9536  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODE AREA CODE/PHONE  La Mirada CA 90638 562 652 9536  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  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 reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California t  Executed on O1/30/22  Date  Executed on Date  Date  Executed on Date  Date  Date  Executed on Date  Date  Executed on Date  Date  Executed on Date  Date  Date  Date  Date	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMIT		NAME OF TREASURER		
STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  La Mirada CA 90638 562 652 9536  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODE AREA CODE/PHONE  La Mirada CA 90638 562 652 9536  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  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 reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California t  Executed on O1/30/22  Date  Executed on Date  Date  Executed on Date  Date  Date  Executed on Date  Date  Executed on Date  Date  Executed on Date  Date  Date  Date  Date	Jorge Tirado 4 Norwalk La Mirada Unified Scho	ol District 2022	Jorge A Tirado		
La Mirada CA 90638 562 652 9536  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX / E-MAIL ADDRESS  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 reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California t  Executed on O1/30/22  Date  Executed on Date	, 0				
La Mirada CA 90638 562 652 9536  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX / E-MAIL ADDRESS  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 reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California t  Executed on O1/30/22  Date  Executed on Date					
CITY STATE ZIP CODE AREA CODE/PHONE  La Mirada CA 90638 562 652 9536  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  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 reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California t  Executed on 01/30/22  Executed on Date	STREET ADDRESS (NO P.O. BOX)		CITY		IP CODE AREA CODE/PHONE
La Mirada  CA 90638 562 652 9536  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  MAILING ADDRESS  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 reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California t  Executed on 01/30/22  Executed on 01/30/22  Date  Executed on Date					90638 562 652 9536
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  MAILING ADDRESS  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 reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California t  Executed on O1/30/22  Date  Executed on Date	CITY STATE 2	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER	R, IF ANY	
CITY STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX / E-MAIL ADDRESS  OPTIONAL: FAX / E-MAIL ADDRESS  OPTIONAL: FAX / E-MAIL ADDRESS  4. Verification  I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California t  Executed on 01/30/22  Date  Executed on Date		90638 562 652 9536			
OPTIONAL: FAX / E-MAIL ADDRESS  OPTIONAL: FAX / E-MAIL ADDRESS  4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California t  Executed on O1/30/22  Executed on Date  Executed on Date  Executed on Date  Executed on Date	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	O. BOX	MAILING ADDRESS		
4. Verification  I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California t  Executed on O1/30/22  Executed on Date  Executed on Date  Executed on Date  Executed on By	CITY STATE 2	ZIP CODE AREA CODE/PHONE	CITY	STATE Z	IP CODE AREA CODE/PHONE
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California t  Executed on	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	S	
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California t  Executed on	A Varification				
certify under penalty of perjury under the laws of the State of California t  Executed on O1/30/22  Executed on Date  Executed on Date  Executed on Date		wiewing this statement and to the best of m	v knowledge the information contained he	erein and in the attached	d schedules is true and complete. I
Executed on O1/30/22  Executed on Date  Executed on Date  Executed on Date			y knowledge the information contained in		, conceded to the difference.
Executed on					
Executed on	Date				
Executed on By	Executed on	-			
Executed on By Signature of Controlling Officeholder, Candidate, State Measure Proponent	Executed on	-			
	Executed on	Ву	Signature of Controlling Officeholder, Candidate, Stat	te Measure Proponent	SDDC Source 450 (100 /2015))

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	GE - PART 2
CALIFORNIA FORM	460
Page 2	14/8

AME OF OFFICEHOLDER OR CANDIDATE		NAME O	F BALLOT MEASURE				
orge A. Tirado							
FFICE SOUGHT OR HELD (INCLUDE LOCATION AN	ND DISTRICT NUMBER IF APPLICABLE)	BALLOT	NO. OR LETTER	JURISDICTI	ON		SUPPORT
Norwalk La Mirada Unified School District I	Boad of Governance						OPPOSE
ESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	EET) CITY STATE ZIP  La Mirada CA 90638	Identify	the controlling office	ceholder, candi	date, or state	measure propo	nent, if any.
		NAME O	F OFFICEHOLDER, C	CANDIDATE, OR F	PROPONENT		
Related Committees Not Included in the of included in this statement that are controlled be ontributions or make expenditures on behalf of your controlled by the contributions or make expenditures on behalf of your contributions.	y you or are primarily formed to receive	OFFICE	SOUGHT OR HELD			DISTRICT NO. I	FANY
OMMITTEE NAME	I.D. NUMBER						
OMMITTEE NAME	I.D. NUMBER						
OMMITTEE NAME  AME OF TREASURER	I.D. NUMBER  CONTROLLED COMMITTEE?	7. Prima	rily Formed Car	ndidate/Offic	eholder Co	ommittee List	t names of
AME OF TREASURER	CONTROLLED COMMITTEE?	officeho	older(s) or candidate(	(s) for which this	committee is	primarily formed	t names of
	CONTROLLED COMMITTEE?	officeho	rily Formed Car older(s) or candidate(	(s) for which this	committee is	ommittee List primarily formed	l. T_
AME OF TREASURER	CONTROLLED COMMITTEE?	NAME O	older(s) or candidate(	(s) for which this	OFFICE SOL	primarily formed	SUPPORT OPPOSE
AME OF TREASURER  OMMITTEE ADDRESS STREET ADDRESS ()  ITY STATE	CONTROLLED COMMITTEE?  YES NO NO P.O. BOX)  ZIP CODE AREA CODE/PHONE	NAME O	older(s) or candidate(	(s) for which this	OFFICE SOL	primarily formed	SUPPORT OPPOSE
AME OF TREASURER  OMMITTEE ADDRESS STREET ADDRESS (	CONTROLLED COMMITTEE?  YES NO NO P.O. BOX)	NAME O	older(s) or candidate(	R CANDIDATE	OFFICE SOL	primarily formed	SUPPORT OPPOSE SUPPORT OPPOSE
AME OF TREASURER  OMMITTEE ADDRESS STREET ADDRESS ()  ITY STATE	CONTROLLED COMMITTEE?  YES NO NO P.O. BOX)  ZIP CODE AREA CODE/PHONE	NAME O	older(s) or candidate(	R CANDIDATE  R CANDIDATE  R CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

## **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

SUMMARY PAGE

through 12/31/22 CALIFORNIA FORM 460

through 12/31/22 Page 3 of 15 I.D. NUMBER 1410611

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

www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jorge Tirado 4 Norwalk La Mirada Unified School District Board 2022

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
1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$\\\ \frac{10.00}{6115.00} - \frac{6}{16} \\ \frac{6115.00}{6415.00} - \frac{98}{6} \\ \frac{6415.00}{6415.00} - \frac{63}{53} \\ \frac{16415.00}{6353} - \frac{63}{53} \\ \frac{635}{6415.00} - \frac{63}{53} \\ \frac{635}{6353} - \frac{635}{6	\$\frac{175.00}{16231.00}\$ \$\frac{16406.00}{0.00}\$ \$\frac{16406.00}{0.00}\$	General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$  21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made	0.00	\$\frac{12844.00}{0.00}\$ \$\frac{12844.00}{0.00}\$ \$\frac{0.00}{0.00}\$ \$\frac{12844.00}{0.00}\$	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)
Current Cash Statement  12. Beginning Cash Balance	\$\frac{2163.00}{6415.00} \cdot 6353} \frac{0.00}{8516.00} \$\frac{0.00}{62.00} \cdot 0.00	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 the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 8450.00 0,00		FPPC Form 460 (Jan/2016))

### Schedule A Monetary Contributions Received

3. Total monetary contributions received this period.

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

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA 4

Statement covers period

,				from 10/23/	12022	FC	RM 400
SEE INSTRUCTION	ONS ON REVERSE			through	12022	Page .	4 of 8
NAME OF FILER						I.D. NUI	MBER
Jarge 7	Trado 4 Norwalk La Minda Unitied	School Dis	hirt 2022				
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 CALENDAI (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
12/31/22	Sorge A. Tiredo, La Mirada, (A 40638	☑ND □COM □OTH □PTY □SCC	Engineering  Engineering	5,000			
12/31/22	Songert. Tirado. La Mirada, CA 90638	IND COM OTH SCC	Ensineering  Ensineering	1366			
12/3422	Jorge A. Tirado La Mirada, CA 90638	ØJND □ COM □ OTH □ PTY □ SCC	Engineering Engineering	6415			
14/31/22	Jorge A. Tirado 190638 La Mirada CA Jorge A. T. do	IND COM OTH SCC	Ensincer profession   Ensincering	838			
12/31/22	Jorge A.T. 10 La Mirada CA 90638	☐ COM ☐ OTH ☐ PTY ☐ SCC	Ensincer Emfee Professional Engineering	2300			
			SUBTOTAL S	15, 919			
Amount re (Include al	A Summary eceived this period – itemized monetary contribution Il Schedule A subtotals.)			16,169	IN C	(other t TH – Other ( TY – Politica	al ent Committee than PTY or SCC) e.g., business entity)

FPPC Form 460 (Jan/2016)) e@fppc.ca.gov (866/275-3772)

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

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

				through 12/3	1/22	Page	5 of 8
NAME OF FILER  Sorge 7	Trado 4 Norvalla La Minda Unived	S. hool Dis	stn = + 2022			I.D. NUM	MBER
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 CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
12/31/22	Jorge A-Tirada La Mirada CA 90638	IND COM OTH PTY	Engineer professional	250			
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$ 250.00			

\*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

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

Statement covers period

Schedule B – Part 1 Loans Received		to whole dollars	<b>3.</b>		Statement covers period from 10/23/22		california 460		
SEE INSTRUCTIONS ON REVERSE					through	2	Page £ 6	of 8 8	
NAME OF FILER							1.D. NUMBER		
Jorge Tirado 4 Norwalk La Mirada Unified Sch	nool 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	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Jorge A. Tirado  La Mirada, CA 90638   ↑ ☑ IND □ COM □ OTH □ PTY □ SCC	Engineer emfee Professional Engineering	\$_5000.00	\$	\$ 0.00 \$ 0.00 \$ FORGIVEN \$ 5000	None  DATE DUE	0_% RATE	\$_5000.00 9/11/22 DATE INCURRED	\$PER ELECTION**	
Jorge A. Tirado  La Mirada, CA 90638   ↑ ☑ IND □ COM □ OTH □ PTY □ SCC	Engineer emfee Professional Engineering	1366	\$	9.00 9.00 FORGIVEN 1366	None  DATE DUE	0 % RATE %	\$_1366.00 \$_10/17/22 DATE INCURRED	\$ PER ELECTION**	
Jorge A. Tirado  La Mirada, CA 90638  TIMIND COM OTH PTY SCC	Engineer emfee Professional Engineering	\$	\$_6415.00	□ PAID \$  FORGIVEN  6415	None DATE DUE	0 RATE	\$_6415 	CALENDAR YEAR  \$  PER ELECTION**  \$	
		SUBTOTALS \$	6415	\$ 12781	\$ 0	\$ 0.00			
1. Loans received this period	s of less than \$100.)  00 paid or forgiven.)  t are also itemized on Sche	edule A.)		s = 12	15 <del>781</del> /6 23   <del>760</del> - 9 8   6 flay be a negative number)		Contributor Codes ND – 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.

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

### Schedule B - Part 1

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

\*\* If required.

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Schedule B – Part 1 Loans Received		to whole dollars	3.		Statement cov	ers period	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				1	through _12/31/2	2	Page 7	of # 8	
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 PAI OR FORGIVE THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Jorge A. Tirado  La Mirada, CA 90638   ↑ ✓ IND □ COM □ OTH □ PTY □ SCC	Engineer WA Benjamin Electric	\$ <u>900</u>	\$_0.00	FORGIVEN \$ 62.00	•——	0 % RATE %	\$ 900.00 9/11/18 DATE INCURRED	\$ 0.00  PER ELECTION**	
Jorge A. Tirado  La Mirada, CA 90638  ↑ ✓ IND □ COM □ OTH □ PTY □ SCC	Engineer WA Benjamin Electric	2300	\$ <u>0.00</u>	\$\frac{0.00}{0.00}\$  FORGIVEN \$\frac{2300.00}{0.00}\$	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	\$_250	8_0.00	▼ PAID \$ 0.00 ▼ FORGIVEN \$ 250.00	None DATE DUE	0 % RATE	\$_250.00 10/9/18 DATE INCURRED	\$ 0.00  PER ELECTION **  \$ 0.00	
	9	SUBTOTALS \$	0.00	3450.00	\$ 0.00	\$ 0.00			
Schedule B Summary  1. Loans received this period	ns of less than \$100.) 00 paid or forgiven.) t are also itemized on Sche	edule A.)		\$	60- F 1 150.00-	C	Contributor Codes ND – Individual COM – Recipient C	ommittee PTY or SCC) business entity)	

Statement covers period

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

Schedule E	
Payments	Made

Amounts may be rounded to whole dollars.

Statement covers period from 10/23/22 CALIFORNIA 460 FORM Page 88 of 8

SEE	INSTRU	ICTIONS	ON	REVERSE
	11401111	,01.01.0		

NAME OF FILER

Jorge Tirado 4 Norwalk La Mirada Unified School District 2022

1.D. NUMBER 1410611

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/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 petition circulating CVC civic donations PET TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees TRC candidate travel, lodging, and meals PHO phone banks FND fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Mitchell Publishing and Milers , Los Angeles, CA 90033	LIT	LIT	8516.00

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

**SUBTOTAL \$ 8516.00** 

0516 AA

#### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$_	0510.00
2. Unitemized payments made this period of under \$100	\$_(	0.00
	\$ (	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A. Line 6.)	\$	8516.00

Statement of Organization Recipient Committee				Date Stamp	FOR	CALIFORNIA 410	
Statement Type	Initial  Not yet qualified or Date qualification threshold met  Date qualification threshold met		et Date of termination	JAN 31 PM 3 23	3	or Official Use Only	
	e Information I.D. Nui			2. Treasurer and Other Principal Officers			
Jong e Time	do 4 Nowalk La Mira	la Unified School Dista	NAME OF TREASURER  TO 15 A  STREET ADDRESS (NO P.O. BOX)	Timdo			
STREET ADDRESS (NO P.C	D. BOX)		CITY / M S and do		ATE ZIP CODE	AREA CODE/PHONE 2 652 9536	
CITY	STATE	ZIP CODE AREA CODE/PHONE			38 562	2 632 7336	
FULL MAILING ADDRESS		638 562 652 95	STREET ADDRESS (NO P.O. BOX)				
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)			CITY	ST	TATE ZIP CODE	AREA CODE/PHONE	
COUNTY OF DOMICILE	JURISDICTION WHE	RE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S	5)			
			STREET ADDRESS (NO P.O. BOX)				
Attach addition	al information on appropriat	ely labeled continuation sheets.	СІТУ	ST	TATE ZIP CODE	AREA CODE/PHONE	
3. Verification	on						
I have used all r penalty of perju	ury under the laws of the State	ring this statement and to the b	pest of my knowledge the inform	ation contained herein	is true and complete	e. I certify under	
Executed on	1/3//2023 B						
Executed on	1/3//2023 B						
Executed on	DATE By	SIGNATURE OF CO	ONTROLLING OFFICEHOLDER, CANDIDATE, OR STAT	E MEASURE PROPONENT			
Executed on	Ву	SIGNAL ORE OF CO	OF THE HOLDER, GROWALE, OR SIA!	a managent ritor order			
	DATE	SIGNATURE OF CO	ONTROLLING OFFICEHOLDER, CANDIDATE, OR STAT	E MEASURE PROPONENT			