9/29/22 3

Recipient Committee	T)	ype or print in ink.			COVER PAGE
Campaign Statement	•		Date Sta	imp CA	LIFORNIA 2001/02
			Date Sta RECEIV LDS ANGELE	EDBY	1001/02 460 FORM
Cover Page		·	FA2 VACETE	S COUNTY	ge <u>1</u> of <u>13</u>
(Government Code Sections 84200-84216.5)	Statement covers period	- mer or orestant in explanation			
,	from 7/1/2022	(Month, Day, Year)	2022 OCT -3	PM 12: 42	For Official Use Only
	9/24/2022	11/8/2022	1		
SEE INSTRUCTIONS ON REVERSE	through		_CAMPAIGN	FINANCE	
Type of Recipient Committee: All Committees - Complete Pa	rts 1, 2: 3; and 4.	2. Type of Statement:	1		:
	- 479150m - 1 20m	6.	,	По	t. Otal
	Primarily Formed Ballot Measure Committee		2		rly Statement
	Ocontrolled	Semi-annual Statement Termination Statement		_ '	Ödd-Year Report mental Preelection
(Also Complete Part 5)	O Sponsored	(Also file a Form 410 Term	ination)		ent - Attach Form 495
General Purpose Committee	(Also Complete Part 6)	☐ Amendment (Explain below	v)	O.C.	7.11.00.11.01.11.100
Sponsored	Primarily Formed Candidate/	2h.			
O Small Contributor Committee	Officeholder Committee				
O Political Party/Central Committee	(Also Complete Part 7)				
TO THE STATE OF TH	I.D. NUMBER			·	
3. Committee Information	1370717	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	7	NAME OF TREASURER GILBERT R. VASQUEZ	ing A. Nagara		•
LOS ANGELES LATINO CHAMBER OF COMMERCE PAC			1.4		
i de giller		MAIFINIC ADDRESS	1,		
•			7 - 4		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
655 N. CENTRAL AVE. STE. 1550		GLENDALE	CA	91203	(213) 873-1700
CITY STATE ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, I	FANY		
GLENDALE CA 91203	(213) 347-0008	•			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	± ·=.		
(213) 652-1966 / G_VASQUEZ@VASQUEZCPA.COM		0 3 4 4 4			
		The state of the s	10.2		
4. Verification					
I have used all reasonable diligence in preparing and reviewing this	statement and to the best of my knowle	edge the information contained herein and in the	e attached schedules is	true and complete.	I certify
under penalty of perjury under the laws of the State of California that		/41/			, ,
Executed on 9/29/2022	By	4/Waran		_	
Date	-,	Signature of Treasurer or Assistant Treaturer		_	
Executed on	BySignature of Con	strolling Officeholder, Candidate, State Measure Proponent or Res	consible Officer of Sponsor		
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure I	transpect		
Executed on	Ву			_	FPPC Form 460 (January/05)
Date	•	Signature of Controlling Officeholder, Candidate, State Measure F	roponent	FPPC Toll-Free H	telpline: 866/ASK-FPPC (866/275-3772)

Recipient Committee Campaign Statement Cover Page - Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 13

Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ballot Measu	ure Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE ,		· · · · · ·	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APP	LICABLE)		BALLOT NO. OR LETTER JUF	RISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP		Identify the controlling officeholde	er, candidate, or state n	neasure p	roponent, if any.
Related Committees Not Included in this Statement: List not included in this statement that are controlled by you or are primarily formed to	t any committees		NAME OF OFFICEHOLDER, CANDIDATE, OR F	PROPONENT .	-	
not included in this statement that are controlled by you or are primarily formed to contributions or make expenditures on behalf of your candidacy.	o receive		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER	14.		- A		
NAME OF TREASURER	CONTROLLED COMMITTEE?		Primarily Formed Candidate/O officeholder(s) or candidate(s) for which this			ist names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	AREA CODE/PHONE		Attach continu	uation sheets if necess	ary	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 7/1/2022	california form 460
through 9/24/2022	Page 3 of 13
,	I.D. NUMBER 1370717

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LOS ANGELES LATINO CHAMBER OF COMMERCE PAC

Contributions Received	Column A TÖTAL 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	\$5,000.00	\$5,000.00	General Elections
2. Loans Received	\$0.00	\$0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$5,000.00	\$5,000.00	Received
4. Nonmonetary Contributions	\$0.00	\$0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED	\$5,000.00	\$5,000,00	Made
Expenditures Made 6. Payments Made Schedule E, Line 4	\$3,348.00	\$9,148,00	Expenditure Limit Summary for State Candidates
7. Loans Made	\$000	\$0:00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS	\$3,348.00	\$9,148.00	(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	, commonly)
11. TOTAL EXPENDITURES MADE	\$3,348.00	\$9;148.00	Control of
Current Cash Statement			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$772.12	To calculate Column B, add	Amounts in this section may be different from amounts
13. Cash Receipts Column A, Line 3 above	\$5,000.00	amounts in Column A to the corresponding amount	reported in Column B.
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00	from Column B of your last report. Some amounts in	
15. Cash Payments Column A, Line 8 above	\$3,348.00	Column A may be negative	A Company
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$2,424.12	figures that should be subtracted from previous	v _{id} .
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed	
17. LOAN GUARANTEES RECEIVED	\$0.00	for this calendar year, 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	\$0.00		
19. Outstanding Debts	\$0.00		FPPC Form 460 (January/05)

Schedule A **Monetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE A
Statement covers period from 7/1/2022	FORM 460
through 9/24/2022	Page 4 of 13
	I.D. NUMBER

COLUEBIA

SEE INSTRUCTIONS ON REVERSE NAME OF FILER LOS ANGELES LATINO CHAMBER OF COMMERCE PAC 1370717 IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER AMOUNT RECEIVED THIS CUMULATIVE TO DATE PER ELECTION CONTRIBUTOR CODE* DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CALENDAR YEAR TO DATE (IF REQUIRED) RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) OF BUSINESS) 7/23/2022 VASOUEZ & COMPANY. LLP ☐ IND ☐ COM \$5,000.00 \$5,000.00 GLENDALE, CA 91203 OTH ☐ PTY ☐ scc ☐ IND COM OTH PTY SCC OTH DNI СОМ PTY SCC IND COM OTH SCC COM ☐ IND COM OTH ☐ PTY □ scc NAME OF THE OWNER OWNER OF THE OWNER OWNE SUBTOTAL \$ Schedule A Summary *Contributor Codes

1.	Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	\$5,000.00
2.	Amount received this period - unitemized monetary contributions of less than \$100	\$0.00
3.	Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	\$5,000.00

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

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA

Statement covers period

Loans Received		to wh	ole dollars.		from 7/	1/2022	FORM	460
DEF INSTRUCTIONS ON DEVERSE						9/24/2022	Page -5	of -13
SEE INSTRUCTIONS ON REVERSE NAME OF FILER LOS ANGELES LATINO CHAMBER OF COMMERCE F	PAC						I.D. NUMBER 1370717	
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*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				PAID		%		CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC	The state of the s			5-1-4-1 _K	DATE DUE		DATE INCURRED	
				PAID		%		CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
t□ IND □ COM □ OTH □ PTY □ SCC		3.6.7	# 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.414, 77, 14	DATE DUE		DATE INCURRED	
				PAID FORGIVEN		RATE %		PER ELECTION**
t□ IND □ COM □ OTH □ PTY □ SCC			Arena:		DATE DUE	<u> </u>	DATE INCURRED	
	E first size	SUBTOTAL		\$	\$		AND AND AND ASSESSMENT	
Schedule B Summary				\$0.0	00	(Enter (e) on Schedule E, Line 3)		
Loans received this period			Planning in the reach	\$0.0		IND -	tributor Codes	
Loans paid or forgiven this period	rgiven.) mized on Schedule A.)		. Sei	NET \$0.0	00	OTH PTY	- Recipient Con (other than P] - Other (e.g., bu - Political Party - Small Contribu	TY or SCC) usiness entity)
Enter the net here and on the Summary Page, Col	umn A, Line 2.			(May	y be a negative number)	<u></u>		
*Amounts forgiven or paid by another party also mu	st be reported on Schedule A.						÷	
** If required.						. FPPC	FPPC F Toll-Free Helpline: 866/A	Form 460 (January/05) ASK-FPPC (866/275-3772)

SEE INSTRUCTIONS O	tary Contributions Recei	ved	Type or print in ink. Amounts may be round to whole dollars.	ded	Statement covers from $\frac{7/1/2022}{\text{through}}$	<u> </u>	CALIFO FOR Page -	M 460
DATE RECEIVED	LATINO CHAMBER OF COMMERCE PAC 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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN. 1 - I	1370717 ATIVE TO TE AR YEAR DEC. 31)	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 additional i	information on appropriately labeled continuation	on sheets.	SÚ	BTOTAL\$	C: WARE	HEAT.,	1000	
Schedule C Su	mmary	ıtions				*Contrib	outor Code	5

1.	Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$0.00
2.	Amount received this period - unitemized nonmonetary contributions of less than \$100	\$0.00
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.)	\$0.00

IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/2022 CALIFORNIA FORM 460

Candidates, Measures and Committees	through	Page _7 of _13
NAME OF FILER LOS ANGELES LATINO CHAMBER OF COMMERCE PAC		I.D. NUMBER 1370717

DATE	NAME OF CANDIDATE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)			
7/18/2022	KATHRYN BARGER Office Description: LA COUNTY SUPERVISORJurisdiction: County LOS ANGELES	Monetary Contribution Nonmonetary Contribution	A Property of the Control of the Con	\$500.00	\$500.00				
	■ Support □ Oppose	Independent Expenditure							
8/26/2022	GABRIEL BUELNA Office Description: COMMUNITY COLLEGE BOARD, SEAT NO. 6Jurisdiction: City LOS ANGELES	Monetary Contribution	and the second s	\$1,000.00	\$1,000.00				
		Nonmonetary Contribution							
	■ Support □ Oppose	Independent Expenditure							
8/29/2022	DANIELLE SANDOVAL Office Description: LA CITY COUNCILJurisdiction: City LOS ANGELES	Monetary Contribution		\$800.00	\$800.00				
	200 14:02220	Nonmonetary Contribution							
	■ Support □ Oppose	Independent Expenditure							
			SUBTOTAL \$	a .	The second				
Schedule D	Schedule D Summary								
1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)									

1.	Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$3,300.00
2.	Unitemized contributions and independent expenditures made this period of under \$100	\$0.00
3	Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	\$3,300.00

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE D (CONT.)
Statement covers period from 7/1/2022	california form 460
from ———	
through 9/24/2022	Page 8 of 13
	I.D. NUMBER 1370717

· -	 	
NAME OF FILER LOS ANGELES LATINO CHAMBER OF COMMERCE PAC		I.D. NUMBER 1370717

DATE	NAME OF CANDIDATE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/15/2022	ROBERT HERTZBERG Office Description: SUPERVISORJurisdiction: County	Monetary Contribution		\$1,000.00	\$1,500.00	
	LOS ANGELES	Nonmonetary Contribution				
	■ Support □ Oppose	Independent Expenditure	•			
		Monetary Contribution				
		Nonmonetary Contribution	# 74.7 L			
	☐ Support ☐ Oppose	Independent Expenditure				
	С заврои С оррозе	Monetary Contribution		yr.		
		Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure				
		Monetary Contribution				
		Nonmonetary Contribution	April 1997		·	
	☐ Support ☐ Oppose	Independent Expenditure	100			
			SUBTOTAL \$			

Schedule E Payments Made

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period **CALIFORNIA** 7/1/2022 **FORM** 9/24/2022 - of 13 through _

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER 1370717 NAME OF FILER LOS ANGELES LATINO CHAMBER OF COMMERCE PAC

CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* OFC office explain of petition of p	communications and appearances benses irculating inks ad survey research delivery and messenger services nal services (legal, accounting)	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, a	action costs meals nd meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	CODE OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
SUPERVISOR KATHRYN BARGER OFFICE HOLDER ACCOUNT LOS ANGELES, CA 90071 COMMITTEE ID: 1393192	СТВ		\$500.00
BUELNA FOR COLLEGE BOARD 2022	CTB		\$1,000.00
NORWALK, CA 90650 COMMITTEE ID: 1392470			
DANIELLE SANDOVAL FOR CITY COUNCIL 2022, GENERAL	CTB		\$800.00
ENCINO, CA 91436 COMMITTEE ID: 1450022	***		,
* Payments that are contributions or independent expenditures must also be summarized on	Schedule D.	SUBTO	TAL\$
Schedule E Summary 1. Itemized payment 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 et al. (Enter amount from Schedule B, Part 1, Column et	e).)		\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summa	y Page, Column A, Line 6.)		43,040.00

Schedule E (Continuation Sheet) Payments Made

LOS ANGELES LATINO CHAMBER OF COMMERCE PAC

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period

CALIFORNIA 460

SCHEDULE E (CONT.)

m ______

Page 10 of 13

through 9/24/2022

I.D. NUMBER 1370717

CODES: If one of the following codes accurately of CMP 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	MBR member meeting OFC office ex PET petition PHO phone b POL polling a postage.	communications and appears penses circulating anks and survey res delivery and onal services of the communication	ons RAD nces RFD SAL TEL TRC	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and producti candidate travel, lodging, and m staff/spouse travel, lodging, and transfer between committees of voter registration	on costs eals meals the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DESCRIPTION	ON OF PAYMENT	AMOUNT PAID
HERTZBERG FOR SUPERVISOR 2022		СТВ			\$1,000.00
SHERMAN OAKS, CA 91423 COMMITTEE ID: 1443772					
BANK OF AMERICA	*, *, *, *, *, *, *, *, *, *, *, *, *, *		BANK FEE		\$16.00
TAMPA, FL 33622		- 194- - 194- - 194-			
BANK OF AMERICA	147.3		BANK FEE		\$16.00
TAMPA, FL 33622	Sec.				
BANK OF AMERICA		- 1	BANK FEE		\$16.00
TAMPA, FL 33622				à.	
* Payments that are contributions or independent expenditures must	also he summarized on	Schedule D		SUBTOTA	ıL\$
aymente that are continuations of independent experiorities must	arao de summanzeu dil	Occidence D.			

Schedule F **Accrued Expenses (Unpaid Bills)**

Type or print in ink. Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period 7/1/2022 **FORM**

I.D. NUMBER

1370717

through

Page 11 of 13

SCHEDULE F

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LIT

LOS ANGELES LATINO CHAMBER OF COMMERCE PAC

campaign literature and mailings

CODES:	If one of the following codes accurately	describes the payment, you may enter the code.	Otherwise, describe the payment.
		in the second se	DAD CLC LL-C

CMP	campaign paraphernalia/misc.	MRK	member communications	RAD	radio airtime and production
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

PRO professional services (legal, accounting) VOT voter registration PRT print ads

WEB information technology costs (internet, e-mail)

	And the state of t			
	-	AT .		`
,				
-	ant expenditures must also be summarized on Schedule D.			

Schedule F Summary

1	Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for		v *	
١.	accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)		INCURRED TOTALS	\$0.00
		100 Pin (a) (5 (5))		

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on \$0.00

3.	Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and	*0.00
	on the Summary Page, Column A, Line 9.)NET	\$0.00
	• •	(May be a negative number

Schedule H Loans Made to Others*		Amounts i	r print in ink. may be rounded ole dollars.		from 7/	ent covers period 1/2022 9/24/2022	CALIFORM FORM	SCHEDULE SIA 460 of 13
NAME OF FILER LOS ANGELES LATINO CHAMBER OF COMMERCE E	AC						I.D. NUMBER 1370717	
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 OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID		%		CALENDAR YEAR
				FORGIVEN	DATE DUE	RATE	DATE INCURRED	PER ELECTION
				PAID	A STATE OF THE STA	%	,	CALENDAR YEAR
g din g din Tug				FORGIVEN	DATE DUE	RATE	DATE INCURRED	PER ELECTION
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTAL	\$	\$		\$		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary		, a T						
Loans made this period (Total Column (b) plus unitemized loans of less that				\$0.0	10	-		
Payments received on loans (Total Column (c) plus unitemized payments of less	s than \$100.)			\$0	00	-		** If required.

3. Net change this period. (Subtract Line 2 from Line 1.)

Enter the net here and on the Summary Page, Column A, Line 7.

\$0.00

(May be a

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

(May be a negative number)

SEE INSTRUCTIONS ON RE	ous Increases to Cash EVERSE THO CHAMBER OF COMMERCE PAC	Type or pri Amounts may to whole	be rounded	from	covers period (2022 (24/2022	CALIFORNIA FORM 460 Page 13 of 13 I.D. NUMBER 1370717
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCR	RIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH
						,
				·		
			The state of the s		SUBTOTAL	· · · · · · · · · · · · · · · · · · ·
2. Unitemized increase	s to cash this periodses to cash of under \$100 this periodtreceived this period on loans made to others. (Schedule			\$0.0 \$0.0	00	-

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

\$0.00

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

Summary Page, Line 14.) TOTAL