1/31/226LSOVERPAGE **Recipient Committee** Date Stamp CALIFORNIA **Campaign Statement** KECEIVED # **Cover Page** LOS ANGELES CI (Government Code Sections 84200-84216.5) Date of election if applicable: Statement covers period 2022 FEB - I PM I 19 O Official Use Only (Month, Day, Year) 07/01/2021 from CAMPAIGN FINANCE 11/03/2020 12/31/2021 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Preelection Statement X Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Committee X Semi-annual Statement Special Odd-Year Report Recall Controlled Termination Statement Supplemental Preelection (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) Statement - Attach Form 495 (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) Political Party/Central Committee I.D. NUMBER Treasurer(s) Committee Information 1426641 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER DORA SANDOVAL FOR SCHOOL BOARD 2020 Cine D. Ivery MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY ZIP CODE AREA CODE/PHONE Inglewood CA 90301 (310)817-6679 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Michelle Moore Sanders 90301 (310)817-6679 Inglewood MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY CITY AREA CODE/PHONE STATE ZIP CODE STATE ZIP CODE AREA CODE/PHONE Inglewood CA 90301 (310)817-6679 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS (310)672-6679 / cine@politicalreportingplus.com Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best o and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and co JAN 3 1 2022 Executed on . JAN°3 1 2022 Executed on 2 nt or Responsible Officer of Sponsor Executed on easure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

Executed on

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
	ORNIA 460	l				
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Page _	2_ of _4	l				

Officeholder or Candidate	e Controlled C	ommittee			6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CAN	DIDATE					NAME OF BALLOT MEASURE				
Dora Sandoval										
OFFICE SOUGHT OR HELD (INCLUI	DE LOCATION AND I	DISTRICT NUMBER	R IF APPLICABL	_E)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
Board of Education Little	Lake District	5								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS	(NO. AND STREET		STATE	ZIP		Identify the controlling office	ceholder, car	ndidate, or st	ate measure p	proponent, if any.
		Inglewood	CA	90301		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT		
Related Committees Not not included in this statement the contributions or make expenditure.	at are controlled b	y you or are prin	•			OFFICE SOUGHT OR HELD			DISTRICT NO. I	F ANY
COMMITTEE NAME		I.D. NUN	IBER							
		[,	
		· .		<u></u>	7.	Primarily Formed Cand	lidate/Offic	eholder Co	mmittee <i>Li</i>	st names of
NAME OF TREASURER		1	LLED COMMIT	:		officeholder(s) or candidate(s)				
<u> </u>		☐ YE	S []`NO)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOLI	GHT OR HELD	т
COMMITTEE ADDRESS STR	REET ADDRESS (NO	P.O. BOX)				NAME OF OFFICEROLDER OR C	-	OFFICE SOU	GHT OK HELD	SUPPORT OPPOSE
CITY	STATE	ZIP CODE	AREA COL	DE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME		I.D. NUN	MBER							
		1.5. 110.1				NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER		CONTRO	DLLED COMMIT	TEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	
		YI	S NO							SUPPORT OPPOSE
COMMITTEE ADDRESS ST	REETADDRESS (NO) P.O. BOX)								
					٠,					
CITY	STATE	ZIP CODE	AREA COL	DE/PHONE		Attac	h continuatio	on sheets if r	necessary	
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Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

			MMARY PAGE
Statemen	t covers period	CALIFORNIA	460
from	07/01/2021	FORM	400
through <u>-</u>	12/31/2021	Page3 of	4
		I.D. NUMBER	
		1406644	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER DORA SANDOVAL FOR SCHOOL BOARD 2020 Column A Column B **Calendar Year Summary for Candidates** Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 0.00 1/1 through 6/30 7/1 to Date 2. Loans Received Schedule B. Line 3 0.00 0.00 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ 0.00 0.00 Received 0.00 0.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ ____ 0.00 0.00 **Expenditures Made Expenditure Limit Summary for State Candidates** \$ 258.09 7. Loans Made Schedule H, Line 3 0.00 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 250.00 258.09 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 0.00 0.00 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 258.09 **Current Cash Statement**

12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ______1, 229.82 13. Cash Receipts Column A, Line 3 above 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 250.00 979.82 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ If this is a termination statement, Line 16 must be zero. 17. I OAN GUARANTEES RECEIVED Schedule B. Part 2 \$ _____ Cash Equivalents and Outstanding Debts 0.00

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

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.

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

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Statement covers period	CALIFORNIA 160			
from07/01/2021	FORM 400			
through12/31/2021	Page4 of4			
	I.D. NUMBER			
	1426641			

DORA SANDOVAL FOR SCHOOL BOARD 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.							
OMP	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		
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		
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
Political Reporting Plus	PRO	Political Accounting - July, 2021	250.00
Inglewood, CA 90301			
			·

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 250.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	250.00
2. Unitemized payments made this period of under \$100\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	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.)	250.00