COVER PAGE **Recipient Committee CALIFORNIA** YED BY Campaign Statement **FORM Cover Page** ES COUNTY Statement covers period Date of election if applicable: (Month, Day, Year) 07/01/2023 Page from For Official Use Only 12/31/2023 through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4 2. Type of Statement: X Officeholder, Candidate Controlled Committee Quarterly Statement Primarily Formed Ballot Measure Preelection Statement Committee Special Odd-Year Report State Candidate Election Committee X Semi-annual Statement Controlled Recall Termination Statement Sponsored (Also file a Form 410 Termination) (Also Complete Part 5) (Also Complete Part 6) General Purpose Committee Amendment (Explain Below) Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) Political Party/Central Committee I.D. NUMBER 1453466 Treasurer(s) Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Jeff Brauckmann Rodriguez Moisa for Whittier Union High School Area 4 Trustee 2022 MAILING ADDRESS CITY STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE 562 322-7599 Whittler, CA 90602 AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY STATE ZIP CODE CITY 582 822-1991 Whittier, CA 90805 MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE STATE Whittier, CA 90605 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS irodmoisa@gmail.com ieffbrauckmann@gmail.com Verification I have used all reasonable diligence in preparing and reviewing this statement and to the heat of my knowledge the information contained berein 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 foreg Executed on Executed on Executed on DATE Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page - Part 2

	COV	ER PA	GE - PA	RT 2
CALIF		4 4	160	0
Page _	2	of _	13	

5. Officeholder or Candidate Controlled Co	ommittee	6. Primarily Formed Ballot	Measure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		· · · · · · · · · · · · · · · · · · ·
Ima Rodriguez Moisa OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IS ARRIVADUE)	BALLOT NO. OR LETTER JURISE	DICTION	In.
Board of Education Whittier Union High				SUPPOR
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP Thittier, CA 90602	Identify the controlling officiany.	ceholder, candidate, c	or state measure proponent, if
Related Committees Not Included in this Statem not included in this statement that are controlled by you or are make expenditures on behalf of your candidacy	NERT: List any committees primarily formed to receive contributions or	NAME OF OFFICEHOLDER, CANDIDATE,	OR PROPONENT	DISTRICT NO. IF ANY
				1
	CONTROLLED COMMITTEE?	7. Primarily Formed Candio officeholder(s) or candidate(s)	date/Officeholder Cor	mmittee List names of the is primarily formed.
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDR	CONTROLLED COMMITTEE? YES NO NO NO NESS (NO P.O. BOX)	7. Primarily Formed Candid officeholder(s) or candidate(s)	for which this committe	e is primarily formed.
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDR CITY ST	CONTROLLED COMMITTEE? YES NO RESS (NO P.O. BOX) TATE ZIP CODE AREA CODE/PHONE	officeholder(s) or candidate(s)	TE OFFICE SOUGH	T OR HELD SUPPORT OPPOSE
	CONTROLLED COMMITTEE? YES NO NO NO NESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDAT	TE OFFICE SOUGHT TE OFFICE SOUGHT	T OR HELD SUPPORT OPPOSE T OR HELD SUPPORT OPPOSE OPPOSE

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA 4 Statement covers period 07/01/2023 from 12/31/2023 3 of 13 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Rodriguez Moisa for Whittler Union High School Area 4 Trustee 2	022							1453466	
Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Y Running in	Both the	mary for (Candidates mary and	
Monetary Contributions Schedule A, Lii	103 \$	0.00	\$	0.00	General Ele	ections			
2. Loans Received	ne 3	0.00	_	0.00		1/1 thro	ugh 6/30	7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1	+2 \$	0.00	\$_	0.00	20. Contributions	\$	0.00	\$	0.00
4. Nonmonetary Contributions	ne 3	0.00	_	0.00					
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5	3+4 \$	0.00	\$_	0.00	21. Expenditures Made	\$	0.00	\$	0.00
Expenditures Made					Expenditu		Summary	for State	
6. Payments Made	4 \$	205.00	\$	545.00	Carioldates				
7. Loans Made	3	0.00		0.00			ive Expendit		
8. SUBTOTAL CASH PAYMENTS Add Lines 8 +	7 \$	205.00	\$_	545.00	,,	oubject to ve	nuntary Expend	itale Elinity	
9. Accrued Expenses (Unpaid Bills) Schedule F, Line	3	0.00		0.00			_		
10. Nonmonetary Adjustment	3	0.00	-	0.00		Election dd/yy)	1	otal to Date	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 +	10	205.00	\$_	545.00			\$		
Current Cash Statement		- 17		alculate Column B,			\$		
12. Beginning Cash Balance Previous Summary Page, Line	16	4,531.58	A to	amounts in Column the corresponding	-		_		
13. Cash Receipts Column A, Line 3 abo	ove	0.00	of yo	unts from Column B ur last report. Some			_ \$		_
14. Miscellaneous Increases to Cash	9 4	0.00	be no	unts in Column A may egative figures that ald be subtracted from			\$		_
15. Cash Payments	ove	205.00	previ	ous period amounts. If s the first report being			\$		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line	15	4,326.58	filed	for this calendar year, carry over the amounts					
If this is a termination statement, Line 16 must be zero.			from	Lines 2, 7, and 9 (if any).					
17. LOAN GUARANTEES RECEIVED Schedule B, Lli	ne 2	90.00			*Amounts in this reported in Colum		e different from	n amounts	
Cash Equivalents and Outstanding Debts									
18. Cash Equivalents See instructions on reverse	\$	4,326.58							
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00				PPC Advice		C Form 460 (Ja c.ca.gov (866/27 www.fppc	5-3772)

Powered by ISPolitical.com

SUBTOTAL \$

Schedule B - Part 1 Loans Received		Amo	ounts may be round to whole dollars.			SCHEDULE B - PAR			
					Statement covers period from 07/01/2023		FORM 460		
SEE INSTRUCTIONS ON REVERSE					through12/31/2023		Page 5	of13	
NAME OF FILER Rodriguez Moisa for Whittier Union	High School Area 4 Trust	ee 2022					1.D. NUMBER 145	3466	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF 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 OF FORGIVEN THIS PERIOD **	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS DATE	
				PAID	\$	9	\$	CALENDAR YEAR \$ PER ELECTION**	
* IND COM OTH PTY SCC		\$	\$	FORGIVEN \$	DATE DUE	RATE \$	DATE INCURRED		
Schedule B Summary									
Loans received this period (Total Column (b) plus uniternized to	pans of less than \$100)			\$	0.00	_	* Contributor Code	nq	
2. Loans paid or forgiven this period (Total Column (c) plus loans under 3 (Include loans paid by a third party the second seco	\$100 paid or forgiven)	 hedule A.)		\$	0.00	_	IND - Individual COM - Recipient C	Committee PTY or SCC) business entity)	
Net change this period. (Subtract L Enter the net here and on the Sumi				NET\$	0.00 (May be a negative num	nber)	SCC - Small Contr		

SUBTOTALS \$ \$ \$

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

(Enter (e) on Schedule E, Line 3) FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

chedule B - Part 2 oan Guarantors		Amounts may be rounded to whole dollars.		overs period 07/01/2023	CALIFORNI FORM	A460
			through	12/31/2023	Page 6	of13
INSTRUCTIONS ON REVERSE BE OF FILER Odriguez Moisa for Whittier Union High S	school Area 4 Trust	tee 2022			1.D. NUMBER 14534	466
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	IND COM		LENDER		CALENDAR DATE \$ PER ELECTION	
OTH PTY SCC	OTH PTY		DATE		(IF REQUIRED)	ľ

SUBTOTAL \$

Enter on Summary Page, Line 17 only.

Schedule (Amounts may be rounded				SCHEDULE C
Nonmonet	ary Contributions Received		to whole dollars.	Statement covers period from07/01/2023		CALIFORN FORM	
SEE INSTRUCTIONS	S ON DEVERSE			through12/31/2023 Page			of 13
NAME OF FILER	oisa for Whittier Union High School Area	a 4 Trustee 202	2			I,D, NUMBER 1453	466
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	PTION OF R SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		OTH PTY SCC					
		IND COM OTH PTY SCC					
		OTH PTY SCC					
Schedule C	Summary					* Contributor Codes	
(Include all So 2. Amount recei 3. Total nonmor	ived this period - itemized nonmonetary contributed the C subtotals.)	butions of less the	nd 10.)	\$ 0.	00	IND - Individual COM - Recipient Com (other than PT OTH - Other (e.g., but PTY - Political Party SCC - Small Contribut	Y or SCC) elness entity)
				SUBTOTAL \$		The second secon	

Schedule D Amounts may be rounded to whole dollars. SCHEDULE D **Summary of Expenditures** Statement covers period **CALIFORNIA** Supporting/Opposing Other Candidates, Measures, and Committees **FORM** 07/01/2023 from 12/31/2023 13 through I.D. NUMBER Rodriguez Moisa for Whittier Union High School Area 4 Trustee 2022 1453466 CUMULATIVE TO DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR PER ELECTION TO DATE DESCRIPTION **AMOUNT** DATE CALENDAR YEAR (IF REQUIRED) MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) THIS PERIOD TYPE OF PAYMENT OR COMMITTEE (JAN. 1 - DEC. 31) Monetary Contribution Nonmonetary Contribution Independent Expenditure Support Oppose SCHEDULE D SUMMARY 0.00 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) 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.) 0.00

SUBTOTAL \$

Schedule E	
Payments Made	

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period **CALIFORNIA** 07/01/2023 from 12/31/2023 13 through I.D. NUMBER 1453466

SEE INSTRUCTIONS ON REVERSE

Rodriguez Moisa for Whittier Union High School Area 4 Trustee 2022

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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 communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

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 PAIL
Schedule E Summary	etala)		•	0.00
. Itemized payments made this period. (Include all Schedule E subto			\$ 	205.00
3. Total interest paid this period on loans, (Enter amount from Sched	ule B, Part 1, Column (e).)		\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter he	re and on the Summary Page, Column	A, Line 6.)	OTAL \$	205.00

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

SUBTOTAL \$

Schedule F	Amounts may				SCHEDULE
Accrued Expenses (Unpaid Bills)	to whole		Statement covers		FORNIA 46
SEE INSTRUCTIONS ON REVERSE			through12/31/2023		10 of 13
NAME OF FILER Rodriguez Moisa for Whittier Union High School Area 4	Trustee 2022			I.D. NUMI	1453466
CODES: If one of the following codes accurately describes 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 communi MTG meetings and app OFC office expenses PET petition circulating PHO phone banks POL polling and survey POS postage, delivery a PRO professional service PRT print ads	cations earances research and messenger services	RAD radio airt RFD returned SAL campaigr TEL t.v. or cat TRC candidat TRS staff/spou TSF transfer b VOT voter reg	workers' salaries ble airlime and production on a travel, lodging, and meals use travel, lodging, and mea between committees of the s	als same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE A CLOSE OF THIS PERIOD
SCHEDULE F SUMMARY					
Total accrued expenses incurred this period. (Include all Schedule accrued expenses of \$100 or more, plus total uniternized accrued)	e F, Column (b) subtotals for l expenses under \$100.)			NCURRED TOTALS	\$ 0.00
Total accrued expenses paid this period. (Include all Schedule F, accrued expenses of \$100 or more, plus total unitemized payment				PAID TOTALS	\$ 0.00
Net change this period. (Subtract Line 2 from Line 1. Enter the difficult on the Summary Page, Column A, Line 9.)	ference here and			NET	\$0.00

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

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

Amounts may be rounded to whole dollars.

SCHEDULE G **CALIFORNIA** Statement covers period **FORM** 07/01/2023 from 12/31/2023 11 of 13 through I.D. NUMBER 1453466

SEE INSTRUCTIONS ON REVERSE

Rodriguez Moisa for Whittier Union High School Area 4 Trustee 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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 communications

MTG meetings and appearances

OFC office expenses

PET petition circulating PHO phone banks

POL polling and survey research POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor

VOT voter registration

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 PAIL

TOTAL * \$

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

^{**} 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.

Schedule H Loans Made to Others*		Am	ounts may be rounde to whole dollars.		Statement cove	ors period 01/2023	CALIFORNIA 46		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through12/3	31/2023	Page 12	_ of13	
Rodriguez Moisa for Whittler Union	n High School Area 4 Truste	e 2022					145	3466	
FULL NAME, STREET ADDRESS AND	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	(a) OUTSTANDING BALANCE BEGINNING THIS	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD *		(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	PERIOD		, 45			207.11		

SUBTOTALS \$ \$ \$

DATE DUE

DATE INCURRED

Schedule I Miscellaneous II SEE INSTRUCTIONS ON REV NAME OF FILER	ncreases to Cash	Amounts may be rounded to whole dollars.	Statement covers from07/01/202 through12/31/202	FORM 46U Page 13 of 13
Rodriguez Moisa for Whittier Union High School Area 4 Trustee 2022				I.D. NUMBER 1453466
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Schedule I Sumr	nany			
Itemized increases to cash this period			\$	0.00
2. Unitemized increases to cash of under \$100 this period.			\$0	0.00
3. Total of all interest re	ceived this period on loans made to others. (Schedule H,	Column (e).)	s	0.00
Total miscellaneous i Summary Page, Line	ricreases to cash this period. (Add Lines 1, 2, and 3. Ente	r here and on the	TOTAL \$	0.00