

**Recipient Committee  
Campaign Statement  
Cover Page**

10/27/22 PME 10AM

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CALIFORNIA FORM 460

Statement covers period  
from 9/25/2022  
through 10/22/2022

Date of election if applicable:  
(Month, Day, Year)  
11/8/2022

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee  
State Candidate Election Committee  
Recall  
*(Also Complete Part 5)*

General Purpose Committee  
Sponsored  
Small Contributor Committee  
Political Party/Central Committee

Primarily Formed Ballot Measure Committee  
Controlled  
Sponsored  
*(Also Complete Part 6)*

Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 7)*

**2. Type of Statement:**

Preelection Statement  
Semi-annual Statement  
Termination Statement  
(Also file a Form 410 Termination)  
Amendment (Explain below)

Quarterly Statement  
 Special Odd-Year Report

Correct errors on the previous  
Submitted form

**3. Committee Information**

I.D. NUMBER: 1452477

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Betty Sanchez for Duarte School Board 2022

STREET ADDRESS (NO P.O. BOX)

CITY: Duarte, CA STATE: CA ZIP CODE: 91010 AREA CODE/PHONE: (626)485-0343

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
bsanchee@e9mail.com / (626) 359-1965

**Treasurer(s)**

NAME OF TREASURER  
Betty Sanchez

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Duarte, CA 91010 (626)485-0343

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and certify under penalty of perjury under the laws of the State of California that the for

Executed on 10/27/2022 By \_\_\_\_\_

Executed on 10/27/2022 By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

ion contained herein and in the attached schedules is true and complete. I

\_\_\_\_\_  
Treasurer or Assistant Treasurer

\_\_\_\_\_  
State Measure Proponent or Responsible Officer of Sponsor

\_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

\_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

*Betty Sanchez*

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

*Duarte Unified School District, Governing Board Member, IA#5*

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

*Duarte, Ca. 91010*

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE?
	YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE?
	YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
-----------------------------------	-----------------------	-------------------

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
-----------------------------------	-----------------------	-------------------

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
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*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>9/25/2022</u> through <u>10/22/2022</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>4</u>
	I.D. NUMBER <u>1452477</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Betty Sanchez For Duarte School Board 2022

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
2. Loans Received..... Schedule B, Line 3	\$ <u>4000.00</u>	\$ <u>4000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>4000.00</u>	\$ <u>4000.00</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>4000.00</u>	\$ <u>4000.00</u>

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>0.00</u>	\$ <u>0.00</u>
7. Loans Made..... Schedule H, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>0.00</u>	\$ <u>0.00</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>0.00</u>	\$ <u>0.00</u>

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
<u>  /  /  </u>	\$ _____
<u>  /  /  </u>	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>0.00</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u>4000.00</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>0.00</u>
15. Cash Payments..... Column A, Line 8 above	\$ <u>0.00</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>4000.00</u>

If this is a termination statement, Line 16 must be zero.

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.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0.00

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents..... See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>4000.00</u>

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>9/25/2022</u> through <u>10/22/2022</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>4</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <u>Betty Sanchez For Duarte School Board 2022</u>	I.D. NUMBER <u>1452477</u>
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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	FORGIVEN				
<u>Betty Sanchez</u> <u>Duarte, CA 91010</u> † <input checked="" type="radio"/> IND    COM    OTH    PTY    SCC	<u>Retired</u>	\$ _____	\$ <u>4000.00</u>	\$ _____	\$ _____	\$ <u>4000.00</u> <u>10/31/2022</u> DATE DUE	_____% RATE	\$ <u>4000.00</u> <u>9/25/2022</u> DATE INCURRED	CALENDAR YEAR \$ <u>4000.00</u> PER ELECTION** \$ _____
† IND    COM    OTH    PTY    SCC		\$ _____	\$ _____	\$ _____	\$ _____	DATE DUE	RATE	DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† IND    COM    OTH    PTY    SCC		\$ _____	\$ _____	\$ _____	\$ _____	DATE DUE	RATE	DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS</b>		\$ <u>4000.00</u>	\$ _____	\$ _____	\$ _____	\$ <u>4000.00</u>			

(Enter (e) on Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period ..... \$ 4000.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period, (Subtract Line 2 from Line 1.) ..... NET \$ 4000.00  
Enter the net here and on the Summary Page, Column A, Line 2.

† 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

(May be a negative number)

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