

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Quintero for LACCD Board of Trustees 2015		Date of This Filing 3/3/2015 Report No. 1 ☐ Amendment to Report No. (explain below) No. of Pages 1	Date Stamp 3/3/15 E-Mail 2015 MAR -3 PM 4:2 CAMPAIGN DISCLOSURE
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1373920	CALIFORNIA FORM 497 For Official Use Only	
STREET ADDRESS [REDACTED]			
CITY [REDACTED]	STATE ZIP CODE [REDACTED]		

1. Contribution(s) Received

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
3/2/2015	LACCD PAC [REDACTED]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC	N/A	\$1,000 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

Reason for Amendment: _____

****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

497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER
Quintero for LACCD Board of Trustees 2015

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

137 3920

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of This Filing 3/4/2015

Report No. 2

☐ Amendment to Report No. (explain below)

No. of Pages 1

Date Stamp

3/4/15 E-Mail

2015 MAR -4 PM 1:37

CAMPAIGN FINANCE DISCLOSURE

CALIFORNIA FORM 497

For Official Use Only

019554
C10238

1. Contribution(s) Received

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
2/21/2015	Joseph J. Martinez	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Field Representative County of Los Angeles	\$500 ☐ Check if Loan _____% Provide interest rate
3/3/2015	Joseph J. Martinez	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Field Representative County of Los Angeles	\$500 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

Reason for Amendment: _____

**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

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

2142

COVER PAGE

CALIFORNIA 460
2001/02
FORM

Date Stamp

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1/22/15 E-Mail
2015 JAN 23 AM 8:05
CAMPBELL
DISPATCH

Page _____ of _____

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019554
C10230

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/01/2015
through 01/17/2015

Date of election if applicable:
(Month, Day, Year)

03/03/2015

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

- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ 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
☐ Amendment (Explain below)
☐ Quarterly Statement
☒ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1373920

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Quintero for LACCD Board of Trustees 2015

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

N/A

CITY STATE ZIP CODE AREA CODE/PHONE

N/A

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Nicoll Zapata

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

N/A

MAILING ADDRESS

N/A

CITY STATE ZIP CODE AREA CODE/PHONE

N/A

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 that the foregoing is true.

Executed on 1/14/15

Date

Executed on 1/16/15

Date

Executed on

Date

Executed on

Date

By

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

HP

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page _____ of _____

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Maria S. Quinetero

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

Los Angeles Community College Board of Trustees - District 1

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

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

N/A

I.D. NUMBER

N/A

NAME OF TREASURER

N/A

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

N/A

CITY

STATE

ZIP CODE

AREA CODE/PHONE

N/A

NA

N/A

N/A

COMMITTEE NAME

N/A

I.D. NUMBER

N/A

NAME OF TREASURER

N/A

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

N/A

CITY

STATE

ZIP CODE

AREA CODE/PHONE

N/A

NA

N/A

N/A

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

N/A

BALLOT NO. OR LETTER

N/A

JURISDICTION

N/A

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

N/A

OFFICE SOUGHT OR HELD

N/A

DISTRICT NO. IF ANY

N/A

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

N/A

OFFICE SOUGHT OR HELD

N/A

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

N/A

OFFICE SOUGHT OR HELD

N/A

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

N/A

OFFICE SOUGHT OR HELD

N/A

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

N/A

OFFICE SOUGHT OR HELD

N/A

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from 01/01/2015 through 01/17/2015	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER 1373920

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Quintero for LACCD Board of Trustees 2015

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$	1,115	\$ 3,829
2. Loans Received Schedule B, Line 3		0	0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	1,115	\$ 3,829
4. Nonmonetary Contributions Schedule C, Line 3		0	0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	1,115	\$ 3,829

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	\$ N/A	\$ N/A
21. Expenditures Made	\$ N/A	\$ N/A

Expenditures Made

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$	437	\$ 487
7. Loans Made Schedule H, Line 3		0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	437	\$ 487
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0	0
10. Nonmonetary Adjustment Schedule C, Line 3		0	0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	437	\$ 487

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
NA / /	\$
NA / /	\$
NA / /	\$
NA / /	\$
NA / /	\$

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$	3,680
13. Cash Receipts Column A, Line 3 above		1,115
14. Miscellaneous Increases to Cash Schedule I, Line 4		770
15. Cash Payments Column A, Line 8 above		437
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	5,128

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).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0
---	----	---

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$	0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 01/01/2015
through 01/17/2015

CALIFORNIA
FORM **460**

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Quintero for LACCD Board of Trustees 2015

I.D. NUMBER

1373920

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/16/2015	Sandra Lopez [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Hair Stylist Prodigy Hair Loft	\$100	\$100	
1/16/2015	Jorge Rodriguez [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Labor Unions	\$100	\$100	
1/16/2015	Marcellino Morales [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Requested	\$100	\$100	
1/16/2015	Maria Elena Yepes [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Requested	\$100	\$100	
1/16/2015	Haydee Urita-Lopez [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Land Use Planner/Educator Los Angeles City Los Angeles Community	\$250	\$250	
SUBTOTAL \$				650		

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 650
- Amount received this period – unitemized contributions of less than \$100 \$ 465
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,115

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2015</u> through <u>01/17/2015</u>		CALIFORNIA FORM 460
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NAME OF FILER Quintero for LACCD Board of Trustees 2015		I.D. NUMBER 1373920

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
N/A	N/A	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A	0	0	
N/A	N/A	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A	0	0	
N/A	N/A	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A	0	0	
N/A	N/A	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A	0	0	
N/A	N/A	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A	N/A	N/A	
SUBTOTAL \$				0		

***Contributor Codes**

IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

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

SCHEDULE B – PART 1

Statement covers period from 01/01/2015 through 01/17/2015	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Quintero for LACCD Board of Trustees 2015

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
N/A † ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A	\$ 0	\$ 0	☐ PAID \$ 0 ☐ FORGIVEN \$ 0	\$ 0 DATE DUE	0 % RATE \$ 0	\$ 0 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTION ** \$ 0
N/A † ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A	\$ 0	\$ 0	☐ PAID \$ 0 ☐ FORGIVEN \$ 0	\$ 0 DATE DUE	0 % RATE \$ 0	\$ 0 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTION ** \$ 0
N/A † ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A	\$ 0	\$ 0	☐ PAID \$ 0 ☐ FORGIVEN \$ 0	\$ 0 DATE DUE	0 % RATE \$ 0	\$ 0 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTION ** \$ 0
SUBTOTALS		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0
(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 \$ 0
(Enter the net here and on the Summary Page, Column A, Line 2.)
(May be a negative number)

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

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

** If required.

† Contributor Codes

IND -- Individual COM -- Recipient Committee (other than PTY or SCC) OTH -- Other PTY -- Political Party SCC -- Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 2
Loan Guarantors

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

SCHEDULE B – PART 2

Statement covers period from <u>01/01/2015</u> through <u>01/17/2015</u>		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

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Quintero for LACCD Board of Trustees 2015

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	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
N/A	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A	LENDER <u>N/A</u> DATE <u>N/A</u>	N/A	CALENDAR YEAR \$ <u>0</u> PER ELECTION (IF REQUIRED) \$ <u>0</u>	0
N/A	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A	LENDER <u>N/A</u> DATE <u>N/A</u>	N/A	CALENDAR YEAR \$ <u>0</u> PER ELECTION (IF REQUIRED) \$ <u>0</u>	0
N/A	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A	LENDER <u>N/A</u> DATE <u>N/A</u>	N/A	CALENDAR YEAR \$ <u>0</u> PER ELECTION (IF REQUIRED) \$ <u>0</u>	0
N/A	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A	LENDER <u>N/A</u> DATE <u>N/A</u>	N/A	CALENDAR YEAR \$ <u>0</u> PER ELECTION (IF REQUIRED) \$ <u>0</u>	0
SUBTOTAL \$				0	Enter on Summary Page, Line 17 only.	

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from <u>01/01/2015</u> through <u>01/17/2015</u>	CALIFORNIA FORM 460
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Quintero for LACCD Board of Trustees 2015

I.D. NUMBER
1373920

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
N/A	N/A	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A	N/A	N/A	N/A	N/A
N/A	N/A	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A	N/A	N/A	N/A	N/A
N/A	N/A	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A	N/A	N/A	N/A	N/A
N/A	N/A	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A	N/A	N/A	N/A	N/A

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

Schedule C Summary

- Amount received this period -- nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 0
- Amount received this period -- unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 0

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
(other than PTY or SCC)
OTH -- Other
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 01/01/2015
 through 01/17/2015

SCHEDULED

CALIFORNIA
 FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Quintero for LACCD Board of Trustees 2015

I.D. NUMBER

1373920

DATE	NAME OF CANDIDATE, OFFICE, 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)
N/A	N/A	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	N/A	0	0	N/A
	☐ Support ☐ Oppose					
N/A	N/A	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	N/A	0	0	N/A
	☐ Support ☐ Oppose					
N/A	N/A	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	N/A	0	0	N/A
	☐ Support ☐ Oppose					
SUBTOTAL \$				0		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 0
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 0

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 01/01/2015 through 01/17/2015	CALIFORNIA FORM 460
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NAME OF FILER

Quintero for LACCD Board of Trustees 2015

I.D. NUMBER

1373920

DATE	NAME OF CANDIDATE, OFFICE, 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)
N/A	N/A	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	N/A	0	0	N/A
	☐ Support ☐ Oppose					
N/A	N/A	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	N/A	0	0	N/A
	☐ Support ☐ Oppose					
N/A	N/A	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	N/A	0	0	N/A
	☐ Support ☐ Oppose					
N/A	N/A	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	N/A	0	0	N/A
	☐ Support ☐ Oppose					
SUBTOTAL \$				0		

Schedule E Payments Made

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

SCHEDULE E

Statement covers period from 01/01/2015 through 01/17/2015	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Quintero for LACCD Board of Trustees 2015

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OPC 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
Quintero for LACCD Board of Trustee 2015 [REDACTED] ID # 1373920	PRT		217
Quintero for LACCD Board of Trustee 2015 [REDACTED] ID # 1373920	CMP		200

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

SUBTOTAL \$ 417

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 417
2. Unitemized payments made this period of under \$100	\$ 20
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 437

Instructions for Schedule E Payments Made

CALIFORNIA
FORM

460

Report payments on Schedule E (other than loans).

For each payment of \$100 or more made during the period, report the name and street address, city, state, and zip code of the payee or creditor, and the amount paid during the period. Payments of less than \$100 during the period are reported as a lump sum on Line 2 of the Schedule E Summary. However, if two or more payments under \$100 were made for a single product or service and the total paid during the period was \$100 or more, itemize the total amount paid during the period.

Report on Schedule E payments made on expenses that were reported on a previous statement as accrued expenses. Also report the required information on Schedule F.

Code or Description of Payment:

If one of the codes listed on Schedule E fully describes the payment, enter the code. A full description of each code is provided on the back of the Schedule E-Continuation Sheet. If none of the codes fully explains the payment, leave the "Code" column blank and enter a brief description of the goods or services purchased in the "Description of Payment" column. In addition:

Candidates

- All payments in connection with your campaign must be made from the campaign bank account. To use personal funds for campaign purposes, you must first deposit the funds in the campaign bank account.

Payments by Agents and Independent Contractors

- When an agent or independent contractor (e.g., campaign worker, advertising agency, campaign management firm) makes payments on your behalf ("subvendor payments"), disclose the name, address, amount paid, and code or description of payment for each vendor paid \$500 or more. Disclose payments to the agent or independent contractor on Schedule E. You may disclose the subvendor payments on Schedule E or Schedule G.

Ownership Interests or Business Employment

- A ballot measure committee that makes a payment to any business entity (1) which is owned 50 percent or more by any of the individuals listed below, or (2) in which any of the individuals listed below is an officer, partner, consultant or employee, must report that individual's name, relationship to the committee, and a description of the ownership interest or position with the business entity. Individuals covered by (1) and (2) above include:
 - A candidate or person controlling the committee; or
 - An officer or employee of the committee; or
 - The spouse of any of the above.

Loans

- Report interest paid on loans received on Line 3 of the Schedule E Summary (from Schedule B, Part 1, Column (e)).

- Do not report payments made on loans received on Schedule E. Report loan repayments on Schedule B.
- Do not report loans made to others on Schedule E. Report loans made on Schedule H.

Savings Accounts/Certificates of Deposit/Money Market Accounts

- Do not report transfers of campaign funds into savings accounts, certificates of deposit, money market accounts, or the purchase of any other asset that can readily be converted to cash on Schedule E. Continue reporting these amounts as part of your cash on hand on the Summary Page.

Additional Important Information:

Refer to the FPPC Campaign Disclosure Manual for your type of committee for important information about recordkeeping, returning contributions, prohibitions on cash expenditures, permissible uses of campaign funds, and more.

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	01/17/2015	Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Quintero for LACCD Board of Trustees 2015

I.D. NUMBER

1373920

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

CMP	campaign paraphernalia/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
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
N/A	N/A	N/A		0
N/A	N/A	N/A		0
N/A	N/A	N/A		0
N/A	N/A	N/A		0
N/A	N/A	N/A		0

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

SUBTOTAL \$ 0

Schedule F Accrued Expenses (Unpaid Bills)

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

SCHEDULE F

Statement covers period
from 01/01/2015
through 01/17/2015

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Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Quintero for LACCD Board of Trustees 2015

I.D. NUMBER
1373920

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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
N/A	N/A	0	0	0	0
N/A	N/A	0	0	0	0
N/A	N/A	0	0	0	0
SUBTOTALS \$		0 \$	0 \$	0 \$	0

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 0
May be a negative number

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

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

SCHEDULE F (CONT.)

Statement covers period from 01/01/2015 through 01/17/2015	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER 1373920

NAME OF FILER

Quintero for LACCD Board of Trustees 2015

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

CMP	campaign paraphernalia/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
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)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
N/A	N/A	0	0	0	0
N/A	N/A	0	0	0	0
N/A	N/A	0	0	0	0
N/A	N/A	0	0	0	0
SUBTOTALS \$		0	\$ 0	\$ 0	0

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

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

SCHEDULE G

Statement covers period
 from 01/01/2015
 through 01/17/2015

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Quintero for LACCD Board of Trustees 2015

I.D. NUMBER

1373920

NAME OF AGENT OR INDEPENDENT CONTRACTOR

N/A

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
N/A	N/A		N/A	0
N/A	N/A		N/A	0
N/A	N/A		N/A	0
N/A	N/A		N/A	0

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

* 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*

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

Statement covers period
from 01/01/2015
through 01/17/2015

SCHEDULE H

CALIFORNIA
FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Quintero for LACCD Board of Trustees 2015

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I.D. NUMBER

1373920

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
N/A	N/A	\$ 0	\$ 0	☐ PAID \$ 0 ☐ FORGIVEN \$ 0	\$ N/A N/A DATE DUE	0 % RATE \$ 0	\$ 0 N/A DATE INCURRED	CALENDAR YEAR 0 PER ELECTION** 0
N/A	N/A	\$ 0	\$ 0	☐ PAID \$ 0 ☐ FORGIVEN \$ 0	\$ 0 N/A DATE DUE	0 % RATE \$ 0	\$ 0 N/A DATE INCURRED	CALENDAR YEAR 0 PER ELECTION** 0
*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.		SUBTOTALS		\$ 0	\$ 0	\$ 0	\$ 0	

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

Schedule H Summary

- Loans made this period \$ 0
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans \$ 0
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

**If Required

Schedule I
Miscellaneous Increases to Cash

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

SCHEDULE I

Statement covers period
 from 01/01/2015
 through 01/17/2015

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Quintero for LACCD Board of Trustees 2015

I.D. NUMBER

1373920

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
1/16/2015	Emilian Teno [REDACTED]	Restaurant gift certificate Book Hair salon gift certificate	\$410

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

410

Schedule I Summary

1. Increases to cash of \$100 or more this period.	\$ 410
2. Unitemized increases to cash under \$100 this period.	\$ 360
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ 770

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM

460

Date Stamp

RECEIVED BY
2/19/15 E-Mail
2015 FEB 20 AM 8:15
CAMPAIGN FINANCIAL
DISCLOSURE SECTION

Page _____ of _____

For Official Use Only

019554
C10230

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/18/2015
through 02/14/2015

2142-2
Date of election if applicable:
(Month, Day, Year)

03/03/2015

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
- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ 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
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☒ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1373920

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Quintero for LACCD Board of Trustees 2015

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Nicol Zapata

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 to certify under penalty of perjury under the laws of the State of California that the foregoing information is true and complete. I

Executed on 2/19/15

Date

By _____

Executed on 2/19/15

Date

By _____

Executed on _____

Date

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____

Date

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page _____ of _____

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Maria S. Quinetero

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

Los Angeles Community College Board of Trustees - District 1

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

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

N/A

I.D. NUMBER

N/A

NAME OF TREASURER

N/A

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

N/A

CITY

STATE

ZIP CODE

AREA CODE/PHONE

N/A

NA

N/A

N/A

COMMITTEE NAME

N/A

I.D. NUMBER

N/A

NAME OF TREASURER

N/A

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

N/A

CITY

STATE

ZIP CODE

AREA CODE/PHONE

N/A

NA

N/A

N/A

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

N/A

BALLOT NO. OR LETTER

N/A

JURISDICTION

N/A

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

N/A

OFFICE SOUGHT OR HELD

N/A

DISTRICT NO. IF ANY

N/A

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

N/A

OFFICE SOUGHT OR HELD

N/A

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

N/A

OFFICE SOUGHT OR HELD

N/A

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

N/A

OFFICE SOUGHT OR HELD

N/A

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

N/A

OFFICE SOUGHT OR HELD

N/A

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>01/18/2015</u> through <u>02/14/2015</u>	CALIFORNIA FORM 460 Page _____ of _____
I.D. NUMBER 1373920	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Quintero for LACCD Board of Trustees 2015

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>3,430</u>	\$ <u>7,259</u>
2. Loans Received Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>3,430</u>	\$ <u>7,259</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>3,430</u>	\$ <u>7,259</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

6. Payments Made Schedule E, Line 4	\$ <u>0</u>	\$ <u>487</u>
7. Loans Made Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>0</u>	\$ <u>487</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>0</u>	\$ <u>487</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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>5,128</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>3,430</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>200</u>
15. Cash Payments Column A, Line 8 above	\$ <u>0</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>8,758</u>

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0</u>
---	-------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

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).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>01/18/2015</u>	CALIFORNIA FORM 460
through <u>02/14/2015</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Quintero for LACCD Board of Trustees 2015	I.D. NUMBER 1373920
---	-------------------------------

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/21/2015	Carlos Vasquez [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor VCA Realty	\$300	\$300	N/A
1/21/2015	Nohelia Canales [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Associate Professor Los Angeles Community College District	\$100	\$100	N/A
1/21/2015	Terry Carreto [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	College Career Advisor Los Angeles Unified School District	\$100	\$100	N/A
1/26/2015	Michael Godoy [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Requested	\$380	\$380	N/A
1/26/2015	Evelyn Escatiola [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Community College Administrator Los Angeles Community College District	\$100	\$100	N/A
SUBTOTAL \$				980		

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 3,430
- Amount received this period – unitemized contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3,430

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/18/2015</u> through <u>02/14/2015</u>		CALIFORNIA FORM 460
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NAME OF FILER Quintero for LACCD Board of Trustees 2015		I.D. NUMBER 1373920

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/26/2015	Elvia De La Torre [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Senior Director LAEP	\$100	\$100	N/A
1/26/2015	Ting Su (Melari) Yung [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Counselor Los Angeles Community College District	\$100	\$100	N/A
1/26/2015	Nicoll Zapata [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Financial Analyst Southern California Edison	\$100	\$100	N/A
2/07/2015	Nicoll Zapata [REDACTED]	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Financial Analyst Southern California Edison	\$200	\$300	N/A
1/26/2015	Margaret Avila [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Counselor Los Angeles Community College District	\$100	\$100	N/A
SUBTOTAL \$				\$600		

*Contributor Codes

IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A

Statement covers period from 01/18/2015 through 02/14/2015	CALIFORNIA FORM 460 Page ____ of ____
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Quintero for LACCD Board of Trustees 2015

I.D. NUMBER

1373920

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/26/2015	Michelle Salas [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Requested	\$100	\$100	N/A
1/26/2015	Laureano Flores [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Requested	\$200	\$200	N/A
1/26/2015	Ramona Salgado [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor C21 Realty Masters	\$500	\$500	N/A
1/26/2015	Consuelo Castro [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher Los Angeles Community College District	\$500	\$500	N/A
1/26/2015	Domenic Ancona [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$100	\$100	N/A

SUBTOTAL \$ 1,400

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1,850
- Amount received this period – unitemized contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,850

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/18/2015</u> through <u>02/14/2015</u>		CALIFORNIA FORM 460 Page _____ of _____

NAME OF FILER Quintero for LACCD Board of Trustees 2015	I.D. NUMBER 1373920
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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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/26/2015	Zeida Cuellar [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher Los Angeles Unified School District	\$100	\$100	N/A
1/31/2015	Nellie Rios-Parra [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Requested	\$100	\$100	N/A
1/23/2015	Gustavo Calleros [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Requested	\$250	\$250	N/A
		☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$				450		

***Contributor Codes**

IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule B – Part 1 Loans Received

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

SCHEDULE B-PART 1

Statement covers period from 01/18/2015 through 02/14/2015	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Quintero for LACCD Board of Trustees 2015

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
N/A † ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A	\$ 0	\$ 0	☐ PAID \$ 0 ☐ FORGIVEN \$ 0	\$ 0 0 DATE DUE	0 % RATE \$ 0	\$ 0 0 DATE INCURRED	CALENDAR YEAR 0 PER ELECTION** 0
N/A † ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A	\$ 0	\$ 0	☐ PAID \$ 0 ☐ FORGIVEN \$ 0	\$ 0 0 DATE DUE	0 % RATE \$ 0	\$ 0 0 DATE INCURRED	CALENDAR YEAR 0 PER ELECTION** 0
N/A † ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A	\$ 0	\$ 0	☐ PAID \$ 0 ☐ FORGIVEN \$ 0	\$ 0 0 DATE DUE	0 % RATE \$ 0	\$ 0 0 DATE INCURRED	CALENDAR YEAR 0 PER ELECTION** 0
SUBTOTALS \$		0 \$	0 \$	0 \$	0 \$	0		

Schedule B Summary

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

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0
(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 \$ 0
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

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

** If required.

† Contributor Codes

IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 2 Loan Guarantors

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

SCHEDULE B - PART 2

Statement covers period from <u>01/18/2015</u> through <u>02/14/2015</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Quintero for LACCD Board of Trustees 2015

I.D. NUMBER

1373920

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	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
N/A	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A	LENDER <u>N/A</u> DATE <u>N/A</u>	N/A	CALENDAR YEAR \$ <u>0</u> PER ELECTION (IF REQUIRED) <u>0</u> \$ _____	0
N/A	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A	LENDER <u>N/A</u> DATE <u>N/A</u>	N/A	CALENDAR YEAR \$ <u>0</u> PER ELECTION (IF REQUIRED) <u>0</u> \$ _____	0
N/A	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A	LENDER <u>N/A</u> DATE <u>N/A</u>	N/A	CALENDAR YEAR \$ <u>0</u> PER ELECTION (IF REQUIRED) <u>0</u> \$ _____	0
N/A	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A	LENDER <u>N/A</u> DATE <u>N/A</u>	N/A	CALENDAR YEAR \$ <u>0</u> PER ELECTION (IF REQUIRED) <u>0</u> \$ _____	0
SUBTOTAL \$ <u>0</u>						Enter on Summary Page, Line 17 only.

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period
from 01/18/2015
through 02/14/2015

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1373920

Quintero for LACCD Board of Trustees 2015

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - 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 information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

1. Amount received this period – nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.) \$

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$

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.) TOTAL \$

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
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 01/18/2015 through 02/14/2015		CALIFORNIA FORM 460
Page _____ of _____		
NAME OF FILER Quintero for LACCD Board of Trustees 2015		I.D. NUMBER 1373920

SEE INSTRUCTIONS ON REVERSE

DATE	NAME OF CANDIDATE, OFFICE, 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)
N/A	N/A ☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	N/A	0	0	N/A
N/A	N/A ☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	N/A	0	0	N/A
N/A	N/A ☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	N/A	0	0	N/A
SUBTOTAL \$				0		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 0
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 0

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.

Statement covers period
 from 01/18/2015
 through 02/14/2015

SCHEDULE D (CONT.)

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NAME OF FILER

Quintero for LACCD Board of Trustees 2015

I.D. NUMBER

1373920

DATE	NAME OF CANDIDATE, OFFICE, 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)
N/A	N/A ☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	N/A	0	0	N/A
N/A	N/A ☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	N/A	0	0	N/A
N/A	N/A ☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	N/A	0	0	N/A
N/A	N/A ☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	N/A	0	0	N/A
SUBTOTAL \$				0		

Schedule E Payments Made

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

SCHEDULEE

Statement covers period from 01/18/2015 through 02/14/2015	CALIFORNIA FORM 460
Page _____ of _____	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Quintero for LACCD Board of Trustees 2015

I.D. NUMBER

1373920

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
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
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

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

SUBTOTAL \$

Schedule E Summary

1. Payments made this period of \$100 or more. (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 (e).) \$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** _____

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period from _____ through _____	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____

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

CMP campaign paraphernalia/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
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

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

SUBTOTAL \$ 0

Schedule F Accrued Expenses (Unpaid Bills)

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

SCHEDULE F

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	Page _____ of _____
I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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

CMP campaign paraphernalia/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
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
LT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
N/A	N/A	0	0	0	0
N/A	N/A	0	0	0	0
N/A	N/A	0	0	0	0
SUBTOTALS \$		0	\$	0	\$
				0	\$
				0	\$

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) INCURRED TOTALS \$ 0
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) PAID TOTALS \$ 0
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) NET \$ 0
May be a negative number

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

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

SCHEDULE F (CONT.)

Statement covers period from _____ through _____	CALIFORNIA FORM 460
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I.D. NUMBER _____	

NAME OF FILER _____

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

CMP campaign paraphernalia/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
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)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
N/A	N/A	0	0	0	0
N/A	N/A	0	0	0	0
N/A	N/A	0	0	0	0
N/A	N/A	0	0	0	0
SUBTOTALS \$		0	\$ 0	\$ 0	0

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

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

SCHEDULE G

Statement covers period from _____ through _____	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

N/A

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

CMP campaign paraphernalia/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
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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
N/A	N/A		N/A	0
N/A	N/A		N/A	0
N/A	N/A		N/A	0
N/A	N/A		N/A	0

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

* 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*

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

Statement covers period

from _____

through _____

SCHEDULE H

CALIFORNIA
FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

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
N/A	N/A	\$ 0	\$ 0	☐ PAID \$ 0 ☐ FORGIVEN \$ 0	N/A N/A DATE DUE	0 % RATE \$ 0	\$ 0 N/A DATE INCURRED	CALENDAR YEAR 0 PER ELECTION** 0
N/A	N/A	\$ 0	\$ 0	☐ PAID \$ 0 ☐ FORGIVEN \$ 0	0 N/A DATE DUE	0 % RATE \$ 0	\$ 0 N/A DATE INCURRED	CALENDAR YEAR 0 PER ELECTION** 0
*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.			SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0	

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

Schedule H Summary

- Loans made this period \$ 0
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans \$ 0
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

**If Required

Schedule I Miscellaneous Increases to Cash

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

SCHEDULE I

CALIFORNIA
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Statement covers period
from _____
through _____

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
1/26/2015	Laura Cantu [REDACTED]	Comedy show ticket	\$100
1/26/2015	Roberto Gonzalez [REDACTED]	Comedy show ticket	\$100

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

200

Schedule I Summary

- Increases to cash of \$100 or more this period. \$ 200
- Unitemized increases to cash under \$100 this period. \$ 0
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL \$ 200