

**Recipient Committee  
Campaign Statement  
Cover Page**

2/1/2021

Date Stamp	<b>CALIFORNIA FORM 460</b>
RECEIVED BY LOS ANGELES COUNTY	Page <u>1</u> of <u>3</u>
2021 FEB -3 AM 11:40	For Official Use Only <u>005324</u> <u>C06784</u>
CAMPAIGN FINANCE	

Statement covers period  
from 09-20-20  
through 12-31-20

Date of election if applicable:  
(Month, Day, Year)  
11/03/20

SEE INSTRUCTIONS ON REVERSE

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

**2. Type of Statement:**

- 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)

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER  
1255834

**Treasurer(s)**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
RALPH PACHECO FOR WHITTIER UNION HSD  
SCHOOL BOARD, TRUSTEE AREA #3 (2020)

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
WHITTIER, CA 90605 (562) 233-7236

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

CITY STATE ZIP CODE AREA CODE/PHONE  
WHITTIER CA 90605

OPTIONAL: FAX / E-MAIL ADDRESS  
\_\_\_\_\_

NAME OF TREASURER  
DEBORAH PACHECO

MAILING ADDRESS  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
WHITTIER CA 90605 (562) 322-3118

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 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

Executed on <u>1-30-21</u> Date	By _____
Executed on <u>1-30-21</u> Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

RALPH PACHECO

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

GOV. BOARD MEMB., WHITTIER UNION HSD, TR. AREA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP #3

WHITTIER CA 90605

**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? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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>09-20-20</u> through <u>12-31-20</u>	CALIFORNIA FORM <b>460</b>
	Page <u>3</u> of <u>3</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RALPH PACHECO for WHITTIER UNION HSD SCH BOARD; TRUSTEE AREA #3 (2020)

I.D. NUMBER

1255834

## 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>7,025.00</u>	\$ <u>2,350.00</u>
2. Loans Received..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
<b>SUBTOTAL CASH CONTRIBUTIONS</b> ..... Add Lines 1 + 2	\$ <u>7,025.00</u>	\$ <u>2,350.00</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>7,500.00</u>	\$ <u>0</u>
<b>5. TOTAL CONTRIBUTIONS RECEIVED</b> ..... Add Lines 3 + 4	\$ <u>14,525.00</u>	\$ <u>2,350.00</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>5,020.00</u>	\$ <u>0</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>0</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>375.00</u>	\$ <u>0</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
<b>11. TOTAL EXPENDITURES MADE</b> ..... Add Lines 8 + 9 + 10	\$ <u>5,395.00</u>	\$ <u>0</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

Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>2,350.00</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u>4,675.00</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>5,020.00</u>
15. Cash Payments..... Column A, Line 8 above	\$ <u>0</u>
<b>16. ENDING CASH BALANCE</b> ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2,005.00</u>

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0</u>
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## 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>375.00</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).

\*Amounts in this section may be different from amounts reported in Column B.