Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)				COVER DECEIVED CALIFORNIA 46					
		fron	45/44/4444	(Month, Day, Year)	RMOSA BEAC	Page			
SEE	EINSTRUCTIONS ON REVERSE	thro	ugh06/30/2023		ES! MA				
 State Candidate Election Committee ○ Recall (Also Complete Part 5) ✓ General Purpose Committee 		Primari Commi Con Spo (Also Con Primari Officeh	y Formed Ballot Measure tee trolled	2. Type of Statement:)	Quarterly Stat Special Odd-\ Supplemental Statement - Al	Year Report		
3.	Committee Information	I.D. NUN 13273		Treasurer(s)					
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Hermosa Beach Police Officer Association PAC		NAME OF TREASURER Luis Pineda MAILING ADDRESS						
	STREET ADDRESS (NO P.O. BOX)			CITY Hermosa Beach	STATE	ZIP CODE 90254	AREA CODE/PHONE		
	CITY STATE Hermosa Beach CA	ZIP CODE 90254	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF AN	Y				
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX			MAILING ADDRESS					
	CITY STATE Hermosa Beach CA	ZIP CODE 90254	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE		
	OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDRESS					
4.	Verification I have used all reasonable diligence in preparing an under penalty of perjury under the laws of the State Executed on	d reviewing this s of California that	the foregoing is true and correct.	Signature of Treasurer or Assistant Treasurer ontrolling Officeholder, Candidate, State Measure Proponent or Res	ponsible Officer	 -	and complete. I certify		
	Date Executed on	_	Ву						
	Date			Signature of Controlling Officeholder, Candidate, State Measure	Proponent	-	DDC F 400 / I 10040		

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2								
CALIF	ORNI/	460						
	NIV.							
Page _	2	of						

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY Related Committees Not Included in this Statement	STATE ZIP		NAME OF BALLOT MEASURE BALLOT NO, OR LETTER Identify the controlling offi NAME OF OFFICEHOLDER, CAN		didate, or stat		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY Related Committees Not Included in this Statement	STATE ZIP		identify the controlling offi	ceholder, can	didate, or stat		OPPOSE
Related Committees Not Included in this Statement	: List any committees					e measure p	renewent if
			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	PONENT		roponent, it any
					ONLINT		
not included in this statement that are controlled by you or are princentributions or make expenditures on behalf of your candidacy.			OFFICE SOUGHT OR HELD		D	STRICT NO. IF	- ANY
COMMITTEE NAME I.D. NUMBER							
NAME OF TREASURER CONTRO	OLLED COMMITTEE?	7.	Primarily Formed Cane officeholder(s) or candidate(s)				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	// // /		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	ITY STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CAND		OFFICE SOUGHT OR HELD		SUPPORT OPPOSE
COMMITTEE NAME I.D. NUM	MBER		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER CONTRO	OLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGI	HT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	•				1		
CITY STATE ZIP CODE	AREA CODE/PHONE		Atlac	ch continuatio	n sheets if ne	ecessarv	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statem	ent covers period	CALIFORNIA 460
from	01/01/2023	BORM TOU
through _	06/30/2023	Page3 of7
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1327339 Hermosa Beach Police Officer Association PAC Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM/A) TACHED SCHEDULES) TOTAL TO DATE General Elections 1. Monetary Contributions Schedule A, Line 3 \$ 1,856.00 \$ _____ 1,856.00 1/1 through 6/30 7/1 to Date 0.00 20. Contributions \$ 1,856.00 Received 0.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made Expenditures Made Expenditure Limit Summary for State Candidates 6. Payments Made Schedule E, Line 4 \$ 0.00 \$ 0.00 0.00 22. Cumulative Expenditures Made* 0.00 0.00 \$ 8 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 600.00 600.00 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 600.00 \$ 600.00 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 35,513.06 To calculate Column B. add 1,856.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 18. Cash Equivalents See instructions on reverse \$ _____ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____

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

Schedule.	A			SCHEDULE A				
	Contributions Received	Amounts may be rounded to whole dollars.		Statement cove	0.AUF 70	ORNIA RM	460	
SEE INSTRUCTIO	INS ON REVERSE			through _06/30/2023		Page	of	7
NAME OF FILER						I.D. NUM	BER	
Hermosa Bead	ch Police Officer Association PAC					132733	9	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (INSELFEMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELE TO DA (IF REQU	ATE
01/05/2023	Hermosa Beach, CA 90254	□IND □COM ☑OTH □PTY □SCC		306.00	1,	856.00		×
02/02/2023	Hermosa Beach, CA 90254	□IND □COM □OTH □PTY □SCC		306.00	1,	856.00		
03/02/2023	Hermosa Beach, CA 90254	□IND □COM ☑OTH □PTY □SCC		306.00	1,	856.00		
04/05/2023	Hermosa Beach, CA 90254	☐IND ☐COM ☑OTH ☐PTY ☐SCC		306.00	1,	856.00		
05/04/2023	Hermosa Beach, CA 90254	□IND □COM ☑OTH □PTY □SCC		316.00	i,	856.00		
			SUBTOTALS	1,540.00	Text -Vigit			
Amount re (Include a	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)eceived this period – unitemized monetary contributions			1,856.00	IND- COM OTH	other th Other (e	nt Committe han PTY or e.g., busine	SCC)
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page. Colu			1,856.00		– Political I – Small Co	Party ontributor Co	ommittee

Schedule A (Continuation Sheet)				SCHEDULE A (CON			
Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from 01/01/2023		CALIFORNIA 460	
				through 06/30/2023		Page_	5 of 7
NAME OF FILER						I.D. NUI	MBER
Hermosa Beacl	Police Officer Association PAC					13273	39
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERID, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
06/05/2023	Hermosa Beach, CA 90254	□IND □COM ☑OTH □PTY □SCC		316.00	1,85	56.00	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC			101		
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

SUBTOTAL\$

316.00

*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

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ed	Statement cover from01/01/2 through06/30/2	60% F.O	CALIFORNIA 4.60 Page _ 6 _ of _ 7	
SEE INSTRUCTIONS ON REVERSE			tirough	Page _	of	
NAME OF FILER				I.D. NUMI	BER	
Hermosa Beach Police Officer Association PAC				1,32733	39	
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CHS 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	MSR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and PRO professional services (PRT print ads	ns nces earch messenger services	RAD radio airtime an returned contrik SAL campaign work TEL t.v. or cable airt TRC candidate travel Staff/spouse tra transfer betwee VOT voter registratio	d production costs putions ers' salaries ime and production costs I, lodging, and meals vel, lodging, and meals on committees of the san	ne candidate/sponsor	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER 1,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	
Yolanda Miranda & Associates	PRO	0.00	600.00	0.00	600.00	
Covina, CA 91722						
		и				
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0.00\$	600.00\$	0.00\$	600.00	
Schedule F Summary						
Total accrued expenses incurred this period. (Include all 3 accrued expenses of \$100 or more, plus total unitemized)	accrued expenses under	\$100.)		RRED TOTALS \$ _	600.00	
Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subto payments on accrued exp	itals for payments on enses under \$100.)) 	PAID TOTALS \$	0.00	
 Net change this period. (Subtract Line 2 from Line 1. Er on the Summary Page, Column A, Line 9.) 	nter the difference here an	d		NET \$	600.00 ay be a negalive number	

Schedule I			SCH		
Miscellaneous increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460	
			from 01/01/2023	FORM	
SEE INSTRUCTIONS ON REVERS	SE.		through06/30/2023	Page 7 of 7	
NAME OF FILER				I.D. NUMBER	
Hermosa Beach Police O	fficer Association PAC			1327339	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (II COMMITTEE, ALSO ENTER LD, NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
ė.					
Attach additional inforn	nation on appropriately labeled continuation sheets.		SUBTOTAL	L \$ 0.00	
Schedule I Summa	rv				
	o cash this period		\$0.0	00-	
2. Unitemized increase	s to cash of under \$100 this period		\$	LO	
3. Total of all interest re	eceived this period on loans made to others. (Sch	nedule H, Column (e).)	\$0.0	00	
4. Total miscellaneous	increases to cash this period. (Add Lines 1, 2, a	and 3. Enter here and on the	TOTAL \$ 7.3	LO	

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