

**Recipient Committee  
Campaign Statement**

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA  
2001/02  
FORM  
**460**

Type or print in ink.

Date Stamp

Page 1 of 16

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 01/01/2024  
through 06/30/2024

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

**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
- Primary Formed
- Controlled
- Sponsored
- (Also Complete Part 6.)
- Primary Formed Candidate/  
Officeholder Committee
- (Also Complete Part 7.)

**2. Type of Statement:**

- Pre-election 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  
1454809

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE  
Becerra for Superintendent of Public Instruction 2030

STREET ADDRESS (NO P.O. BOX)

|                     |             |                   |                                  |
|---------------------|-------------|-------------------|----------------------------------|
| CITY<br>Los Angeles | STATE<br>CA | ZIP CODE<br>90017 | AREA CODE/PHONE<br>(202)552-0221 |
|---------------------|-------------|-------------------|----------------------------------|

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

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX/E-MAIL ADDRESS

pcdfilings@kaufmanlegalgroup.com

**Treasurer(s)**

NAME OF TREASURER

Robert Herrera

MAILING ADDRESS

|                     |             |                   |                                   |
|---------------------|-------------|-------------------|-----------------------------------|
| CITY<br>Los Angeles | STATE<br>CA | ZIP CODE<br>90017 | AREA CODE/PHONE<br>(213) 452-6565 |
|---------------------|-------------|-------------------|-----------------------------------|

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 true and correct.

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT  
DATE

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 16

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Xavier Becerra

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

Sought: Superintendent of Public Instruction  
Statewide

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

Los Angeles CA 90017

**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 to make expenditures on behalf of your candidacy.

|                |            |
|----------------|------------|
| 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 |
|------|-------|----------|-----------------|

|                |            |
|----------------|------------|
| 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. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT  
 OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

|                       |                     |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

**7. Primarily Formed 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<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

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

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

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

CALIFORNIA  
FORM **460**

Page 3 of 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Becerra for Superintendent of Public Instruction 2030

Statement covers period  
from 01/01/2024  
through 06/30/2024

I.D. NUMBER  
1454809

### Contributions Received

|                                       |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions .....       | Schedule A, Line 3 | \$0.00   | \$0.00                                     |
| 2. Loans Received .....               | Schedule B, Line 7 | \$0.00   | \$0.00                                     |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....  | Add Lines 1 + 2    | \$0.00   | \$0.00                                     |
| 4. Nonmonetary Contributions .....    | Schedule C, Line 3 | \$0.00   | \$0.00                                     |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... | Add Lines 3 + 4    | \$0.00   | \$0.00                                     |

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

|                           | 1/1 through 6/30 | 7/1 to Date |
|---------------------------|------------------|-------------|
| 20. Contribution Received | \$0.00           | \$0.00      |
| 21. Expenditures Made     | \$0.00           | \$0.00      |

### Expenditures Made

|  |                      |             |             |
|--|----------------------|-------------|-------------|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$65,473.94 | \$65,473.94 |
| 7. Loans Made .....                      | Schedule H, Line 7   | \$0.00      | \$0.00      |
| 8. SUBTOTAL CASH PAYMENTS .....          | Add Lines 6 + 7      | \$65,473.94 | \$65,473.94 |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | \$0.00      | \$0.00      |
| 10. Nonmonetary Adjustment .....         | Schedule C, Line 3   | \$0.00      | \$0.00      |
| 11. TOTAL EXPENDITURES MADE .....        | Add Lines 8 + 9 + 10 | \$65,473.94 | \$65,473.94 |

### 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                | \$1,538,835.19 | 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). |
| 13. Cash Receipts .....                                   | Column A, Line 3 above                        | \$0.00         |  |
| 14. Miscellaneous Increases to Cash .....                 | Schedule I, Line 4                            | \$0.00         |  |
| 15. Cash Payments .....                                   | Column A, Line 8 above                        | \$65,473.94    |  |
| 16. ENDING CASH BALANCE .....                             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$1,473,361.25 |  |
| If this is a termination statement, Line 16 must be zero. |   |                |  |

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

### Cash Equivalents and Outstanding Debts

|                             |                                       |        |
|-----------------------------|---------------------------------------|--------|
| 18. Cash Equivalents .....  | See instructions on reverse           | \$0.00 |
| 19. Outstanding Debts ..... | Add Line 2 + Line 9 in Column B above | \$0.00 |

\*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

**CALIFORNIA FORM**  
**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Becerra for Superintendent of Public Instruction 2030

|   |                           |                            |
|---|---------------------------|----------------------------|
| Statement covers period<br>from <u>01/01/2024</u> | through <u>06/30/2024</u> | Page <u>4</u> of <u>16</u> |
| I.D. Number<br><u>1454809</u>                     |                           |                            |

| DATE RECEIVED   | FULL NAME, MAILING 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) |
|-----------------|---|--|--|-----------------------------|---|------------------------------------|
|                 |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                             |   |                                    |
|                 |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                             |   |                                    |
|                 |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                             |   |                                    |
|                 |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                             |   |                                    |
|                 |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                             |   |                                    |
|                 |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                             |   |                                    |
| <b>SUBTOTAL</b> |   |  | \$0.00   | \$0.00                      | \$0.00  | \$0.00                             |

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
 (Include all Schedule A subtotals.) ..... \$0.00
- Amount received this period - unitemized contributions of less than \$100 ..... \$0.00
- Total monetary contributions received this period.  
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL** \$0.00

\*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**

SCHEDULE B - PART 1

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

Statement covers period

from 01/01/2024

through 06/30/2024

CALIFORNIA  
FORM

**460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Becerra for Superintendent of Public Instruction 2030

I.D. NUMBER

1454809

| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>RECEIVED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>OR FORGIVEN<br>THIS PERIOD*                                      | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>PAID THIS<br>PERIOD | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN | (g)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE |
|--|---|---|--|--|---|--|--------------------------------------|---|
|  |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN<br><br>DATE DUE |   | %<br>RATE                              |                                      | CALENDAR YEAR<br><br>PER ELECTION**           |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |   |  |  |   |  |                                      |   |
|  |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN<br><br>DATE DUE |   | %<br>RATE                              |                                      | CALENDAR YEAR<br><br>PER ELECTION**           |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |   |  |  |   |  |                                      |   |
|  |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN<br><br>DATE DUE |   | %<br>RATE                              |                                      | CALENDAR YEAR<br><br>PER ELECTION**           |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |   |  |  |   |  |                                      |   |
| <b>SUBTOTALS</b>   |   |   |  |  |   |  |                                      |   |

**Schedule B Summary**

1. Loans received this period. \_\_\_\_\_

(Total Column (b) plus unitemized loans less than \$100.)

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

2. Loans paid or forgiven this period. \_\_\_\_\_

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_

Enter the net here and on the Summary Page, Column A, Line 2.

**Net** \_\_\_\_\_  
(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

**CALIFORNIA FORM**  
**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 Becerra for Superintendent of Public Instruction 2030

|   |                           |                               |
|---|---------------------------|-------------------------------|
| Statement covers period<br>from <u>01/01/2024</u> | through <u>06/30/2024</u> | Page <u>6</u> of <u>16</u>    |
|   |                           | I.D. Number<br><u>1454809</u> |

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN                          | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE   | BALANCE OUTSTANDING TO DATE |
|---|--|---|-------------------------------|-------------------------------|--|-----------------------------|
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><hr/> DATE<br><hr/> |                               | CALENDAR YEAR<br><hr/> PER ELECTION (IF REQUIRED)<br><hr/> |                             |
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><hr/> DATE<br><hr/> |                               | CALENDAR YEAR<br><hr/> PER ELECTION (IF REQUIRED)<br><hr/> |                             |
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><hr/> DATE<br><hr/> |                               | CALENDAR YEAR<br><hr/> PER ELECTION (IF REQUIRED)<br><hr/> |                             |
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><hr/> DATE<br><hr/> |                               | CALENDAR YEAR<br><hr/> PER ELECTION (IF REQUIRED)<br><hr/> |                             |
| <b>SUBTOTAL</b>   |  |   |                               |                               | Enter on<br>Summary Page,<br>Line 17 only.                 |                             |

**Schedule C**  
**Nonmonetary Contributions Received**

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

SCHEDULE C

**CALIFORNIA FORM**  
**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 Becerra for Superintendent of Public Instruction 2030

Statement covers period  
 from 01/01/2024  
 through 06/30/2024

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I.D. Number  
 1454809

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|---------------|---|--|---|----------------------------------|--------------------------|---|------------------------------------|
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                  |                          |   |                                    |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                  |                          |   |                                    |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                  |                          |   |                                    |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> 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**

SCHEDULE D

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

Statement covers period  
 from 01/01/2024  
 through 06/30/2024

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Becerra for Superintendent of Public Instruction 2030

I.D. NUMBER  
 1454809

| 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) |
|-----------------|---|---|---------------------------|--------------------|--|------------------------------------|
|                 |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |  |                                    |
|                 | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |   |                           |                    |  |                                    |
|                 |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |  |                                    |
|                 | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |   |                           |                    |  |                                    |
|                 |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |  |                                    |
|                 | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |   |                           |                    |  |                                    |
| <b>SUBTOTAL</b> |   |   |                           |                    |  |                                    |

**Schedule D Summary**

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

# Schedule E Payments Made

SCHEDULE E

CALIFORNIA  
FORM **460**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Becerra for Superintendent of Public Instruction 2030

Statement covers period  
from 01/01/2024  
through 06/30/2024

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I.D. NUMBER  
1454809

**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, email)            |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Podesta Company<br>Sacramento, CA 95814-3929                        | CNS  |    |                        | \$10,000.00 |
| Podesta Company<br>Sacramento, CA 95814-3929                        | CNS  |    |                        | \$10,000.00 |
| Podesta Company<br>Sacramento, CA 95814-3929                        | CNS  |    |                        | \$10,000.00 |

\* 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.) .....                                 | \$65,423.94              |
| 2. Unitemized payments made this period of under \$100. .....  | \$50.00                  |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$0.00                   |
| 4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL</b> \$65,473.94 |

**Schedule E  
(Continuation Sheet)**  
**Payments Made**

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period  
from 01/01/2024  
through 06/30/2024

Page 10 of 16I.D. NUMBER  
1454809

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Podesta Company<br>Sacramento, CA 95814-3929                                    | CNS  |    |                        | \$10,000.00 |
| Podesta Company<br>Sacramento, CA 95814-3929                                    | CNS  |    |                        | \$10,000.00 |
| Dana Williamson<br>Elk Grove, CA 95757-6266                                     | OFC  |    |                        | \$3,634.00  |
| Kaufman Legal Group<br>Los Angeles, CA 90017-5864                               | PRO  |    |                        | \$751.60    |
| Kaufman Legal Group<br>Los Angeles, CA 90017-5864                               | PRO  |    |                        | \$1,588.10  |

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

SUBTOTAL

**Schedule E  
(Continuation Sheet)**  
**Payments Made**

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period  
from 01/01/2024  
through 06/30/2024

Page 11 of 16I.D. NUMBER  
1454809

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR                  | DESCRIPTION OF PAYMENT | AMOUNT PAID       |
|---|------|---------------------|------------------------|-------------------|
| Kaufman Legal Group<br>Los Angeles, CA 90017-5864                               | PRO  |                     |                        | \$1,658.50        |
| Kaufman Legal Group<br>Los Angeles, CA 90017-5864                               | PRO  |                     |                        | \$2,410.54        |
| Kaufman Legal Group<br>Los Angeles, CA 90017-5864                               | PRO  |                     |                        | \$5,236.20        |
| Bankcard Center<br>Los Angeles, CA 90071-2627                                   |      | Credit Card Payment |                        | \$65.00           |
| Apollo Artistry<br>Inkster, MI 48141-1320                                       | WEB  |                     |                        | Memo Amt: \$40.00 |

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

**SUBTOTAL**

**Schedule E  
(Continuation Sheet)**  
**Payments Made**

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period  
from 01/01/2024  
through 06/30/2024

Page 12 of 16I.D. NUMBER  
1454809

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID       |
|---|------|----|------------------------|-------------------|
| Bankcard Center<br>Los Angeles, CA 90071-2627                                   | OFC  |    |                        | Memo Amt: \$25.00 |
| Bankcard Center<br>Los Angeles, CA 90071-2627                                   |      |    | Credit Card Payment    | \$40.00           |
| Apollo Artistry<br>Inkster, MI 48141-1320                                       | WEB  |    |                        | Memo Amt: \$40.00 |
| Bankcard Center<br>Los Angeles, CA 90071-2627                                   |      |    | Credit Card Payment    | \$40.00           |
| Apollo Artistry<br>Inkster, MI 48141-1320                                       | WEB  |    |                        | Memo Amt: \$40.00 |

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

**SUBTOTAL** \$65,423.94

# Schedule F

## Accrued Expenses (Unpaid Bills)

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

|   |                               |
|---|-------------------------------|
| Statement covers period<br>from <u>01/01/2024</u> | CALIFORNIA<br>FORM <b>460</b> |
| through <u>06/30/2024</u>                         | Page <u>13</u> of <u>16</u>   |
| I.D. NUMBER<br><u>1454809</u>                     |                               |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Becerra for Superintendent of Public Instruction 2030

**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, email)            |

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |

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

### SUBTOTALS

### Schedule F Summary

1. 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** \_\_\_\_\_
2. 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** \_\_\_\_\_
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET** \_\_\_\_\_  
May be a negative number.



**Schedule H –  
Loans Made to Others\***

SCHEDULE H

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

Statement covers period

from 01/01/2024

through 06/30/2024

CALIFORNIA  
FORM

**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Becerra for Superintendent of Public Instruction 2030

Page 15 of 16  
I.D. NUMBER  
1454809

| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>LOANED THIS<br>PERIOD | (c)<br>REPAYMENT OR<br>FORGIVENESS<br>THIS PERIOD*                                   | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>RECEIVED | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN | (g)<br>CUMULATIVE<br>LOANS<br>TO DATE            |
|--|---|---|--|--|---|-----------------------------|--------------------------------------|--|
|  |   | _____   | _____                                  | <input type="checkbox"/> PAID<br>_____<br><input type="checkbox"/> FORGIVEN<br>_____ | _____   | _____ %<br>RATE<br>DATE DUE | _____                                | CALENDAR YEAR<br>PER ELECTION**<br>DATE INCURRED |
|  |   | _____   | _____                                  | <input type="checkbox"/> PAID<br>_____<br><input type="checkbox"/> FORGIVEN<br>_____ | _____   | _____ %<br>RATE<br>DATE DUE | _____                                | CALENDAR YEAR<br>PER ELECTION**<br>DATE INCURRED |
| *Loans that are contributions to another candidate or committee<br>must also be summarized on Schedule D. Loans forgiven must<br>also be reported on Schedule E. |   | SUBTOTALS   |  |  |   |                             |                                      |  |

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

**Schedule H Summary**

1. Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)

\*\* If Required

2. Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) .....  
(Enter the net here and on the Summary Page, Column A, Line 7.)

**NET**

(May be a negative number)

## **Schedule I**

### **Miscellaneous Increases to Cash**

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

**SCHEDULE I**

**CALIFORNIA  
FORM 460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Becerra for Superintendent of Public Instruction 2030

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$0.00**

---

## Schedule I Summary

|   |                     |
|---|---------------------|
| 1. Increases to cash of \$100 or more this period.....  | \$0.00              |
| 2. Unitemized increases to cash under \$100 this period.....  | \$0.00              |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)                                    | \$0.00              |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the<br>Summary Page, Line 14.)..... | <b>TOTAL</b> \$0.00 |

**TOTAL** \$0.00