Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84218.5)

SEE INSTRUCTIONS ON REVERSE

1. **Type of Recipient Committee:**
   - All Committees - Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
     - State Candidate Election Committee
   - Recall
     - (Also Complete Part 1)
   - General Purpose Committee
     - Sponsored
   - Small Contributor Committee
   - Political Party/Central Committee
   - Primarily Formed Candidates' Officeholder Committee
     - (Also Complete Part 1)

2. **Type of Statement:**
   - Preliminary Statement
   - Semi-annual Statement
   - Termination Statement
   - Amendment (Explain below)
   - Quarterly Statement
   - Special Odd-Year Report
   - Supplemental Preliminary Statement - Attach Form 485

3. **Committee Information**
   - I.D. NUMBER: 1370971
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):
     - Lucy Aguilar for 2014 Ontario-Montclair School District Board

   - STREET ADDRESS AND LOCATION
   - CITY: Ontario
   - STATE: CA
   - ZIP CODE: 91762

   - Mailing Address (If different) No. and Street or P.O. Box
     - CITY: Same
     - STATE: CA
     - ZIP CODE: 91762

   - Optional: Fax / Email 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: [Date]
   - Executed on: [Date]
   - Executed on: [Date]
   - Executed on: [Date]

   - [Signature of Controlling Candidate, Candidate, State Measure Proponent]

   - [Signature of Controlling Candidate, Candidate, State Measure Proponent]

   - [FFPC Form 400 (June 97)]
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Lucy Aguilar

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Ontario-Montclair School District Board

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE? YES NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>STATE ZIP CODE AREA CODE/PHONE</td>
</tr>
</tbody>
</table>

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 PROONENT

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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD SUPPORT OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD SUPPORT OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD SUPPORT OPPOSE</td>
</tr>
</tbody>
</table>

Committee Address

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE? YES NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>STATE ZIP CODE AREA CODE/PHONE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary.
## Campaign Disclosure Statement

### Summary Page

**NAME OF FILER**
Lucy Aguilar

<table>
<thead>
<tr>
<th>Contributions Received</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$0</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$0</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$0</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$0</td>
</tr>
</tbody>
</table>

| Expenditures Made | Schedule E, Line 4 | $164 | $1194 |
| Loans Made | Schedule H, Line 3 | $0 | $0 |
| SUBTOTAL CASH PAYMENTS | Add Lines 5 + 7 | $164 | $1194 |
| Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | $0 | $96 |
| Nonmonetary Adjustment | Schedule G, Line 3 | $0 | $0 |
| TOTAL EXPENDITURES MADE | Add Lines 7 + 8 + 9 + 10 | $164 | $1290 |

### Current Cash Statement

| Line 12 | Beginning Cash Balance | Previous Summary Page, Line 16 | $575 |
| Line 13 | Cash Receipts | Column A, Line 3 above | $0 |
| Line 14 | Miscellaneous Increases to Cash | Schedule I, Line 4 | $0 |
| Line 15 | Cash Payments | Column A, Line 8 above | $164 |
| Line 16 | ENDING CASH BALANCE | Add Lines 12 + 13 + 14 + 15 above | $411 |

**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 filled for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).**

---

### Expenditure Limit Summary for State Candidates

#### 22. Cumulative Expenditures Made*

*(If Subject to Voluntary Expenditure Limit)*

<table>
<thead>
<tr>
<th>Date of Election</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2004</td>
<td>$____________</td>
</tr>
<tr>
<td>1/1/2004</td>
<td>$____________</td>
</tr>
<tr>
<td>1/1/2004</td>
<td>$____________</td>
</tr>
<tr>
<td>1/1/2004</td>
<td>$____________</td>
</tr>
</tbody>
</table>

---

### Cash Equivalents and Outstanding Debts

| Cash Equivalents | See Instructions on reverse | $0 |
| Outstanding Debts | Add Line 2 + Line 9 in Column A 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.**

**Statement covers period:**
- From: 10/01/2014
- Through: 10/18/2014

**CALIFORNIA FORM 460:**
- Page 4 of 13
- I.D. NUMBER: 1370971

#### NAME OF FILER
Lucy Aguilar

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (OR COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (OR SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>☐ IND</td>
<td>☐ COM</td>
<td>☐ OTH</td>
<td>☐ PTY</td>
<td>☐ SCC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ IND</td>
<td>☐ COM</td>
<td>☐ OTH</td>
<td>☐ PTY</td>
<td>☐ SCC</td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td></td>
<td>☐ IND</td>
<td>☐ COM</td>
<td>☐ OTH</td>
<td>☐ PTY</td>
<td>☐ SCC</td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A Summary**

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

*Contributor Codes
- IND — Individual
- COM — Recipient Committee
- OTH — Other
- PTY — Political Party
- SCC — Small Contributor Committee

FFPC Form 460 (June/01)
FFPC Toll-Free Helpline: 866/ASK-FPPC
Schedule B - Part 1
Loans Received

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

Statement covers period from 10/01/2014 through 10/18/2014

Lucy Aguilar

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>INTEREST PAID THIS PERIOD</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>✑ IND    ☐ COM     ☐ OTH    ☐ PTY    ☐ SCC</td>
<td>☐ PAID $  $  % rate $  ☐ FORGIVEN ☐ PAID $  $  % rate $  ☐ FORGIVEN</td>
<td>☐ PAID $  $  % rate $  ☐ FORGIVEN ☐ PAID $  $  % rate $  ☐ FORGIVEN</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>☐ IND    ☐ COM     ☐ OTH    ☐ PTY    ☐ SCC</td>
<td>☐ PAID $  $  % rate $  ☐ FORGIVEN ☐ PAID $  $  % rate $  ☐ FORGIVEN</td>
<td>☐ PAID $  $  % rate $  ☐ FORGIVEN ☐ PAID $  $  % rate $  ☐ FORGIVEN</td>
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<td></td>
</tr>
<tr>
<td>☐ IND    ☐ COM     ☐ OTH    ☐ PTY    ☐ SCC</td>
<td>☐ PAID $  $  % rate $  ☐ FORGIVEN ☐ PAID $  $  % rate $  ☐ FORGIVEN</td>
<td>☐ PAID $  $  % rate $  ☐ FORGIVEN ☐ PAID $  $  % rate $  ☐ FORGIVEN</td>
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</tbody>
</table>

SUBTOTALS $  $  $  $

Schedule B Summary
1. Loans received this period (Total Column (b) plus unitemized loans less than $100) $  0
2. Loans paid or forgiven this period (Total Column (c) plus loans under $100 paid or forgiven) $  0
   (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) NET $  0

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

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

CALIFORNIA FORM 460
Page 5 of 13
L.D. NUMBER 1370971

FPPC Form 460 (June'01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
Schedule C
Nonmonetary Contributions Received

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

Statement covers period
from 10/01/2014
through 10/18/2014

NAME OF FILER
Lucy Aguilar

I.D. NUMBER
1370971

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
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</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 0

Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more.
   (Include all Schedule C subtotals.) ................................................................. $ 0

2. Amount received this period – unitemized nonmonetary contributions of less than $100 ............................................... $ 0

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 $ 0

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (June01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
**Schedule D Summary**

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) ........................................... $ 0

2. Unitemized contributions and independent expenditures made this period of under $100 .................................................................................. $ 0

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) .................. TOTAL $ 0

---

**Schedule D**

**Summary of Expenditures**

**Supporting/Opposing Other Candidates, Measures and Committees**

**NAME OF FILER**

Lucy Aguilar

**NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE**

N/A

**TYPE OF PAYMENT**

- [x] Monetary Contribution
- [ ] Nonmonetary Contribution
- [ ] Independent Expenditure

**DESCRIPTION (IF REQUIRED)**

**AMOUNT THIS PERIOD**

**CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)**

**PER ELECTION TO DATE (IF REQUIRED)**

---

**SUBTOTAL $**
**Schedule E Payments Made**

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

Statement covers period from 10/01/2014 through 10/18/2014

NAME OF FILER

Lucy Aguilar

I.D. NUMBER

1370971

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

- COMP campaign paraphernalia
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- RND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEC legal defense
- LIT campaign literature and mailings
- MRE member communications
- MTG meetings and appearances
- OPC office expenses
- PET petition circulating
- PHO phone banks
- PCL 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 TV or cable airtime and production costs
- TPC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSTF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>So Cal Graphics</td>
<td>LIT</td>
<td>164</td>
</tr>
</tbody>
</table>

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

**Schedule E Summary**

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ........................................... $ 164
2. Unitemized payments made this period of under $100 .......................................................... $ 0
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 $ 164

FFPC Form 460 (June/01)
FFPC Toll-Free Helpline: 866/ASK-FPPC
Schedule F
Accrued Expenses (Unpaid Bills)

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>NAME AND ADDRESS OF CREDITOR</th>
<th>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>AMOUNT INCURRED THIS PERIOD</th>
<th>AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFC</td>
<td></td>
<td>Lowe's Hardware</td>
<td>96.00</td>
<td>0</td>
<td>0</td>
<td>96.00</td>
</tr>
</tbody>
</table>

SUBTOTALS $ 96.00 $ 0 $ 0 $ 96.00

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 $ 0
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 $ 0
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 $ 0

FPPC Form 460 (June'91)
FPPC Toll-Free Helpline: 866/ASK-FPPC
Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)  

NAME OF FILER  
Lucy Aguilar  

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

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>campaign paraphernalia/misc.</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
</tr>
<tr>
<td>FIL</td>
<td>candidate filing/ballot fees</td>
</tr>
<tr>
<td>RND</td>
<td>fundraising events</td>
</tr>
<tr>
<td>IND</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
</tr>
<tr>
<td>UT</td>
<td>campaign literature and mailings</td>
</tr>
<tr>
<td>MER</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OFC</td>
<td>office expenses</td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PHO</td>
<td>phone banks</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRT</td>
<td>print ads</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>RFD</td>
<td>returned contributions</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>l.v. or cable airtime and production costs</td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/spONSor</td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR OF COMMITTEE, ALSO ENTER I.D. NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON D)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
</table>

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

NAME OF FILER
Lucy Aguilar

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
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</tr>
<tr>
<td>FND</td>
<td>fundraising events</td>
</tr>
<tr>
<td>IND</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
</tr>
<tr>
<td>UT</td>
<td>campaign literature and mailings</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE OR CREDITOR (OF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 10/01/2014
through 10/18/2014

Name of Filer
Lucy Aguilar

I.D. Number
1370971

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>AMOUNT LOANED THIS PERIOD</th>
<th>REPAYMENT OR FORGIVENESS THIS PERIOD</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>INTEREST RECEIVED</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE LOANS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>$</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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.

Schedule H Summary

1. Loans made this period ........................................... $ 0
   (Total Column (b) plus unitemized loans less than $100.)

2. Payments received on loans .................................... $ 0
   (Total Column (c) plus unitemized payments less than $100.)

3. 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.)

FPSC Form 460 (June/81)
FPSC Toll-Free Helpline: 866/ASK-FPSC

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**If Required
## Schedule I
### Miscellaneous increases to Cash

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE (CP COMMITTEE ALSO ENTER ID NUMBER)</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Attach additional information on appropriately labeled continuation sheets.*

**Schedule I Summary**

1. Increases to cash of $100 or more this period. .................................................. $ 0
2. Unitemized increases to cash under $100 this period. ........................................... $ 0
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.) .................................................. $ 0

**TOTAL** $ 0

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*FPCC Form 460 (June01)*

FPCC Toll-Free Helpline: 866/ASK-FPCC