Recipient Committee		1	Date Stamp	15	COVERPAGE
Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Date State	C.	FORM 460
(Statement covers period	Date of election if applicable:		Do Do	ge 1 of 2/
	from 10/18/2020	(Month, Day, Year)			For Official Use Only
				1 10	roi Onicia: Ose Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2020	11/03/2020		111111111111111111111111111111111111111	
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor 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 Te	ermination)	Suppleme	Statement dd-Year Report ntal Preelection - Attach Form 495
3. Committee Information	D. NUMBER 1251595	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Aceituno for City Council 2020		David Gould			
		MAILING ADDRESS			
ATTENDE LORDEAN (NO DO DOM		CITY		ZIP CODE	AREA CODE/PHONE
STREET ADDRESS (NO P.O. BOX)		Long Beach	STATE	90802	AREA CODE/PHONE
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	and the second s		
Long Beach CA 9080	02	Ingrid Orellana			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	BOX	MAILING ADDRESS			
CITY STATE ZIP CO	ODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Long Beach	CA	90802	garanti sura
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDI	RESS		
4. Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of California Executed on	a that the foregoing is true and correct. By	Signature of Treasurer or Assistant ntrolling Officeholder, Candidate, State Measure Pro-	Treasurer apponent or Responsible Office	6	true and complete. I certify
Date	-,	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent		FPPC Form 460 (Jan/2016)

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

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2								
CALIFORNIA FORM	460							
Page2	of21							

Officeholder or Candidate Controlled Commit	ttee	6.	Primarily Formed Ballot	Measure Committee			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Pedro Aceituno							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	SUPPORT OPPOSE		
City Council Member Bell Gardens Bell Gardens	3				☐ OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT			Identify the controlling office	ceholder, candidate, or s	tate measure proponent, if any		
Bel	l Gardens CA 90201		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROPONENT			
Related Committees Not Included in this Statement that are controlled by you occurributions or make expenditures on behalf of your cand	r are primarily formed to receive		OFFICE SOUGHT OR HELD	Milde	DISTRICT NO. IF ANY		
COMMITTEE NAME	I.D. NUMBER						
Aceituno 4 Assembly 2018	1403442						
		7.	. Primarily Formed Cand	lidate/Officeholder C	ommittee List names of		
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s)	for which this committee i	s primarily formed.		
David Gould	X YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SOI	JGHT OR HELD		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	X)				SUPPORT OPPOSE		
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SOI	UGHT OR HELD		
Long Beach CA 9080	and the second s				OPPOSE		
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SOI	UGHT OR HELD SUPPORT OPPOSE		
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD SUPPORT OPPOSE		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO)X)						
CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary							

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVENSE	-		-					
NAME OF FILER						I.D. NUMBER		
Aceituno for City Council 2020			<u>.</u>			1251595		
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)			COLUMN B CALENDAR YEAR TOTALTO DATE	Calendar Year Summary for Candidate Running in Both the State Primary and General Elections			
1. Monetary Contributions	\$	13,521.90	\$	50,521.90				
2. Loans Received		C.00		0.00	1/13	hrough 6/30 7/1 to Date		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	13,521.90	\$	50,521.90	20. Contributions Received \$	s		
4. Nonmonetary Contributions Schedule C, Line 3		0.00		99.00	21 Evnenditures			
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4			\$	50,620.90	Made \$	\$		
Expenditures Made						Summary for State		
6. Payments Made Schedule E, Line 4	\$	28,925.28			Candidates			
7. Loans Made Schedule H, Line 3				0.00		ve Expenditures Made*		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7			\$	57,347.63	(Y Subject t	Voluntary Expenditure Limit)		
9. Accrued Expenses (Unpaid Bills)				0.00	Date of Election (mm/dd/yy)	Total to Date		
10. Nonmonetary Adjustment Schedule C, Line 3				99.00	(Hatadaryy)			
11. TOTAL EXPENDITURES MADE	\$	28,925.28	\$	57,446.63]	\$		
Current Cash Statement						\$		
12. Beginning Cash Balance Previous Summary Page, Line 18	\$	23,531.74		calculate Column B, add				
13. Cash Receipts Column A, Line 3 above		13,521.90		nounts in Column A to the rresponding amounts	*Amounts in this section	may be different from amounts		
14. Miscellaneous Increases to Cash Schedule I, Line 4		1,000.00	fro	m Column B of your last	reported in Column B.	may be different from amounts		
15 Cash Payments Column A, Line 8 above		28,925.28	Co	oort. Some amounts in dumn A may be negative				
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	9,128.36		ures that should be btracted from previous				
If this is a termination statement, Line 16 must be zero.			pe	riod amounts. If this is				
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for ca	e first report being filed this calendar year, only my over the amounts				
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if	4			
18. Cash Equivalents	\$	0.00						
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00						
			1		-	FPPC Form 460 (Ja		

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

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cove	ers period	CALIFORNIA 460		
				from10/18/2020		FORM 400		
	ONS ON REVERSE			through _12/31/2	020	Page of .	21	
NAME OF FILER						I.D. NUMBER		
Aceituno for	r City Council 2020					1251595		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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 D CALENDAR YEA (JAN. 1 - DEC. 3	AR TODA	TE	
10/22/2020	Ivy Chu Beverly Hills, CA 90210	☑IND □COM □OTH □PTY □SCC	Retired None	1,000.00	1,00	0.00	100	
10/22/2020	Menco Roofing Inc. Granada Hills, CA 91344	☐IND ☐COM ☑OTH ☐PTY ☐SCC		1,000.00	1,00	0.00	м	
10/22/2020	Southern California Edison Rosemead, CA 91770	□IND □COM 図OTH □PTY □SCC		500.00	50	0.00		
10/30/2020	Committee to Elect Councilman Eloy Morales 2020 (ID# 1292770) Long Beach, CA 90802	□IND IND IND IND IND IND IND IND		1,500.00	1,50	0.00		
11/03/2020	Athens Services City Of Industry, CA 91716	☐IND ☐COM 図OTH ☐PTY ☐SCC		2,500.00	12,50	00.00		
			SUBTOTAL\$	6,500.00				
Amount red (include all	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)			12,828.90	IND-ir COM-	butor Codes ndividual Recipient Committee (other than PTY or \$ Other (e.g., busines	SCC)	

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

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

SCC - Small Contributor Committee

PTY - Political Party

3. Total monetary contributions received this period.

Schedule A (Continuation Sheet) SCHEDULE A (CONT.) **Monetary Contributions Received** Amounts may be rounded Statement covers period CALIFORNIA to whole dollars. FORM 10/18/2020 through 12/31/2020 Page 5 of 21 NAME OF FILER I.D. NUMBER Aceituno for City Council 2020 1251595 IF AN INDIVIDUAL, ENTER **AMOUNT CUMULATIVE TO DATE** PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) TODATE RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 11/03/2020 Inna Effress Freelance Writer XIND 1,500.00 1,500.00 Inna Effress COM Los Angeles, CA 90049 ПОТН □PTY □scc 11/03/2020 Fiesta Taxi Co-Op, Inc. ☐ IND 1,000.00 1,000.00 **СОМ** Gardena, CA 90249 **X**OTH □ PTY SCC 11/03/2020 Daniel T. Hernandez XIND Sales Consultant 500.00 500.00 Universal Appliances □ COM Burbank, CA 91501 □oтн □ PTY SCC 11/10/2020 Laborers' Local 300 (ID# 950674) 1,000.00 1,000.00 □COM Los Angeles, CA 90006 **□**OTH **□PTY** X SCC 11/10/2020 Semora Energy 250.00 □IND □COM 250.00 San Diego, CA 92101

SUBTOTAL\$

4,250.00

☐ PTY
☐ SCC

"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 A (Continuation Sheet) Monetary Contributions Received Amounts may be rounded to whole dollars. Statement coverage to whole dollars. Statement coverage to whole dollars.

		SCHEDULE A (CONT.)
State	ment covers period	CALIFORNIA AGO
rom	10/18/2020	FORM 400
through12/31/2020	12/31/2020	Page 6 of 21
		I.D. NUMBER

Aceituno for	City Council 2020					1251595	j
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 (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	MPLOYER RECEIVED THIS CALENDAR YET TERNAME PERIOD (JAN 1 - DEC.		AR	PER ELECTION TO DATE (IF REQUIRED)
11/19/2020	Covina, CA 91722	☐IND IX COM ☐OTH ☐PTY ☐SCC		2,078.90	2,0	78.90	
		IND COM OTH PTY SCC					
		OTH SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTALS	2,078.90	Eli Tri giriy	alty Si	

*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule D SCHEDULE D **Summary of Expenditures** Statement covers period Amounts may be rounded Supporting/Opposing Other CALIFORNIA to whole dollars. FORM Candidates, Measures and Committees 10/18/2020 from SEE INSTRUCTIONS ON REVERSE through 12/31/2020 Page ____7 of __21 NAME OF FILER I.D. NUMBER Aceituno for City Council 2020 1251595 CUMULATIVE TO DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR PER ELECTION DATE DESCRIPTION TYPE OF PAYMENT AMOUNT THIS MEASURE NUMBER OR LETTER AND JURISDICTION, **CALENDAR YEAR** TO DATE (IF REQUIRED) PERIOD OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) 10/22/2020 Maria Pulido Ro 2,288.69 8,106.19 ■ Monetary City Council Member Bell Gardens Contribution IN KIND CONTRIBUTION Nonmonetary Contribution Independent X Support Expenditure Oppose 11/10/2020 Maria Pulido 1,500.00 8,106.19 **X** Monetary City Council Member Bell Gardens Contribution Nonmonetary Contribution Independent Expenditure X Support Oppose Monetary Contribution □ Nonmonetary Contribution ☐ Independent Support Oppose Expenditure SUBTOTAL \$ 3,788.69 **Schedule D Summary** 1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 3,788.69 2. Unitemized contributions and independent expenditures made this period of under \$100......\$ 0.00

										SCHEDULE I
Schedule E Payments Made	Amo	Amounts may be rounded			S	Statement covers period				DRNIA 460
rayments made	to whole dollars.				fro	m	10/18/2	020	FO	RM 400
							12/21/2	.020		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					thre	ough .	12/31/2	020		8 of 21
									I.D. NUI	ABER
Aceituno for City Council 2020		. II. S							12515	95
CODES: If one of the following codes accurately describes	s the pa	yment, yo	u may ent	er the code. O	therwise, d	descri	be the pa	yment.		
CMP campaign paraphernalia/misc. CNS campaign consultants			munications d appearance		RAD RFD		airtime and	production o	costs	
CTB contribution (explain nonmonetary)*		office expen		:\$	SAL		ned commoc paign worke			
CVC civic donations FIL candidate filing/ballot fees	•	petition circu						ne and produ		S
FND fundraising events		phone banks polling and s	: Survey resear	rch	TRS	cand staff/	idate travel, 'socuse travi	lodging, and el, lodging, a	meals	
ND independent expenditure supporting/opposing others (explain)*	POS p	postage, del	ivery and me	ssenger services	TSF	trans	ifer between	committees	of the sai	ne candidate/sponsor
LEG legal defense LIT campaign literature and mailings		professional print ads	services (leg	al, accounting)	VOT		r registration	nology costs	(intown)	
	,,,,	print 603			*****	TEREOF	mation tech	lology costs	(milemet, e	Hilaii)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTIO	ON OF P	AYMENT			AMOUNT PAID
Wells Fargo Bank			CIMP	Credit Card P	ayment					2,234.73
El Monte, CA 91731										
Nexus Point Services			LIT							2,325.00
Bell Gardens, CA 90201										
Democratic Voters Choice (ID# 595002)			LIT							3,421.00
Covina, CA 91722										
* Payments that are contributions or independent expenditures in	nust also	be summ	arized on S	chedule D.				SUE	STOTAL\$	7,980.7
Schedule E Summary										
1. Itemized payments made this period. (Include all Schedule I	E subto	tals.)		**********	***********	*******	*********		\$	28,434.45
2. Unitemized payments made this period of under \$100										
3. Total interest paid this period on loans. (Enter amount from									•	
4. Total payments made this period. (Add Lines 1, 2, and 3. Er										
				., . ago, comm	iii. d millio d	·· j · · · · ·	************		~ <u>~</u> ~	20,323,20

		(4)		
Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE	Amounts may to whole d			Statement covers period from
NAME OF FILER Aceituno for City Council 2020				
CODES: If one of the following codes accurately described and the comparison of the following codes accurately described and the contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LTC campaign literature and mailings	MBR member cor MTG meetings ar OFC office experition circle PET petition circle PHO phone bank POL polling and POS postage, de	nmunications ad appearance ases stating s survey researd livery and mes	S	Otherwise, describe the payment RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, at TRS staff/spouse travel, lodging TSF transfer between committee VOT voter registration WEB information technology cost
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR	DESCRIPTION OF PAYMENT
Patricia Carrillo Downey, CA 90241		SAL		
Luis Frias		SAL	-	

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA ACO
from10/18/2020	FORM 400
through 12/31/2020	Page 9 of 21
	I.D. NUMBER
	1251595

RAD radio airtime and production costs RFD returned contributions

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		dating s survey resea livery and m	arch essenger services gal, accounting)	TEL TRC TRS TSF VOT	campagn workers salaries t.v. or cable airlime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same voter registration information technology costs (internet, e-n	·
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
Patricia Carrillo Downey, CA 90241		SAL				54.00
Luis Frias Commerce, CA 90004		SAL				54.00
Dulce Garcia Los Angeles, CA 90033		SAL				54.00
Joaquin Lopez Pico Rivera, CA 90660		SAL				306.00
Ana Martinez Downey, CA 90241		SAL				54.00
* Payments that are contributions or independent expenditures must also	o be summarized on	Schedule D			SUBTOTAL \$	522.00

Schedule	E	
(Continuat	tion	Sheet)
Payments	Mac	le

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

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

		SCHEDULE E (CON	VT.
State	ement covers period	CALIFORNIA 460	1
from	10/18/2020	FORM 400	,
through	12/31/2020	Page 10 of 21	
		I.D. NUMBER	

NAME OF FILER Aceituno for City Council 2020 1251595

CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FiL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense MTG meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger servi		earch messenger services	RFD SAL TEL TRC TRS TSF	candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/spo voter registration		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
Nexus Point Services Bell Gardens, CA 90201			LIT				3,336.32
Progressive Contact Technologies Norwalk, CA 90650			LIT				1,241.06
Public Service Calls South Gate, CA 90280			SAL				54.00
Rosa Rodriquez South Gate, CA 90280			SAL				306.00
Nexus Point Services Bell Gardens, CA 90201			WEB				500.00
* Payments that are contributions or independent expenditures must als	so be sumi	marized on S	Schedule i	D.		SUBTOTAL \$	5.437.38

SUBTOTAL \$

5,437.38

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Aceituno for City Council 2020	Amounts may l to whole d			Statement covers period from10/18/2020 through12/31/2020	SCHEDULE E (CONT.) CALIFORNIA 460 FORM 21 I.D. NUMBER 1251595
CODES: If one of the following codes accurately describe CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LTC campaign literature and mailings	MBR member cor meetings at OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de	nmunications and appearan ases ulating s survey rese	s ces	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries t.v. or cable airtime and production TRC candidate travel, lodging, and TRS staff/spouse travel, lodging.	duction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
Maria Alaniz South Gate, CA 90280		SAL			216.00
Bryan Andrade South Gate, CA 90280		SAL			288.00
Patricia Carrillo Downey, CA 90241		SAL			180.00
Luis Frias Commerce, CA 90004		SAL			198.00
Dulce Garcia Los Angeles, CA 90033		SAL			288.00

SUBTOTAL \$

1,170.00

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

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Aceituno for City Council 2020

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
CNS campaign consultants MTG meetings and appearances
CTB contribution (explain nonmonetary)* OFC office expenses
CVC civic donations PET petition circulating

FIL candidate filing/ballot fees PHO FND fundralsing events POL independent expenditure supporting/opposing others (explain)*

IND independent expenditure supporting/opposing others (explain)*
LEG legal defense

MBR member communications RAD radio airtime and production costs

meetings and appearances
office expenses
SAL
petition circulating
RFD
returned contributions
campaign workers' salaries
t.v. or cable airlime and production costs

phone banks

TRC candidate travel, lodging, and meals
polling and survey research
postage, delivery and messenger services

TRS candidate travel, lodging, and meals
staff/spouse travel, lodging, and meals
transfer between committees of the sa

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

LT campaign literature and mailings	PRO professional PRT print ads	services (I	egal, acco	unting) VOT voter registration WEB information technology cos	ts (internet, e-mail)	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMC	DUNT PAID
Matthew Gonzalez South Gate, CA 90280		SAL				144.00
GOULD & ORELLANA, LLC Long Beach, CA 90802		PRO	75000 to 1			300.00
Joaquin Lopez Pico Rivera, CA 90660		SAL				504.00
Ana Martinez Downey, CA 90241		SAL				180.00
Maria Mercado Los Angeles, CA 90022		SAL				144.00
* Payments that are contributions or independent expenditures n	nust also be summarized on	Schedule I	D.	S	UBTOTAL \$	1,272.00

professional services (legal accounting)

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.		nuation Sheet) Amounts may be rounded to whole dollars.			from	10/18/2020 10/18/2020	CALIFO FOR	M 400
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				unot	ign		13 of 21		
						I.D. NUMBI	ER		
Aceitumo for City Council 2020				- H e ::		1251595	5		
CODES: If one of the following codes accurately describ CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundraising events Independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	MBR member commeetings and oFC office expen petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearant ses lating survey reses ivery and m	ces	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salarie t.v. or cable airtime and produdate travel, lodging, a staff/spouse travel, lodging transfer between committee.	on costs es roduction costs and meals g, and meals ees of the san	ne candidate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	ON OF PAYMENT		AMOUNT PAID		
Public Service Calls South Gate, CA 90280		CNS					290.00		
Rosa Rodriquez South Gate, CA 90280		SAL			•		576.00		
Luz Ruiz South Gate, CA 90280		SAL					400.00		
Doreen Sanchez		SAL	-				63.00		

Wells Fargo Bank CMP Credit Card Payment 104.74 El Monte, CA 91731 * Payments that are contributions or Independent expenditures must also be summarized on Schedule D. SUBTOTAL \$

63.00

1,433.74

Los Angeles, CA 90038

Schedule	E	
(Continual	tion	Sheet)
Payments	Mac	ie

Amounts may be rounded

SCHEDULE E (CONT.) Statement covers period

Payments Made	to whole dollars.		from	10/18/2020	FORM	^A 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				throu	gh 12/31/2020	Page 14	of21
NAME OF FILER						I.D. NUMBER	
Aceituno for City Council 2020						1251595	
CODES: If one of the following codes accurately describe CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member community meetings and office expension circul PHO phone banks POL polling and s POS postage, delii	munications i appearanceses ating urvey resea	es	RAD RFD SAL TEL TRC TRS TSF	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and produced candidate travel, lodging, an	fuction costs d meals and meals s of the same c	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT	1	AMOUNT PAID
Maria Alaniz South Gate, CA 90280		SAL					1,308.60
Bryan Andrade South Gate, CA 90280		SAL					391.50
Patricia Carrillo Downey, CA 90241		SAL					144.00
Monica Diaz Los Angeles, CA 90004		SAL					513.00
Luis Frias Commerce, CA 90004		SAL					144.00
* Payments that are contributions or independent expenditures must als	so be summarized on :	Schedule D.			SU	BTOTAL \$	2 501 10

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.			fron	Statement covers period	CALIFO	SCHEDULE E CALIFORNIA FORM		
SEE INSTRUCTIONS ON REVERSE					thro	ough12/31/2020	Page	15 o	4_21_
NAME OF FILER							I.D. NUME	BER	
Aceituno for City Council 2020							125159	5	
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR MTG OFC PET	member com meetings and office expen petition circui phone banks polling and s postage, deli	munications d appearan ses lating survey rese livery and n	s ces	RAE RFD SAL TEL TRC TRS TSF VOT	o radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and procandidate travel, lodging, a staff/spouse travel, lodging transfer between committe	n costs s oduction cost nd meals , and meals es of the sar	me candi	date/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTI	ON OF PAYMENT		AMOL	JNT PAID
Dulce Garcia Los Angeles, CA 90033			SAL						144.00
Matthew Gonzalez South Gate, CA 90280			SAL						144.00
Sophia Gonzalez South Gate, CA 90280			SAL						144.00
Roxana Guevara Baldwin Park, CA 91706			SAL						1,035.00
Roxana Guevara			SAL			- 49			90.00

* Payments that are contributions or Independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 1,557.00

Schedule	E	
(Continuat	tion SI	heet)
Payments	Made	

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.) Statement covers period CALIFORNIA FORM 10/18/2020 through __12/31/2020 Page 16 of 21

NAME OF FILER I.D. NUMBER Aceituno for City Council 2020 1251595

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 independent expenditure supporting/opposing others (explain)* IND POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) PRO VOT voter registration LIT campaign literature and mailings WEB Information technology costs (internet, e-mail) PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	0	DR DESCRIPTION OF PAYMENT	AM	OUNT PAID
Joaquin Lopez PICO RIVEIA, CA 90660	SAL				504.00
Ana Martinez Downey, CA 90241	SAL				144.00
Maria Mercado Los Angeles, CA 90022	SAL				99.00
Public Service Calls South Gate, CA 90280	CNS				180.00
Miriam Reyes Los Angeles, CA 90063	SAL				591.30
* Payments that are contributions or independent expenditures must also be sun	nmarized on Schedule [D.		SUBTOTAL \$	1,518.30

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Schedule E
(Continuation Sheet)
Payments Made

CMP campaign paraphemalia/misc.

CTB contribution (explain nonmonetary)*

CNS campaign consultants

CVC civic donations

Amounts may be rounded to whole dollars.

MBR member communications

petition circulating

OFC office expenses

PET

MTG meetings and appearances

		SCHEDULE E (CONT.)
State	ement covers period	CALIFORNIA 460
from	10/18/2020	FORM 400
through	12/31/2020	Page17 of21
		I.D. NUMBER
		1251595

RAD radio airtime and production costs

TEL t.v. or cable airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Aceituno for City Council 2020

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

FND IND LEG	ND fundraising events independent expenditure supporting/opposing others (explain)* EG legal defense		PHO phone banks POL polling and survey research POS postage, delivery and messenge PRO professional services (legal, acc PRT print ads			TRS TSF VOT		
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)			CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
	Rodriguez Gate, CA 90280			SAL				1,215.00
Luz R	uiz Gate, CA 90280			SAL				1,050.00
	n Sanchez ngeles, CA 90038			SAL				100.80
	a Valdez ngeles, CA 90022			SAL				709.20
	Pulido for Bell Gardens City Council 2020 Beach, CA 90802			CTB				1,500.00
* Paym	ents that are contributions or independent expenditures must als	o be su	mmarized on S	Schedule E).	-	SURTOTAL	4 575 00

Schedule	E
(Continua	tion Sheet)
Payments Payments	Made

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA

from	10/18/2020	F

ORM

SCHEDULE E (CONT.)

through __ 12/31/2020 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Page 18 of 21 I.D. NUMBER

1251595

Aceituno for City Council 2020

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 TRS staff/spouse travel, lodging, and meals polling and survey research POL independent expenditure supporting/opposing others (explain)* ND 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 UT campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Wells Farqo Bank El Monte, CA 91731	CMP	Credit Card Payment	317.20
GOULD & ORELLANA, LLC Long Beach, CA 90802	PRO		150.00

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

SUBTOTAL \$

467.20

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		its may be rounded whole dollars.		fro	Statement covers period from10/18/2020		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				tor	ough 12/31/2020		of21	
						I.D. NUMBER	2	
Aceituno for City Council 2020 NAME OF AGENT OR INDEPENDENT CONTRACTOR						1251595		
Nexus Point Services								
CODES: If one of the following codes accurately describ	45			O44				
CMP campaign paraphemalia/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 * Payments that are contributions or independent expenditures must also	MBR member co MTG meetings a OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de PRO professione PRT print ads	mmunications and appearance enses culating ks I survey rese elivery and n al services (k	ces arch essenger services ggal, accounting)	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro- candidate travel, lodging, an staff/spouse travel, lodging,	duction costs d meals and meals es of the same	-	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID	
U.S. Postmaster Los Angeles, CA 90071		POS		V (700			1,125.00	
U.S. Postmaster Los Angeles, CA 90071		POS					1,536.32	

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

2,661.32

^{*} 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 G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) SEE INSTRUCTIONS ON REVERSE NAME OF FILER		nts may be ro whole dollar		Statement covers period from10/18/2020 through12/31/2020	CALIFORNIA 460 FORM 460 Page 20 of 21
Aceituno for City Council 2020 NAME OF AGENT OR INDEPENDENT CONTRACTOR					1251595
Wells Fargo Bank					
	as the nermant				
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must als	MER member communications RAD radio airtime and production costs meetings and appearances OFC office expenses SAL campaign workers' salaries PET petition circulating TEL t.v. or cable airtime and production costs PHO phone banks TRC candidate travel, lodging, and meals POL polling and survey research postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads RAD radio airtime and production costs 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 comparation technology costs (internet, e-mail information technology costs (on costs es oduction costs and meals g, and meals ees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE	OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
Office Depot Norwalk, CA 90650		CMP			2,234.7
Office Depot Norwalk, CA 90650		OFC			104.7
Jim's Burgers Downey, CA 90241		CMP			118.3

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

2,457.79

^{*} 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 I **SCHEDULE I** Miscellaneous Increases to Cash Statement covers period Amounts may be rounded CALIFORNIA to whole dollars. **FORM** 10/18/2020 through 12/31/2020 Page 21 of 21 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Aceituno for City Council 2020 1251595 DATE **FULL NAME AND ADDRESS OF SOURCE** AMOUNT OF **DESCRIPTION OF RECEIPT** RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) INCREASE TO CASH 11/16/2020 Californians For Quality Education (ID# 1371954) Refund 1,000.00 Covina, CA 91722 Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 1,000.00 Schedule I Summary 1. Itemized increases to cash this period. \$ 1,000.00 0.00 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)\$ 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

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

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