

**Recipient Committee  
Campaign Statement  
Cover Page**  
(Government Code Sections 84200-84216.5)

COVER PAGE

CITY OF BELLGARDENS  
CITY CLERK'S OFFICE

CALIFORNIA FORM **460**

Statement covers period  
from 10/18/2020  
through 12/31/2020

Date of election if applicable  
(Month, Day, Year) NOV 03 2020  
11/03/2020  
7100 GARFIELD AVE  
BELLGARDENS CA 90711

Page 1 of 16

For Official Use Only

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 6)
- General Purpose Committee**
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee**
  - Controlled
  - Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee**  
(Also Complete Part 7)

**2. Type of Statement:**

- Protection Statement**
- Semi-annual Statement**
- Termination Statement (Also file a Form 410 Termination)**
- Amendment (Explain below)**
- Quarterly Statement**
- Special Odd-Year Report**
- Supplemental Protection Statement - Attach Form 485**

**3. Committee Information**

I.D. NUMBER  
**1422572**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
**Rodriguez for City Council 2020**

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]  
CITY Long Beach STATE CA ZIP CODE 90802 AREA CODE/PHONE [REDACTED]  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
**Jennifer Rodriguez**

MAILING ADDRESS  
[REDACTED]  
CITY STATE ZIP CODE AREA CODE/PHONE  
**Long Beach CA 90802**

NAME OF ASSISTANT TREASURER, IF ANY  
**David L. Gould**

MAILING ADDRESS  
[REDACTED]  
CITY STATE ZIP CODE AREA CODE/PHONE  
**Long Beach CA 90802**

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 1-30-21  
Date  
Executed on 1-30-21  
Date  
Executed on \_\_\_\_\_  
Date  
Executed on \_\_\_\_\_  
Date

By [REDACTED]  
Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
By [REDACTED]  
Signature of Controlling Officer/holder, Candidate, State Measure Proponent  
By \_\_\_\_\_  
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

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

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 16

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Jennifer Rodriguez

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

City Council Member City

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[REDACTED]	Bell Gardens	CA	90201

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE?
	<input type="checkbox"/> YES <input type="checkbox"/> 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?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

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

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM <b>460</b>
	Page <u>3</u> of <u>16</u>
	I.D. NUMBER <b>1422572</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rodriguez for City Council 2020

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>22,700.00</u>	\$ <u>68,865.32</u>
2. Loans Received ..... Schedule B, Line 3	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>22,700.00</u>	\$ <u>68,865.32</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>0.00</u>	<u>2,440.93</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>22,700.00</u>	\$ <u>71,306.25</u>

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>35,975.13</u>	\$ <u>68,668.22</u>
7. Loans Made ..... Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>35,975.13</u>	\$ <u>68,668.22</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>1,500.00</u>	<u>1,500.00</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>0.00</u>	<u>2,440.93</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>37,475.13</u>	\$ <u>72,609.15</u>

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>14,277.92</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>22,700.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>0.00</u>
15. Cash Payments ..... Column A, Line 8 above	<u>35,975.13</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1,002.79</u>

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0.00</u>
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>1,500.00</u>

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM <b>460</b> Page <u>4</u> of <u>16</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>Rodriguez for City Council 2020</b>	I.D. NUMBER <b>1422572</b>
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DATE RECEIVED	FULL NAME, STREET 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)
10/20/2020	Fernando Chacon for School Board 2020 (ID# 1427183) [REDACTED] Long Beach, CA 90802	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	
10/21/2020	Per Jar Investments, LLC (Fernando Jaramillo) [REDACTED] Corona, CA 92880	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	
10/21/2020	Fernando Jaramillo [REDACTED] Corona, CA 92880	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Per Jar Investments, LLC	2,500.00	2,500.00	
10/26/2020	TaxPayers For Quality Leadership (ID# 1361185) [REDACTED] Long Beach, CA 90802	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	
10/28/2020	Lisbeth Flores For City Council 2018 (ID# 1403078) [REDACTED] Inglewood, CA 90301	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	
<b>SUBTOTAL \$</b>				<b>13,000.00</b>		

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$ <u>22,700.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$ <u>0.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$ <u>22,700.00</u></b>

\*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 covers period		CALIFORNIA FORM <b>460</b>
from <u>10/18/2020</u>		
through <u>12/31/2020</u>		Page <u>5</u> of <u>16</u>
		I.D. NUMBER <b>1422572</b>

NAME OF FILER

Rodriguez for City Council 2020

DATE RECEIVED	FULL NAME, STREET 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)
11/05/2020	ARC Investment Group, LLC (Lindsay Jones) Irvine, CA 92612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	
11/16/2020	Jared Koenig TUSTIN, CA 92782	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer Jared Koenig	4,500.00	4,500.00	
11/16/2020	Igor Plotkin Encino, CA 91316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Igor Plotkin	900.00	900.00	
11/16/2020	Yevgeniya Volfsan Granda Hills, CA 91344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Yevgeniya Volfsan	900.00	900.00	
12/03/2020	Carmen Romero South El Monte, CA 91733	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	900.00	900.00	
<b>SUBTOTAL \$</b>				<b>9,700.00</b>		

\*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 D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM <b>460</b> Page <u>6</u> of <u>16</u> I.D. NUMBER <b>1422572</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rodriguez for City Council 2020

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)
10/21/2020	Christian Mendez City Council Member Bell Gardens City Council (in-kind) Canvasser Salaries	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Canvasser Salaries	4,933.62	22,367.92	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/02/2020	Christian Mendez City Council Member Bell Gardens City Council (in-kind) Mailer	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	2,626.87	22,367.92	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL \$</b>				<b>7,560.49</b>		

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 7,560.49
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 7,560.49

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period		CALIFORNIA FORM <b>460</b>	
from	10/18/2020	Page	7 of 16
through	12/31/2020	I.D. NUMBER	1422572

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Rodriguez 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.                                 | MER 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  | FEI petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FL candidate filing/ballot fees                                  | PHD phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events   | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| ND 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                             | PRF print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Earla Acosta Bell Gardens, CA 90201	SAL		200.00
Maria Yolanda Cardiel Bell Gardens, CA 90201	SAL		1,297.50
Teresa Colio Downey, CA 90241	CTB		1,500.00

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

**SUBTOTAL \$ 2,997.50**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 35,898.10
2. Unitemized payments made this period of under \$100	\$ 76.95
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 \$ 35,975.13</b>

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

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM <b>460</b>
	Page <u>8</u> of <u>16</u>
	I.D. NUMBER 1422572

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Rodriguez 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	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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Isabel Guillen Bell Gardens, CA 90201	SAL		700.00
Adrian Gutierrez Bell Gardens, CA 90201	SAL		832.50
Adrian Gutierrez Bell Gardens, CA 90201	SAL		330.00
Emmanuel Ortega Bell Gardens, CA 90201	SAL		292.50
Maria Luisa Plasencia Huntington Park, CA 90255	SAL		1,242.00

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

**SUBTOTAL \$ 3,397.00**



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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM <b>460</b>
	Page <u>9</u> of <u>16</u>
	I.D. NUMBER 1422572

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Rodriguez 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.                                  | MER 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                |
| FL candidate filing/balot 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, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jennifer Rivas Bell, CA 90201	SAL		1,200.00
Jennifer Rivas Bell, CA 90201	SAL		720.00
Elor Rodriguez Los Angeles, CA 90004	SAL		322.50
Amy Sanchez Bell Gardens, CA 90201	SAL		250.25
Anahi Trujillo Huntington Park, CA 90255	SAL		750.00

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

**SUBTOTAL \$ 3,242.75**

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM <b>460</b>
from	10/18/2020	
through	12/31/2020	Page <u>10</u> of <u>16</u>
NAME OF FILER		I.D. NUMBER
Rodriguez for City Council 2020		1422572

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rodriguez for City Council 2020

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

OMP campaign paraphernalia/misc.	MER 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
FL candidate filing/balot 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
ND 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	FRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jimena Vazquez [REDACTED] Bell Gardens, CA 90201	SAL			162.50
Ford Printing & Mailing, Inc. [REDACTED] Irwindale, CA 91706	LIT			2,472.45
Efundraising Connections [REDACTED] Sacramento, CA 95816	OMP		Credit Card Processing Fee	113.00
Alternative Source LA [REDACTED] Monterey Park, CA 91754	LIT			2,781.30
Gould & Orellana, LLC [REDACTED] Long Beach, CA 90802	PRO			300.00

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

**SUBTOTAL \$** 5,829.25

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM <b>460</b>
	Page <u>11</u> of <u>16</u>
	LD. NUMBER <b>1422572</b>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Rodriguez 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.                                  | MER member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OPC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FL candidate filing/ballot fees                                   | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staffspouse 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, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Gerardo Rodriguez Bell Gardens, CA 90201	OPC		2,607.68
Maria Yolanda Cardiel Bell Gardens, CA 90201	SAL		1,672.50
Isabel Guillen Bell Gardens, CA 90201	SAL		3,607.50
Adrian Gutierrez Bell Gardens, CA 90201	SAL		712.50
Adrian Gutierrez Bell Gardens, CA 90201	SAL		1,065.00

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

**SUBTOTAL \$ 9,665.18**

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

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM <b>460</b>
	Page <u>12</u> of <u>16</u>
	I.D. NUMBER <u>1422572</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Rodriguez for City Council 2020

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

OMP campaign paraphernalia/misc.	MER 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
FL candidate filing/ballot fees	PHD 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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jennifer Rivas [REDACTED] Bell, CA 90201	SAL			1,852.50
Anahi Trujillo [REDACTED] Huntington Park, CA 90255	SAL			967.50
Gould & Orellana, LLC [REDACTED] Long Beach, CA 90802	PRO			300.00
Petra Lucero [REDACTED] Bell, CA 90201	SAL			982.50
Maria Luisa Plasencia [REDACTED] Huntington Park, CA 90255	SAL			1,875.00

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

**SUBTOTAL \$** 5,977.50

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM <b>460</b>
	Page <u>13</u> of <u>16</u>
	I.D. NUMBER <b>1422572</b>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Rodriguez 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.                                 | MER 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  | FET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FL 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                   |
| ND 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, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jesus Fierro [REDACTED] Cubany, CA 90201	SAL		1,560.00
Leslie Garcia [REDACTED] Bell Gardens, CA 90201	SAL		1,282.50
Yesica Aguirre [REDACTED] Cubany, CA 90201	SAL		700.00
A Treehouse LLC [REDACTED] Burbank, CA 91506	CNS		500.00
Leslie Garcia [REDACTED] Bell Gardens, CA 90201	SAL		195.00

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

**SUBTOTAL \$ 4,237.50**

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

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM <b>460</b> Page <u>14</u> of <u>16</u> I.D. NUMBER <u>1422572</u>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Rodriguez 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.                                  | MER 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   | PEF 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, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Petra Lucero Bell, CA 90201	SAL			551.50

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

**SUBTOTAL \$ 551.50**

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM <b>460</b>
	Page <u>15</u> of <u>16</u>
	I.D. NUMBER <u>1422572</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Rodriguez 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 tv 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, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
A Trexhouse LLC BURBANK, CA 91506	CMS	0.00	1,500.00	0.00	1,500.00
<b>SUBTOTALS \$</b>		<b>0.00\$</b>	<b>1,500.00\$</b>	<b>0.00\$</b>	<b>1,500.00</b>

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

**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.)	<b>INCURRED TOTALS \$</b>	<u>1,500.00</u>
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.)	<b>PAID TOTALS \$</b>	<u>0.00</u>
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	<b>NET \$</b>	<u>1,500.00</u> <small>May be a negative number</small>

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

Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u>	<b>CALIFORNIA FORM 460</b>
Page <u>16</u> of <u>16</u>	I.D. NUMBER <u>1422572</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rodriguez for City Council 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Ford Printing & Mailing, Inc.

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

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FL</b> candidate filing/ballot fees                                   | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postal Service Baldwin Park, CA 91706	POS		1,800.87

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 1,800.87**

\* 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.