Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		CITY CLERK'S	OFFICE	CALIFORNIA 460
Landing Market Committee C	Statement covers period	Date of steeding if applicables ES -2	a 10: 49	Page 1 of 16
	from 10/18/2020	(Month, Day, Year) Leve LD L	31 72 17	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2020	11/03/2020 7110 GARFIE		
1. Type of Recipient Committee; All Committee - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Condidate Election Committee Recall (Alectionate Parts) General Purpose Committee Sponsored Sponsored	Primarity Formed Ballot Meesure Committee Orankolisd Sponeored Riso Campido Part () Primarity Formed Candidate/ Office/notder Committee Plac Campido Part ()	Presection Statement Semi-ennuel Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Suppl	terly Statement fel Odd-Year Report Asmerical Presiscion Tryont - Attach Form 495
3. Committee intormation	D. NUMBER 1422572	Treasurer(s)	the state of the s	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Rodriguez for City Council 2020 THEET ADDRESS OND PO. BOXD.		Jennifer Rodriguez MAILING ADDRESS CITY Long Beach	STATE ZIP C	
CITY STATE ZIP C	ODE AREA CODEPHONE	NAME OF ASSISTANT TREASURER, IF ANY		
Long Beach CA 908 MAILING ADDRESS (SF DEFERSHT) NO. AND STREET OR P.O.		David L. Gould		
		中国 1000 (1000 1000 1000 1000 1000 1000 10		
CITY SHITE ZIP (CODE AREA CODEFFICIE	CITY Long Beach		AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
3. Varification I have used all reasonable diligencein graparing and reviews under penalty of perjury under the last of the State of Californ Executed on	Na that the foregoing is true and correct.	entrolling Officerholder, Carolidate, State Message Proportins of Respo Styreture of Carolinsking Officerholder, Glenslidate, State Message Pro	Control Spends	lules is true and complete. I certify
Dulo	7	Signature of Corne i he Official tolder, Canadassi, Sixte, Measure Pro	otrestà.	

Recipient Committee Campaign Statement Cover Page — Part 2

COVER	PAGE-PART 2
CALIFORNIA FORM	460
Page 2	of <u>16</u>

	olled Comm	IN DESTRUCTION OF THE PARTY OF				Primarily Formed Ballo	r meeanie /	-ominimee		
VAME OF OFFICEHOLDER OR CANDIDATE						NAME OF BALLOT MEASURE				
Jennifer Rodriguez							and the same the same same			
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	ION AND DISTRI	ICT NUMBER IF	APPLICABI	E)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
City Council Member City									L	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	D STREET)	CITY	STATE	ZIP		**				A MAN
	Ř	ell Gardens	CA	90201		identify the controlling off	ceholder, can	didate, or st	ate messure	proponent, if an
						NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	PONENT		
Related Committees Not include	ed in this St	atement: /	ist smr co	masiffees						
not included in this statement that are co- contributions or make expenditures on be	ntrolled by you	or are primar				OFFICE SOUGHT OR HELD			DISTRICT NO.	, IF ANY
COMMITTEE NAME		LD. NUMBE								
ZOMINITIEE NAME		I.D. NUMBE	ĸ							
		1								
					-	Delmanthe Company Com-		abaldan Ca	warm littera	tot
NAME OF TREASURER		CONTROLL	ED COMMIT	TEE?	7.	Primarity Formed Can officeholder(s) or candidate(s)				
VAME OF TREASURER		CONTROLL	ED COMMIT		7.	officeholder(s) or candidate(s) for which this	committee la	primarily for	
	RESS (NO P.O.	☐ YES			7.) for which this	committee la		med
COMMUTTEE ADDRESS STREET ADD	•	☐ YES	□ NC		7.	officeholder(s) or candidate(s) for which this CANDIDATE	OFFICE SOU	primarily for	SUPPORT OPPOSE
COMMUTTEE ADDRESS STREET ADD	•	YES BOX) CODE	AREA CO	<u> </u>	7.	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR () for which this CANDIDATE	OFFICE SOU	primarily for	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADD	•	MOX)	AREA CO	<u> </u>	7.	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR () for which this CANDIDATE CANDIDATE	OFFICE SOU	primarily for	SUPPORT OPPOSE SUPPORT OPPOSE
COMMUTTEE ADDRESS STREET ADD	•	YES BOX) CODE	AREA CO	<u> </u>	7.	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR (NAME OF OFFICEHOLDER OR () for which this CANDIDATE CANDIDATE	OFFICE SOU	e primarily for IGHT OR HELD IGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
COMMUTTEE ADDRESS STREET ADD	•	YES BOX) CODE	AREA CO	DE/PHONE	7.	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR (NAME OF OFFICEHOLDER OR () for which this CANDIDATE CANDIDATE	OFFICE SOU	e primarily for IGHT OR HELD IGHT OR HELD	SUPPORT SUPPORT OPPOSE SUPPORT OPPOSE OPPOSE
COMMITTEE ADDRESS STREET ADD	•	CODE	AREA CO	DE/PHONE	7.	NAME OF OFFICEHOLDER OR O) for which this CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPORT SUPPORT SUPPORT OPPOSE SUPPORT SUPPORT
COMMUTTEE ADDRESS STREET ADD CITY COMMITTEE NAME NAME OF TREASURER	•	CODE LD. NUMBE CONTROLL YES	AREA CO	DE/PHONE	7.	NAME OF OFFICEHOLDER OR O) for which this CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMUTTEE ADDRESS STREET ADD CITY COMMITTEE NAME NAME OF TREASURER	STATE ZIP	CODE LD. NUMBE CONTROLL YES	AREA CO	DE/PHONE	7.	NAME OF OFFICEHOLDER OR O) for which this CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE

Campaign Disclosure Statement Amounts may be rounded **Summary Page** Statement covers period to whole dollars. CALIFORNIA FORM 10/18/2020 SEE INSTRUCTIONS ON REVERSE through ____12/31/2020 Page 3 of 16 NAME OF FILER LD. NUMBER Rodrigues for City Council 2020 1422572 **Contributions Received** Column A Column B Calendar Year Summary for Candidates TOTAL THIS PERIOD CALENDAR YEAR TUTAL TO ONTE Running in Both the State Primary and FROM/STRICHED SCHEDULES 1. Monetary Contributions Schedule A, Line 3 \$ ____ **General Elections** .22,700.00 68,865.32 2. Loans Received Schedule 8, Line 3 1/1 through 6/30 0.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 \$ 22,700.00 20. Contributions 68,865,32 4. Nonmonetary Contributions Schedule C, Line 3 Received 2,440.93 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$ 22,700.00 Made 71,306.25 Expenditures Made **Expenditure Limit Summary for State** Candidates 68,668.22 7. Loans Made Schedule H. Line 3 8. SUBTOTAL CASH PAYMENTS Add Unes 6+7 \$ 22. Cumulative Expenditures Made* 35,975.13 68,668.22 (if Subject to Voluntary Expanditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F. Line 3 1,500.00 1,500.00 Date of Election 10. Nonmonetary Adjustment Schedule C, Line 3 (mmfdd/w) 2,440,93 72,609.15 **Current Cash Statement**

14,277.92

22,700.00

35,975.13

1,002.79

0.00

0.00

To calculate Column B, add amounts in Column A to the elmoones andprogrames from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from pravious 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 (# any).

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

SUMMARY PAGE

7/1 to Date

Total to Date

FPPC Form 480 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

12. Beginning Cash Balance Previous Summary Page, Line 16 \$

16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$

17. LOAN GUARANTEES RECEIVED Schodulo B, Part 2 \$

13. Cash Receipts Column A, Line 3 above

14. Miscellaneous Increases to Cash Schodule I, Line 4

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

Cash Equivalents and Outstanding Debts

Schedule A Monetary Contributions Received			s may be rounded whole dollars.	Statement cove	CALIFORNIA 460			
SEE INSTRUCTIO	NS ON REVERSE			through _12/31/20)20	Page _	of	16
NAME OF FILER	A CONTRACTOR OF THE CONTRACTOR					I.D. NUN	IBER	
Rodriguez fo	or City Council 2020			×4.00		142257	2	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER EL TOD (IF REC	ATE
10/20/2020	Fernando Chacom for School Board 2020 (ID# 1427183) Long Beach, CA 90802	☐IND ▼COM ☐OTH ☐PTY ☐SCC		2,500,00	2,	500.00		
10/21/2020	For Jar Investments, LLC(Fernando Jaramillo) Corona, CA 92880	☐IND ☐COM ②OTH ☐PTY ☐SCC		2,500.00	2,	500.00	als Advantage gis in	
10/21/2020	Fernando Jaramillo Corona, CA 92880	IND COM	CEO Fer Jar Investments, LLC	2,500.00	2,	500.00		***************************************
10/26/2020	TaxPayers For Quality Leadership (ID# 1361185) Long Beach, CA 90802	IND ICOM OTH PTY		2,500.00	2,	500.00		
10/28/2020	Lisseth Flores For City Council 2018 (ID# 1403078) Inglewood, CA 90301	☐IND INCOM ☐OTH ☐PTY ☐SCC		3,000.00	37	000.00		Page
***************************************	· ·		SUBTOTAL	\$ 13,000.00				
1. Amount re (Include a	A Summary accived this period – itemized monetary contributions. Il Schedule A subtotals.)	****************			IND COI	(other	l nt Commits han PTY o e.g., busin	r SCC)
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1.) TOTAL \$	22,700.00			ontributor C	committee

Schedule & (Continuation Shoot)

Monetary	Contributions Received	Amounts may to whole o	be rounded foliars.	Statement cover from 10/18/		CALIFORNIA 460			
NAME OF FILER	• N			through 12/31/	2020	Page	5 of 16		
Rodriguez for	City Council 2020					I.D. NUMBE 1422572			
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTIRED, HAMBER)	CONTRIBUTOR CODE #	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-EMPLOYER EMPLOYER OF SELF-EMPLOYER EMPLOYER OF SELF-EMPLOYER EMPLOYER EMP	AMOUNT RECEIVED THIS PERICO	CLINICATIVE TO DATE CALENDAR YEAR		CUMULATIVE TO DATE		PER ELECTION TO DATE (IF REQUIRED)
11/05/2020	ARC Investment Grown, LIC(Lindsay Jones) 1rvine, CA 92612	IND ICOM ECOTH IPTY ISCC	or opening	2,500.00		30.00			
11/16/2020	Jared Koenig Tustin, CA 92782		Developer Jared Koenig	4,500.00	4,5	00.00			
11/16/2020	Igor Plotkin	COM COM COM COTH COTH	Business Owner Igor Plotkin	900.00	91	00.00			
11/16/2020	Yevgeniya Volfson Granda Hills, CA 91344	COM COM COTH CPTY	Business Owner Yevgeniya Volfson	900.00	94	00.00			
12/03/2020	South El Monte, CA 91733	COM COM COTH CPTY	Retired None	900.00	9	00.00	ap.C.f.		
A description or gase			SUBTOTAL	9,700.00			- N-10000-X(0-10-10-10-10-10-10-10-10-10-10-10-10-10		

*Contributor Codes IND-Individual COM - Recipient Committee
(office than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Supportin Candidate	of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may b to whole do	otlars.	Statement covers from 10/18/20: through 12/31/20:	FOF	
NAME OF FILER					I.D. NUM 14225	BER
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 Nember Bell Gardens City Council (in-kind) Canvasser Salaries	Monetary Contribution Nonmonetary Contribution Independent	Canvasser Salaries	4,933.62	22,367.92	
11/02/2020		Monetary Contribution Nonmonetary Contribution Independent Expenditure	Mailer	2,626.87	22,367.92	
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
			SUSTOTAL	\$ 7,560.49		
1. Contribut	D Summary tions and independent expenditures made this period contributions and independent expenditures made					

Payments Made Amounts may be rounded to whole dollars.					Statement covers period from 10/18/2020			CALIFORNIA 460	
SEE RISTRUCTIONS ON REVERSE NAME OF FILER				thro	igh 12/31	/2020	Page 7	of 16	
Rodriguez for City Council 2020							I.D. NUMBER	R	
CODES: If one of the following codes accurately describes	the named we						1422572		
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC clvic denetions FL candidate filing/ballot fees FND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meetings an office ettpen PET petition dreat PHD phone banks POL politing and a POS postage, del	munication: d appearan ses lading survey rese warv and n	erch	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime a returned conti campaign wo t.v. or cable ai cendidate trav staff/apouse a transfer betwe voter registral	and production or fluitions fluis" salaries irlime and producel, lodging, and r ravel, lodging, ar lan committees (ction costs meals nd meals of the same o	candidate/sponsor all)	
NAME AND ADDRESS OF PRYSE (F COMMITTEE, AUTO ENTERLID, BURBER)		CODE	OR	DESCRIPTION	OF PAYMENT			AMOUNTPAID	
Bell Gardens, CA 50201		SAL						200.00	
Maria Yolanda Cardiel Bell Gardens, CA 90201		SAL						1,297.50	
Teresa Colio Downey, CA 90241		CIB						1,500.00	
* Payments that are contributions or independent expenditures a	nust also be summ	erized on	Schedule D.			SUB	TOTAL\$	2,997.50	
Schedule E Summary					Management			4,757,30	
Itemized payments made this period. (Include all Schedule I Unitemized payments made this period of under \$4.00.)	E subtotals \								
Unitermized payments made this period of under \$100 Total interest paid this period on leave. (February)			##\$* 4 0 4 0 E 0 E 0 E 0 E 0 E 0 E 0 E 0 E 0	************		**************	\$	35,898.18	
the period of loster (Clies shipfill hold)	Schedule B, Part 1	l. Columr	1 (e).)						
4. Total payments made this period. (Add Lines 1, 2, and 3. En	nter here and on th	ne Summ	ary Page, Colum	n A, Line 6.1	*************	אירון	\$	9.00	

	y be rounded doflars.		Statement covers period from10/18/2020 through12/31/2020	SCHEDULE E (CONT.) CALIFORNIA 460 FORM 460 Page 8 of 16 I.D. NUMBER 1422572
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations Fil. candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings MTG meetings office expection of petition of phone be possible to provide the possible possible possible possible provided the provi	communications and appearances penses freulating unks and survey researd delivery and mes mal services (legs	s th senger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TRC t.v. or cable airtime and protract travel, lodging, at Staff/spouse travel, lodging	n costs duction costs duction costs d meals , and meals es of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER):	CODE	OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
Isabel Guillen Bell Gardens, CA 90201	SAL			700.00
Adrian Gutierrez Bell Gardens, CA 90201	SAL			832.50
Adrien Gutierrez Bell Gardens, CA 90201	SAL			330.00
Bell Gardens, CA 90201	SAL		adaragash can an ann an ann an ann an ann an ann an a	292.50
Maria Luisa Plasencia Buntington Park, CA 90255	SAL			1,242.00

3,397.00

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

(Continuation Sheet) Payments Made	yments Made to whole dollars.				from .	atomont covers	•	CALIFO FOI	ORNIA 4(
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					throu	gh <u>12/31/2</u>	020	Page_	9 of 1
Rodriguez for City Council 2020								I.D. NUM	
inneherment exhemistric arbbotratigrobbotrati casets (ciditali).	MTG m OPC of PET p PHO p POL p POS p PRO p	neetings and office expen- cellion circul frome banks offing and a costage, deli-	nuncations I appearance ses sting urvey resear	k	RAD RFD SAL TEL TRC TRS TSF VOT	describe the radio airtime ai returned contri campaign work. Lv. or cable air candidate transfer betwee voter registratio information tech	nd production butions vers' satarien sime and pro sl, lodging, a wel, lodging on committe	n costs s oduction cos nd meals , and meals es of the sa	ts
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	R		N OF PAYMENT			AMOUNTPA
Bell, CA 90201			SAL						1,:
	· · · · · · · · · · · · · · · · · · ·								
Jennifer Rivas	· · · · · · · · · · · · · · · · · · ·		Sal						,
			SAL						
Bell, CA 90201 Flor Rodriguez			and the same						
Plor Rodriguez Los Angeles, CA 90004 Amy Sanchez			SAL						

•							
Schedule E (Continuation Sheet) Payments Made Amounts may to whole of					toment covers period	CALIFORNIA 460	
Payments Made				from_	10/18/2020	TOIL	
SEE INSTRUCTIONS ON REVERSE				throug	h 12/31/2020	Page	10 of 16
NAME OF FILER			2.			LD. NUMB	ER
Rodriguez for City Council 2020						1422572	2
CODES: If one of the following codes accurately describes	s the payment v	ou may en	ter the code. Othe	orwise.	describe the payment		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CTB candidate filing/ballot fees FND fundralising events Independent expenditure supporting/opposing others (explain)* LEG tegal defense LTT campaign literature and mailings	MER member community meetings and OFC office expense petition circuit PHO phone banks POL potting and s POS postage, deli	munications I appearance ses ating urvey reseam very and me	8	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, a staff/spouse travel, lodging transfer between committe voter registration information technology cos	n costs s oduction costs nd meals i, and meals es of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALBO ENTER LD. NUMBER)		CODE	DR DES	CRIPTION	OF PAYMENT		AMOUNT PAID
Jimena Vazouez Bell Gardens, CA 90201	,	SAL				AMERICAN AND ASSESSMENT OF THE PARTY OF THE	162.50
Ford Printing & Mailing, Inc. Irwindale, CA 91706		LIT					2,472.4
Efundraising Connections sacramento, CA 95816		CHP	Credit Card Proc	essing	Pec		113.0
Alternative Source LA Monterey Park, CA 91754	······································	LIT					2,781.3
Gould & Orellana, LLC Long seach, CA 90802		PRO			harrana aradanishanda kanadanda da kala, ar ijan sanana arada da ka		300.0

5,829.25

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

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE	Amounts may b to whole de			Statement covers period from 10/18/2020	CALIFORNIA 460
NAME OF FILER				through 12/31/2020	Page 11 of 16
Rodriguez for City Council 2020					LO, NUMBER
CODES: If one of the following codes accurately describes CMP campaign paraphemalishnisc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FL candidate fling/ballot fees FND fundratising events ND Independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign iterature and mailings	MTG meetings are OPC office exper petition circu phone bento POL politing and POS postage, de	ntinication id appearai itses liating is survey resi fivary and i	8	RAD radio airlime and produced returned contributions SAL campaign workers' sai TEL t.v. or cable airlime arrived candidate travel, lodgin TRS staff/spouse travel. Ind	iction costs aries I production costs g, and meals plag, and meals nitiess of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OF COMMITTEE, ALSO ENTER LD. HUMBERO		CODE	OR DE	ESCRIPTION OF PAYMENT	AMOUNT PAID
Gerardo Rodriguez Ball Gardens, CA 90201		OPC			2,607.68
Maria Volenda Cardiel Bell Gardens, CA 90201	•	SAL			1,672.50
Isabel Guillen Bell Gardens, CA 90201		SAL			3,607.50
Marian Gutierrez		SAL			712.50
Adrian Gutierres		SAL		· Herecker	1,065.00
* Payments that are contributions or independent expenditures must also	be summarized on	Schedule		The state of the s	

9,665.18

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Rodriguez for City Council 2020				Statement covers period from 10/18/2020 through 12/31/2020	SCHEDULE E (CONT.) CALIFORNIA 460 FORM Page 12 of 16 I.D. NUMBER 1422572
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC club donations PE FIL candidate filling/ballot fees FND fundralising events Pf ND independent expenditure supporting/opposing others (explain)* LEG legal defense Pf	member common meetings and fire expension office expension office expension of the meetings and fire expension of the meeting and fire expension of the meetings and fire expension of the meetings and fire expension of the meeting and fire expens	munications i appearance ses ating urvey researd very and mes	h	RAD radio sirtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable aritime and prod TRC candidate travel, lodging, an TRS staffspouse 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. HUMBER)		CODE C	R DE	ESCRIPTION OF PAYMENT	AMOUNT PAID
Jennifer Rivas Bell, CA 90201		SAL			1,852.50
Anahi Trutillo Huntington Park, CA 90255		SAL			967.50
Gould & Orellana, LLC Long Beach, CA 90802		PRÓ		10 mm	300.00
Petra Lucero Bell, CA 90201		SAL			982.50
Maria Luisa Plasencia Huntington Park, CA 90255		SAL			1,875.00
	- American	1	l		

5,977.50

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

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FLER Rodriguez for City Council 2020	Amounts may to whole d	oflara.		Statement covers period from 10/18/2020 through 12/31/2020	Page 1:	400 3 of 16
CODES: If one of the following codes accurately describes CMP campaign paraphematiatinisc. CNS campaign consultants contribution (explain nonmonetary)* civic donations FL candidate tiling/ballot fees FNO fundraising events Independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meetings a OFC office expe FET petition circ phone bent POL politing and POS postage, de	nd appearances nees ulating s survey resi	8 1088	RAD radio airtime and prod RFD returned contributions SAL campaign workers' as TEL tw. or cable airtime and TRC randidate travel, lodge staffspouse travel, low transfer between com voter registration were information technology	ment. luction costs dartes de production costs ng, and meats dying, and meats mittees of the same	•
NAME AND ADDRESS OF PAYER (F COMMITTEE, ALSO ENTER LD. NUMBER)	- September -	CODE	OR DES	SCRIPTION OF PAYMENT	-	AMOUNT PAID
Leglie Garcia Bell Gardens, CA 90201		SAL				1,560.00
Yosica Aquirre			thinker.	- 4864		
A Trechouse LLC		SAL				799.00
BUYDENK, CA 91508		CHE	1	44		500.00
Sell Gardens, CA 90201		SAL				195.00
* Payments that are contributions or independent expenditures must also	be summarized on	Schedule ().	and the state of t	SUBTOTAL 2	Walleton Warren and Marketon an
					GODIVIAL S	4.237 50

LIT campaign literature and mailings FRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALBO ENTER ID. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID	Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Rodriguez for City Council 2020 CODES: If one of the following codes accurately CMP campaign paraphemalla/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain to the contribution of the contribution)	nmunications and appearances asses ulating s survey research allvery and messenger services		RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL tv. or cable sirtime and pro TRC candidate travel, lodging, an TRS staff/spouse travel, lodging.		n costs s oduction costs nd meals		
Petra Lucero SAL 551.50		PRT print ads		To the state of th	WEB		(internet, e	
	Petra Lucero		SAL					551.50

Schedule G Payments Made by an Agent or independent Contractor (on Behalf of This Committee)			ts may be re whole dollar		fro	Statement covers period m10/18/2020 ough12/31/2020	CALIFOR FORM	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		N.				, W	I.D. NUMBER	manager of annional and provide services
Rodriguez for City Council 2020 NAME OF AGENT OR INDEPENDENT CONTRACTOR			the same of	4400 Turking Market	and the second s		1422572	and many and and a super-
Ford Printing & Mailing, Inc.								
CODES: If one of the following codes accurately describe	s the	payment,	you may	enter the code	e. Otherwis	e, describe the payme	nt.	
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 also	MTG OFC PET PHO POL POS PRO PRT	meetings as office expe- petition circ phone bank poting and postage, de professions print ads	ulating is survey rese alivery and r al services (i	arch nessenger service egal, accounting)	RAD RFD SAL TEL TRC TRS S TSF VOT WEB	returned contributions campaign workers' salarier t.v. or cable airtime and pro- candidate travel, lodging, a staff/spouse travel, lodging transfer between committee voter registration	s oduction costs and meals and meals ses of the same of	•
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^{*} 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.