Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	L b	ceived 18-2-2021	Date Stamp		coverpace FORNIA 460 ORM
	Statement covers period from10/18/2020	Date of election if applicable: (Month, Day, Year)		Fage _	of 21
SEE INSTRUCTIONS ON REVERSE	through	11/03/2020			
	implete Parts 1, 2, 3, and 4. imarily Formed Ballot Measure committee Controlled Sponsored Complete Part 6) imarily Formed Candidate/ fliceholder Committee Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te X Amendment (Explain be	elow)	Quarterly State Special Odd-Ye Supplemental F Statement - Atta	ear Report Preelection ach Form 495
3. Commutes imormation	NUMBER 251595	Treasurer(s) NAME OF TREASURER David Gould MAILING ADDRESS			
CITY STATE ZIP COCL Long Beach CA 90802 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		CITY Long Beach NAME OF ASSISTANT TREASUR Ingrid Orellana MAILING ADDRESS	CA	ZIP CODE 90802	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE	CITY Long Beach OPTIONAL: FAX / E-MAIL ADDR	CA	ZIP CODE 90802	AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing tunder penalty of perjury under the laws of the State of California Executed on	this statement and to the best of my kno that the foregoing is true and correct.	owledge the information contained her Sondare of Treasurer or Assistant 1	建铁岩	chedules is true a	and complete. I certify

Ву

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

Signature of Controlling Officeholder, Candidate State Measure Proportent or Responsible Officer of Sponsor

Executed on _

Executed on _

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2	
CALIFORNIA / CO	
FORM 40U	
Page 2 of21	
Lufte At	

Officeholder or Candidate (Controlled Co	mmittee.			6.	Primaril	y Formed Bal	lot Measure	Committee	•	
NAME OF OFFICEHOLDER OR CANDID	DATE					NAME OF B	ALLOT MEASURE				
Pedro Aceituno											
OFFICE SOUGHT OR HELD (INCLUDE	LOCATION AND DI	STRICT NUMBER IF.	APPLICABL	E)		BALLOT NO	O. OR LETTER	JURISDICT	TON	T	SUPPORT
City Council Member Bell Ga	rdens Bell Ga	rdens						despectations.			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP			* ************************************		······································		
		Bell Gardens	CA	00001		identify t	he controlling o	fficeholder, c	andidate, or s	tate measure	proponent, if any
		perr dardens	LA .	90201		NAME OF	OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Related Committees Not In	cluded in this	Statement		te.							
not included in this statement that a contributions or make expenditures	are controlled by	you or are primaril				OFFICE SC	NUGHT OR HELD			DISTRICT NO	. IF ANY
COMMITTEE NAME		·				o					
Aceituno 4 Assembly 2018		I.D. NUMBER 1403442	•								
MODICALLY & MAGRIDLY EVID		1403442									
NAME OF TREASURER		CONTROLLE	DCOMMIT	EE?	7.	Primaril	y Formed Car	ndidate/Offi	ceholder Co	ommittee i	List names of
David Gould		X YES	□ NO			officehold	er(s) or candidate	(s) for which ti	is committee i	s primarily for	med.
COMMITTEE ADDRESS STREE	TADDRESS (NO P	2.O. BOX)		~ ~~~~		NAME OF	OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT
											OPPOSE
CITY	STATE	ZIP CODE	AREA COD	E/PHONE		NAME OF C	OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	GHT OR HELD	
Long Beach	CA	90802							011102 000	Om On HELD	SUPPORT
COMMITTEE NAME	Andrew Miles	I.D. NUMBER	ander - spingerer ringer-			*					OPPOSE
		Microjiii ili ili ili ili ili ili ili ili ili	•			NAME OF C	OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	*****	CONTROLLE	COMMITT	EE?		NAME OF C	OFFICEHOLDER OR	CALIDIDATE	OFFICE COL	GHT OR HELD	
		☐ YES	☐ NO			HAME OF C	FROENOLDER OR	CANDIDATE	UPPICE SOU	ON UK HELD	SUPPORT
COMMITTEE ADDRESS STREE	TADDRESS (NO P	O. BOX)							and the second s		OPPOSE
CITY	STATE 2	ZIP CODE	AREA COD	E/PHONE			Atte	ich continuati	on sheets if i	necessary	
							71(42	· · · · · · · · · · · · · · · · · · ·	anotta II I	y	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

		SUR	MMAKY PAGE
Staten	nent covers period	CALIFORNIA	460
from	10/18/2020	FORM	700
through _	12/31/2020	Page3 of	
		I.D. NUMBER	

Aceituno for City Council 2020						I.D. NOMBER
Contributions Received		Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B' CALENDAR YEAR TOTALTO DATE	Running in Both th	1251595 mary for Candidates e State Primary and
Monetary Contributions Schedule A, Line 3	\$	14,271.90	\$	51,271.90	General Elections	
2. Loans Received Schedule B, Line 3		0.00		0.00	1/1 ti	hrough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2	\$	14,271.90	\$	51,271.90	20. Contributions Received S	\$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		99.00	21. Expenditures	*
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	14,271.90	\$	51,370.90	Made \$	\$
Expenditures Made 6. Payments Made			\$	57,494.76	Expenditure Limit : Candidates	Summary for State
7. Loans Made Schedule H, Line 3				0.00		
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7			\$	57,494.76	22. Cumulativ (#Subjectio	e Expenditures Made* Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3				0.00	Date of Election	Total to Date
10. Nonmonetary Adjustment				99.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$	29,072.41	\$	57,593.76		. \$
Current Cash Statement	-					<u> </u>
12. Beginning Cash Balance Previous Summary Page, Line 16		23,531.74	То	calculate Column B, add		
13. Cash Receipts Column A, Line 3 above		14,271.90	ап	ounts in Column A to the		
14. Miscellaneous Increases to Cash Schedule I, Line 4		1,000.00		responding amounts m Column B of your last	*Amounts in this section m reported in Column B.	ay be different from amounts
15. Cash Payments Column A, Line 8 above		29,072.41	rep	ort. Some amounts in turn A may be negative		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	9,731.23	fice	rres that should be		
If this is a termination statement, Line 16 must be zero.			per	otracted from previous fod amounts. If this is		
17. LOAN GUARANTEES RECEIVED	\$.	0.00	for	first report being filed this calendar year, only ry over the amounts		
Cash Equivalents and Outstanding Debts			fror	m Lines 2, 7, and 9 (if		
18. Cash Equivalents			any	<i>15</i> •		
19. Outstanding Debts	\$.	0.00				
						EDOC East 480 / L- MA44

FPPC Form 460 (Jan/2015)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Monetary Contributions Received Amounts may be rounded to whole dollars.				Statement cov		CALIFORNIA 46		
SEE INSTRUCTI NAME OF FILER	ONS ON REVERSE			through 12/31/2	020	Pane	_4 of21_	
Aceituno fo	ox City Council 2020					I.D. NUN		
~~~	SINI MAME CTOSES (COLUMN				##9YYAMAA oo qaaraa	125159	95	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE	AR	PER ELECTION TO DATE	
10/22/2020	Ivy Chu	Man	OFBUSINESS)	PERIOD	(JAN. 1 - DEC.	31)	(IF REQUIRED)	
	Beverly Hills, CA 90210	⊠IND □COM □OTH □PTY □SCC	Retired None	1,000.00	1,0	00.00		
10/22/2020	Menco Roofing Inc.							
10/00/00	Granada Hills, CA 91344	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,0	00.00		
10/22/2020	Southern California Edison Rosemead, CA 91770	□IND □COM ☑OTH □PTY		500.00	50	00.00	- and the state of	
0/30/2020	Committee to Elect Councilman Eloy Morales	□scc				ev a analogo		
1/03/2020	2020 (ID# 1292770) Long Beach, CA 90802  Athens Services	☐IND INDOM ☐OTH ☐PTY ☐SCC		1,500.00	1,50	0.00	andrew	
	City Of Industry, CA 91716	□IND □COM ☑OTH □PTY □SCC		2,500.00	12,50	0.00		
chedule A	Summary		SUBTOTAL\$	6,500.00			njijihan adanjihan manaya padalaga pa	
Amount rece (include all §	eived this period – itemized monetary contributions. Schedule A subtotals.)				IND-Ind	utor Code:		
Total moneta	eived this period – unitemized monetary contributions of ary contributions received this period. I and 2. Enter here and on the Summary Page, Column	fless than \$10	00\$	693.00	OTH - O	ther (e.g., olitical Part	PTY or SCC)	

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole				CALIFORNIA 460		
NAME OF FILER				through 12/31/	/2020 Pa	ge5 of21		
Aceituno for	City Council 2020				Reseasation	). NUMBER 151595		
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	TODATE		
	Inna Effress Los Angeles, CA 90049	☑IND □COM □OTH □PTY □SCC	Freelance Writer Inna Bffress	1,500,00	1,500.	00		
	Fiesta Taxi Co-Op, Inc. Gardena, CA 90249	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,000.	90		
	Daniel T. Hernandez Burbank, CA 91501	IND COM	Sales Consultant Universal Appliances	500.00	500.0	00		
	North Palisade Partners LLC(Joe Mishurda) Newport Beach, CA 92660	□IND □COM ☑OTH □PTY □SCC		750.00	750.0	10		
	Laborers' Local 300 (ID# 950674) Los Angeles, CA 90006	☐IND ☐COM ☐OTH ☐PTY ☑SCC		1,000.00	1,000.6	0		

4,750.00

*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 to whole o	be rounded tollars.	Statement cov		SCHEDULE A (CONCAPTION CONCAPTION		
NAME OF FILER				through12/31,	/2020	Page_	6 of21	
Aceituno for	City Council 2020					I.D. NUA	IBER	
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	ÆAR	PER ELECTION TODATE (IF REQUIRED)	
11/19/2020	Sam Diego, CA 92101	□IND □COM ☑OTH □PTY □SCC		250.00	2	250.00		
	Democratic Voters Choice (ID# 595002) Covina, CA 91722	□IND  IND  IND  OTH  □PTY  □SCC		2,078.90	2,0	78.90		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
***************************************		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC				Links of the control		

2,328.90

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

Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE	Amounts may be rounded to whole dollars.			Statem	ent covers period	CALIFO FOF	
NAME OF FILER				through	12/31/2020	Page	g of21
Aceituno for City Council 2020						I.D. NUM	BER
		**************************************				125159	5
CODES: If one of the following codes accurately describes  CMP campaign paraphemalla/tnisc.  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 ar OFC office expe PET petition circo PHO phone bank POL polling and POS postage, de	mmunication nd appearan nses ulating s survey rese	s ces	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staffs VOT voter	be the payment. airlime and production ed contributions eaign workers' salaries cable airlime and prod date travel, lodging, and spouse travel, lodging, er between committees registration nation technology costs	duction costs d meals and meals s of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR (	DESCRIPTION OF PA	YMENT	T	AMOUNT PAID
Wells Fargo Bank El Monte, CA 91731		CMP	Credit Card Pa	-			2,234.73
Nexus Point Services Bell Gardens, CA 90201		LIT				The control of the co	2,325.00
Democratic Voters Choice (ID# 595002) Covina, CA 91722		LIT					3,421.00
* Payments that are contributions or independent expenditures mu	ust also be summa	arized on S	Schedule D.		SUE	STOTALS	7,980.73
Schedule E Summary							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Itemized payments made this period. (Include all Schedule E	subtotale )						
2. Unitemized payments made this period of under \$100 3. Total interest paid this period on least (Face).		**********	************	****************	***********************	\$	28,581.58
Total interest paid this period on loans. (Enter amount from Set Total payments made this period (Add Linear Actual Control Contr	chedule R Pa+1	Column	······································	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	\$	490.83
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter	er here and on th	e Summa	ry Page Column A	Line 61		\$	0.00

chedule E. Continuation Sheet)  Amounts may be reconstructions on Reverse  To whole dollar  The OF FILER  Amounts may be reconstructions on Reverse  The OF FILER  The OF City Council 2020			d	CALIFO FOR Page	9 of 21		
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CTB candidate filing/ballot fees FND fundraising events Independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MER member cor MTG meetings at OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de	mmunication  appeara  nses  ulating  s  survey res  livery and	ns Inces	RAD RFD SAL TEL TRS TRS TSF VOT	radio airtime and produc returned contributions campaign workers' sala t.v. or cable airtime and	ries production costs , and meals ing, and meals litees of the sam	: ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER) Patricia Carrillo		CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Downey, CA 90241 Luis Frias Commerce, CA 90004	-	SAL					54.00 54.00
Dulce Garcia							
Los Angeles, CA 90033		SAL				The second secon	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 be	o summarized on S	ichedule D				LIPTOTAL C	
					S	SUBTOTAL \$	522.00

522.00

Schedule E (Continuation Sheet) Payments Made
SEE INSTRUCTIONS ON REVERSE
Aceituno for City Council
CODES: If one of the follo

## Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.
Statement covers period	CALIFORNIA 460
from 10/18/2020	FORM 400
through 12/31/2020	Page 10 of 21
	I.D. NUMBER
	1251595

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  CMP campaign paraphemalia/misc.  CMS campaign consultants  COTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees fundraising events  Independent expenditure supporting/opposing others (explain)*  IND Independent expenditure supporting/opposing others (explain)*  Independent expenditure supporting/op	Aceituno for City Council 2020		
PRT print ads (Logal, accounting) VOT Voter registration WEB information technology costs (internet, e-mail)	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)*	MTG meetings and appearances OFC office expenses PET petition circulating phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting)  RAD radio airtime and production returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and production returned contributions TEL t.v. or cable airtime and production returned contributions SAL campaign workers' salarie TEL TRC TRC TRC TRC TRS	t. en costs s oduction costs nd meals l, and meals es of the same candidate/sponso

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	
Nexus Point Services Bell Gardens, CA 90201	LIT	SECOND TON OF PATMENT	AMOUNT PAID  3,336.3
Progressive Contact Technologies	LIT		
Norwalk, CA 90650			1,241.0
Public Service Calls South Gate, CA 90280	SAL		54.00
Rosa Rodriguez  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 also be summ	Parized on Schedule D	, and the second	Months of the Control

SUBTOTAL \$ 5,437.38

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.							
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Aceituno for City Council 2020								
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MER MTG OFC PET PHO POL POS	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger service professional services (legal, accounting)	200					
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DE					
Garia Alaniz South Gate, CA 90280		SAL	7220					
Bryan Andrade		SAL						

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from 10/18/2020	FORM 400
through 12/31/2020	Page 11 of 21
	I.D. NUMBER
	1251595
nerwise, describe the paymer	nt.
RAD radio airtime and producti	
RFD returned contributions	
SAL campaign workers' salarie	B\$
TEL t.v. or cable airtime and p	roduction costs
TRC candidate travel, lodging, a	and meals
	g, and meals
VOT voter registration	ees of the same candidate/sponsor
WEB information technology cor	sts (Internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	(marined 6-lital	*
Maria Alaniz			DESCRIPTION OF PATMENT		MOUNT PAID
South Gate, CA 90280	SAL				216.00
				a new and a complete	
Bryan Andrade	SAL				288.00
South Gate, CA 90280				promption in minima or primate promptions	200.00
Patricia Carrillo	SAL				
Downey, CA 90241		Advisibilitation of the state o		TO THE COLUMN TO PROPERTY AND ADDRESS OF THE COLUMN TO THE	180.00
Luis Frias				Management (Linguistic States)	
Commerce, CA 90004	SAL			Managed of the state of the sta	198.00
		that it founds from managers or a quant		THE STREET, SHAPE AND ADDRESS OF THE STREET, SHAPE AND ADDRESS OF THE STREET, SHAPE AND ADDRESS OF THE STREET,	
Los Angeles, CA 90033	SAL				288.00
		Madelancia copraziones beste		Money of the street of the str	
Payments that are contributions or independent expenditures must also be summarized on So		<u></u>			
Transcende de museu de summinanzed on 30	:nedule D.		SI	IBTOTAL \$	1,170.00

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may to whole	be rounde dollars.	d		State	10,	20vers perk /18/2020 /31/2020	od .		ORNIA RM	460
Aceituno for City Council 2020									1.D. NUM		
CODES: If one of the following codes accurately describ  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundralsing events  independent expenditure supporting/opposing others (explain)*  LEG legal defense  LT campaign literature and mailings	MTG meetings a OFC office expe FET petition circ PHO phone bant POL polling and POS postage, de	mmunication appears to the control of the control o	ns Inces	R R S: TI TI V	AD rance FD repair AL can AL c	dio airti turned impaigr i. or cal indidate aff/spou insfer b	e the pay ime and pro contribution n workers' soble airtime a travel, le travel, le tetween con istration on technolog	eduction on is salaries and produ ging, and odging, a mmiltees	costs action cost meals action meals action meals action meals	s me candid	late/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Matthew Gonzalez		CODE	OR	DESCRIP	TION O	F PAYM	ENT	*		AMOU	NT PAID
South Gate, CA 90280		SAL									144.0
GOULD & ORELLANA, LLC Long Beach, CA 90802		PRO			***************************************		**************************************		de l'acceptant de l'a		300.0
Joaquin Lopez Pico Rivera, CA 90660		SAL									504.00
Ana Martinez Downey, CA 90241		SAL							en sekala silim serbigu se apparanju si sanoka si		180.00
Maria Mercado Los Angeles, CA 90022		SAL						Professional Community of the Community	AND THE PROPERTY OF THE PROPER	•	144.00
Payments that are contributions or independent expenditures must also	be summarized on S	Schedule D		-					Water Control of the		

1,272.00

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may to whole d			Statement covers period from 10/18/2020 through 12/31/2020	CALIFORNIA 460 FORM Page 13 of 21
					I.D. NUMBER
Aceitumo for City Council 2020					1251595
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FL candidate filing/ballot fees  FND fundraising events  Independent expenditure supporting/opposing others (explain)*  LEG legal defense campaign literature and mailings	MICR member con MTG meetings ar CFC office experience petition circumphone bank POL polling and POS postage, de	mmunications nd appearand nses ulating s survey resea	: ces	RAD radio airtime and product RFD returned contributions SAL campaign workers' saia TEL. Lv. or cable airtime and TRC candidate travel, lodging TRS staff/soouse travel. lodging	zion costs  ries  production costs  , and meals  ing, and meals  ttees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR DI	ESCRIPTION OF PAYMENT	AMOUNT PAID
Public Service Calls South Gate, CA 90280		CNS			290.00
Rosa Rodriguez South Gate, CA 90280		SAL			576.00
Luz Ruiz South Gate, CA 90280		SAL			400.00
Doreen Sanchez Los Angeles, CA 90038		SAL			63,00
Wells Fargo Bank		CMP	Credit Card Paym	ent	

1,433.74

104.74

El Monte, CA 91731

^{*} 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 FILER  Aceituno for City Council 2020	Amounts may i to whole d		d	fron	Statement covers period n10/18/2020 ough12/31/2020	CALIFO FOR	14 of 21
						125159	5
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*  LEG legal defense campaign literature and mailings	MTG meetings and OFC office exper PET petition circu. PHO phone banks POL. polling and sepostage, del	d appearance. d appearances fating s survey res ivery and	ns Inces	RAD RFD SAL TEL TRC TRS TSF	radio airtime and productive returned contributions campaign workers' salatt.v. or cable airtime and candidate travel, lodging, staff/spouse travel, lodgitransfer between commit voter registration	ries production costs , and meats ng, and meats ttees of the sam	ne candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)  Maria Alaniz	ALLE MAN HALL MAN HAL	CODE	ÓR	DESCRIPTIO	ON OF PAYMENT		AMOUNT PAID
South Gate, CA 90280		SAL				ATTERNATION OF THE PARTY OF THE	1,308.60
Bryan Andrade South Gate, CA 90280		SAL				TO COMPANY AND ADDRESS OF THE PARTY AND ADDRES	391.50
Patricia Carrillo Downey, CA 90241		SAL					144.00
Monica Diaz Los Angeles, CA 90004		SAL					512.00
	The control of the co					PRESENTATION PROGRAMME PROPERTY OF THE PROPERT	513.00
Commerce, CA 90004		SAL					144.00
Payments that are contributions or independent expenditures must also	haceman						* **Commission** Gardina
OSIE TOOLING AND THE TOOL OF T	~~ summerzed on S(	nedule D.			S	UBTOTAL \$	2,501.10

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE	unts may b to whole do			S from	10/18/2020 10/18/2020	SCHEDULE E (CONTINUE CALIFORNIA FORM		
NAME OF FILER					4.00	***************************************	Page 15 of 21 I.D. NUMBER	
Aceitumo for City Council 2020								
CODES: If one of the following codes accurately describe  CMP campaign paraphemalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FL candidate filing/ballot fees  FND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MTG m OFC of PET pe PHO ph POL po POS po	ember com leetings and fice expendation circulation leading to be stage, deli-	munications f appearan ses lating turvey reses very and m	i Ces	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and producti- returned contributions campaign workers' salarie t.v. or cable airtime and pi candidate travel, lodging, a staff/spouse travel, lodging transfer between committe voter registration	on costs  or  or  or  or  or  or  or  or  or  o	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)  Dulce Garcia			CODE	OR	DESCRIPTION	OF PAYMENT	AMOUNT PAID	
Los Angeles, CA 90033		A Annuagement	SAL				144.00	
Matthew Gonzalez  South Gate, CA 90280		Personal Constant American Ame	SAL				144.00	
South Gate, CA 90280		ed i compete seministi della delignica di proprio di con progre	SAL				144.00	
Roxana Guevara Baldwin Park, CA 91706		And of the second secon	SAL.				1,035.00	
oxana Guevara aldwin Park, CA 91706			SAL				90,00	

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

SUBTOTAL \$ 1,557.00

Schedule E (Continuation Sheet) Payments Made	Amounts may to whole o	be rounde dollars.	d		St.	atement covers period	CALIF FO	SCHEDULE E (CON ORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					throug	gh <u>12/31/2020</u>	Page_	16 of 21
Aceituno for City Council 2020							I.D. NUN	IBER
CODES: If one of the following codes accurately describ  OMP 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  LIT campaign literature and mailings	MTG meetings a OFC office experence PET petition circ PHO phone bank POL polling and POS postage, de	nd appeara enses ulating (s survey res	ances earch		RAD RFD SAL TEL TRC TRS TSF	describe the paymand and product returned contributions campaign workers' salt. It. or cable airtime and candidate travel, lodging staff/spouse travel, lodging transfer between common technology	aries  I production cos  and meats  ging, and meats  littees of the sa	ts me candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Joaquin Lopez		CODE	OR	DES	CRIPTION	OF PAYMENT		AMOUNT PAID
Pico Rivera, CA 90660		SAL	PRANSierra a phaladologic giruspiego parasiona an aire make p _{arasio} parasional de la compansión de la comp					504.0
Ana Martinez Downey, CA 90241		SAL						144.0
Maria Mercado  Los Angeles, CA 90022		SAL	MANAGE STATES AND				and the state of t	99.00
Public Service Calls South Gate, CA 90280		CNS	Ornelanda and account of the state of the st	<b>9</b>			777777	180.00
Miriam Reyes Los Angeles, CA 90063		SAL	менной обращений менен объектов по положения на пределения по					591.30
Payments that are contributions or independent expenditures must also	be summarized on S	chedule D				annocentular or envelopment of the second of		

1,518.30

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER  Aceitung for City Council 2020	A	mounts may to whole d		d		fre		10/18/20: 12/31/20:	20	CALIF( FO)	ORNIA RM	460
CODES: If one of the following codes accurately described campaign paraphermalia/misc. CAS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	NO.	member cor meetings ar office expe- petition circi	mmunicationd appears uses ulating s survey res livery and	ns inces earch messen	TAT SATUROS	RA RFI SA TEI TRI TSI VO	D radii D retu L cam L.v. can C can S staff T vote	acribe the posterior and contribution an	production itions rs' salaries ne and prod lodging, an el, lodging, committee	duction cost duction cost d meals and meats s of the sar	s me candid	ate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR		DESCRIPT	ION OF I	PAYMENT			AMOUI	NT PAID
Rosa Rodriguez South Gate, CA 90280			SAL							The Control of the Co	energy energy	1,215.0
Luz Ruiz South Gate, CA 90280			SAL							No. and control of the control of th		1,050.0
Doreen Sanchez Los Angeles, CA 90038			SAL							THE REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS		100.8
os Angeles, CA 90022			SAL	reduce every allowed many property de transport				Anni Vinnessi An		Period and Control control in the control cont		709.20
aria Pulido for Bell Gardens City Council 2020										The state of the s		
ong Beach, CA 90802			CTB	And Designation of the Control of th						ed anni elektron elektron skolotosiskop entopolitika es sam		1,500.00
Payments that are contributions or independent expenditures must also	be sum	marized on S	chedule D		***************************************				ė: m	7074. 4		

4,575.00

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER  Aceituno for City Council 2020	Amounts ma to whok	y be rounded dollars.	<b>!</b>	from	nent covers period 19/18/2020 12/31/2020	CALIF( FO	RM 40U
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 LIT campaign literature and mailings	MTG meetings OFC office exp PET petition ci PHO phone bar POL polling an POS postage.	and appearance session of the consession of the	s 1008	RAD radi RFD retu SAL carr TEL t.v. TRC carr TRS staff TSF tran. VOT vote	scribe the payment of airtime and production airtime and production of contributions are all of the contributions are all of the contributions are all of the committees are a	n costs  s  oduction cost  nd meals  , and meals  es of the sar	s me candidate/sponsor
(IF COMMITTEE, ALSO ENTER I.D. NUMBER) Wells Fargo Bank		CODE	OR DE	SCRIPTION OF I	PAYMENT		AMOUNT PAID
Rl Monte, CA 91731  GOULD & ORELLANA, LLC		CMP	Credit Card Paym	ent		And the second s	317.20
Long Beach, CA 90802		PRO					150.00
Wells Fargo Bank El Monte, CA 91731		CMP					147.13
		BOOK TO THE TOTAL TO THE T				- Andrews - Andr	

FPPC Form 460 (Jan/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

www.fooc.ca.gov

SUBTOTAL \$

614.33

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

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)  SEE INSTRUCTIONS ON REVERSE	Amounts may be rounded to whole dollars.			as-orienteen/claba	Statement covers period om10/18/2020 arough12/31/2020	CALIFORNIA 460
NAME OF FILER	· · · · · · · · · · · · · · · · · · ·			u	rougn	Page19 of21
Aceituno for City Council 2020						I.D. NUMBER
NAME OF AGENT OR INDEPENDENT CONTRACTOR						1251595
Nexus Point Services						
CODES: If one of the following codes accurately descrit	es the navm	ent vou ma	w enter the co	da Othani		•
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundralsing events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings  * Payments that are contributions or Independent expenditures must also	MER members meetin off office of office of petition PHO poling POL poling POS postage PRO profess PRT print ac	or communicatings and appears expenses to circulating banks and survey re to, delivery and tional services tis	ons ances search I messenger servic (legal, accounting	RAD RFD SAL TEL TRC TRS Ces TSF T) VOT	<ul> <li>radio airtime and production returned contributions</li> <li>campaign workers' salaries</li> <li>t.v. or cable airtime and procandidate travel, lodging, ar staff/spouse travel, lodging.</li> </ul>	ocosts  duction costs d meals and meats s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTION	ON OF PAYMENT	AMOUNT PAID
U.S. Postmaster Los Angeles, CA 90071		Pos				1,125.00
U.S. Postmaster Los Angeles, CA 90071		POS				1,536.32
Attach additional information on appropriately labeled continue	ation 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)		nay be rounded ple dollars.	Statement covers period from 10/18/2020	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through 12/31/2020	Page20of21
Aceituno for City Council 2020				I.D. NUMBER
NAME OF AGENT OR INDEPENDENT CONTRACTOR				1251595
Wells Fargo Bank				
CODES: If one of the following codes accurately describ	es the payment, you	may enter the cod	e. Otherwise describe the navma	onf
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 LIT campaign literature and mailings  * Payments that are contributions or independent expenditures must also	MISR rember community meetings and a office expenser petition circulating phone banks polling and surveyors postage, deliver professional ser print ads	nications opearances og ey research y and messenger service vices (legal, accounting)	RAD radio airtime and production returned contributions SAL campaign workers' salarie t.v. or cable airtime and process TRC candidate travel, lodging, a staff/spouse travel, lodging as staff/spouse travel, lodging as staff/spouse travel, lodging as staff/spouse travel, lodging as staff/spouse travel.	on costs  s  oduction costs  nd meals  i, and meals  es of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (#F COMMITTEE, ALSO ENTER I.D. NUMBER)		DE OR	Dranna.	
Office Depot		CMP CMP	DESCRIPTION OF PAYMENT	AMOUNT PAID
Norwalk, CA 90650				2,234.7
Office Depot Norwalk, CA 90650		DEC		104.7
Jim's Burgers Downey, CA 90241		MP		118.3
Attach additional information on appropriately labeled continua	ntion 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.

	eous Increases to Cash	Amounts may be rounded to whole dollars.	Statement covers period from 10/18/2020	CALIFORNIA 460
EE INSTRUCTIO	ONS ON REVERSE	through 12/31/2020		Page21 of21
AME OF FILER				
ceituno for	City Council 2020			I.D. NUMBER
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		SCRIPTION OF RECEIPT	1251595
11/16/2020	Californians For Quality Education (ID# 1371954)		AMOUNT OF INCREASE TO CASH	
	Covina, CA 91722	Refund		1,000.0
			on the state of th	
Attach additi	onal information on appropriately labeled continuation sheets.			The state of the s
	1,000.00			
hedule I S lemized inc				A
Initemized i	reases to cash this period.	*************************************	\$ 1,000.00	
	and			
otal miscell	terest received this period on loans made to others. (Scheo aneous increases to cash this period. (Add Lines 1, 2, and age, Line 14.)	lule H, Column (e).)	9 0.00	