Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		reived 1-28-2021	Date Starto	COVERPAGE CALIFORNIA 460
·	Statement covers period from01/01/2021	Date of election if applicable: (Month, Day, Year)	\$ 1 mg 1 m	Page 1 of 10
SEE INSTRUCTIONS ON REVERSE	through06/30/2021	06/05/2018		To a contract of the contract
1. Type of Recipient Committee: All Committees - Co	emplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
(x) State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Commutee information	D. NUMBER 1403442	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Aceituno 4 Assembly 2018	1403447	NAME OF TREASURER David Gould MAILING ADDRESS		
STREET ADDRESS (NO PO. ROX)	Andrew Control of the	CITY Long Beach	STATE	ZIP CODE AREA CODE/PHONE 90802
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
Long Beach CA 9080 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. 8		Ingrid Orellana		
MAILUNG ADDAESS (IF DIFFERENT) NO. AND STREET OR P.O. B	iox	MAILING ADDRESS		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
		Long Beach	CA	90802
OPTIONAL FAX / F-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	
4. Verification				
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California	this statement and to the best of my known that the foregoing is true and correct.	wledge the information contained her	eio and in the attached s	chedules is true and complete. I certify
Executed on	Ву	Figurature of Treasurer or Assistant	Treasurer	
Executed on07/14/2021	Bu			

Ву ...

Signature of Controlling Officeholder, Candidate, State Meesure Proponent or Responsible Officer of Sporsor

Signature of Controlling Officeholder, Cardidate, State Messure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Executed on .

Executed on ...

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART	2
CALIFORNIA ACO	
FORM 400	
Page2 of10	
. n8c 0!	

				OI
. Officeholder or Candidate Controlled Com	mittee	6. Primarily Formed Ballot I	Viezsure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		
Pedro Aceituno		MANUAL OF COLUMN MENDORE		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTI	RICT NUMBER IS ADDITION OF	PALLOTUO PEL COMP		
State Assembly Person Assembly District Di	strict 58	BALLOT NO. OR LETTER J	IURISDICTION	SUPPORT OPPOSE
RESIDENTIALIBUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP			
	Long Beach CA 90802	identify the controlling officeh	colder, candidate, or state meas	ure proponent, if an
		NAME OF OFFICEHOLDER, CANDID	ATE, OR PROPONENT	
Related Committees Not included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your c	to the time mailman with the same of the s	OFFICE SOUGHT OR HELD	DISTRICT	NO. IF ANY
COMMITTEENAME	I.D. NUMBER			
Aceitumo for City Council 2015	1251595			
NAME OF TREASURER	***************************************			
	CONTROLLED COMMITTEE?	7. Primarily Formed Candida	te/Officeholder Committee	List names of
Gould David	X YES		which this committee is primarily	formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I	BOX)	NAME OF OFFICEHOLDER OR CAND	IDATE OFFICE SOUGHT OR HE	SUPPORT OPPOSE
STATE ZIP	CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDI	(0.1.2)	
Long Beach CA 90	802	TO THE PARTY OF CAMP	OFFICE SOUGHT OR HE	LD SUPPORT
COMMITTEE NAME	I.D. NUMBER		9999 940-9	OPPOSE
		NAME OF OFFICEHOLDER OR CANDI	DATE OFFICE SOUGHT OR HE	∐ SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?			☐ OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	YES NO	NAME OF OFFICEHOLDER OR CANDI	DATE OFFICE SOUGHT OR HEI	LI SUPPORT
OTHER PROPERTY OF THE PROPERTY	OX)		rinnerskippel	OPPOSE
CITY STATE ZIP C	CODE AREA CODE/PHONE	Attach co	ntinuation sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Column A

TOTAL THIS DEDICE.

		SUMMARY PAGE
Staten	ent covers period	CALIFORNIA AGO
from	01/01/2021	FORM 400
through _	06/30/2021	Page 3 of 10
		I.D. NUMBER
		1403442

Aceitumo 4 Assembly 2018

Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

			TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		
1.	Schedule A, Line 3	\$	0.00	s	
2.	Loans Received Schedule B. Line 3	,	0.00	•	7000
3.	SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	
4.	Nonmonetary Contributions Schedule C, Line 3		0.00	•	
5.	TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0.00	\$	
Ex	penditures Made	***************************************			
6.	Payments Made Schedule E, Line 4	\$	900.00	e	
7 .	Loans Made Schedule H. Line 3		0.00	•	~
8.	SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	900.00	s	
9.	Accrued Expenses (Unpaid Bills)Schedule F, Line 3	Ţ	0.00	Ψ	
10.	Nonmonetary Adjustment Schedule C. Line 3		0.00		
11.	TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$	900.00	\$	
#00mil(N)00	rrent Cash Statement				
	Beginning Cash Balance Previous Summary Page, Line 18	e	2 019 50		
13. (Cash Receipts Column A, Line 3 above		0.00	8	alcu
14.	Miscellaneous Increases to Cash Schedule I, Line 4		19.22	corr	ounts espo
15. 0	Cash Payments		900.00	from repo	
16. E	ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	•	1 137 72	Colu	ımn .
H	this is a termination statement, Line 16 must be zero.	Ф		figur subt perio	racte
17. L	OAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	the f	îrst :
Cas	h Equivalents and Outstanding Debts	~		carry	OVE
18. (Cash Equivalents See instructions on reverse		0.00	any).	
19. (Outstanding Debts Add Line 2 + Line 9 in Column 8 above	3 .	0.00		
	and a property of the state of	Ψ.	04,401.00		

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

Column B

CALENDAR YEAR

TOTAL TO DATE

0.00 65,300.00 65,300.00 0.00 65,300.00

900.00

900.00

19,101.00

20,001.00

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

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$ \$	\$
21. Expenditure Made	\$ \$	\$

Expenditure Limit Summary for State Candidates

Date of Election

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

(mm/dd/yy)	TOTAL TO DATE
	\$

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

Schedule B - Part 1	_						SCF	EDULE 8 - PART
Loans Received	An	nounts may be i to whole dolla	rounded	n Manyooga aana	Statement co	vers period	CALIFOR	
				i de la companya de l	from01/c	01/2021	FORM	^{MA} 460
SEE INSTRUCTIONS ON REVERSE								English English
NAME OF FILER					through 06/3	30/2021	Page 4	of <u>10</u>
Aceituno 4 Assembly 2018							I.D. NUMBER	
							1403442	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (FCOMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	BEGINNING THIS	(b) AMOUNT RECEIVED THIS PERIOD	OR FURGIVE	N CLOSE OF THIS	(e) INTEREST PAID THIS	ORIGINAL AMOUNT OF	(g) CUMULATIVE CONTRIBUTION
Pedro Aceituno	City Councilmember Bell Gardens	PERIOD	FERIOU	THIS PERIOR	PERIOD	PERIOD	LOAN	TODATE
Bel Ganderns, CA 90201	perr dardens	A visit and a visi		PAID	Spirming and design for the control of the control	may 194 - Dahamadaga		CALENDAR YEAR
	R. Company	Nijihin panilisa		FORGIVEN	\$ 500.00	0 00 % RATE	\$500.00	\$0_01
+	MANAGE AND				and an analysis of the second			PER ELECTION
TE IND COM OTH PTY SCC	City Councilmember	\$500.00	\$0.00	\$ 0.00	DATE DUE	\$0.00	03/02/2018 DATE INCURRED	\$ P2018 56,500.
Bel Ganderns, CA 90201	Bell Gardens		NORTH CONTRACTOR CONTR	PAID				CALENDAR YEAR
				\$0	\$1_000_00	0.00%	\$ _1.000.00	\$0.00
				FORGIVEN	Balgide man 1999 1999 1999 1999 1999 1999 1999 19	RATE		PER ELECTION *
TEND COM OTH PTY SCC		\$1.000_00	\$0.00	\$ <u>0_00</u>	DATEDUE	\$	03/05/2018 DATE INCURRED	\$ P2018 S6,500.
Bel Gande rns, CA 90201	City Councilmember Bell Gardens	PROVIDE III AND THE PROVID		PAID				CALENDAR YEAR
		The Andrews of the An		\$0.90	\$ _35,000.00		* 35 800 00	
		Walls to a series	To the second se	FORGIVEN	The second secon	RATE	\$_35,000.00	PER ELECTION **
IND COM OTH PTY SCC		\$ 35.000.00	s	\$0.00	DATE OUE	\$0.00	04/21/2018 DATE INCURRED	\$ P2018 56,500.0
		SUBTOTALS \$	0.00\$	0.00	\$ 36,500.00\$	0.00		
Schedule B Summary						(Enter (e) on		
. Loans received this period						Schedule E, Line 3)		
(Total Column (b) plus unitemized loans	of less than \$100.)	************	************	\$	0.00			
	_					†Cor	ntributor Codes	
Loans paid or forgiven this period	paid or formives \	***************		\$	0.00		- Individual II - Recipient Con	
(Include loans paid by a third party that	are also itemized on Schadi	ile Δ \					(other than P	TY or SCC)
Net change this period (Subtract in	06	-10/1.j				OTH	- Other (e.g., b - Political Party	usiness entity)
Net change this period. (Subtract Line Enter the net here and on the Summary	Page Column A Line 2	***********	P	NET \$	0.00	scc	- Small Contribu	tor Committee
	84 COMMITTY, LINE Z.			(Ma)	/be a negstive number)		· · · · · · · · · · · · · · · · · · ·	
*Amounts forgiven or paid by another party also m * If required.	iust de reported on Schedule A.							

Schedule B – Part 1 (Continua Loans Received	ation Sheet) A	mounts may be to whole dollar		Assumation measurements and a second	Statement co	vers period	SCHEDULE CALIFOR FORM	B-PART 1 (CONT NIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through 06/	30/2021		_ of _10
Aceituno 4 Assembly 2018							I.D. NUMBER	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTER LD, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	OK FURGIVE	CLOSE OF THIS	(*) INTEREST PAID THIS	1403442 (f) ORIGINAL AMOUNT OF	(g) CUMULATIVE CONTRIBUTIONS
Pedro Aceitumo Bel Ganderns, CA 90201	City Councilmember Bell Gardens	PERIOD	100 mm 10	THIS PERIOD PAID S O no FORGIVEN	PERIOD	PERIOD O OO W	\$ 20.000 00	TODATE CALENDAR YEAR \$ 0.00 PER ELECTION**
Tose Aceitung	Retired	\$20.000.00	\$ 0.00	\$0.00	DATE DUE	\$ <u>0.00</u>	05/19/2018 DATE INCURRED	\$ P2018 56,500.0
Bell Gardens, CA 90201	None		THE PROPERTY OF THE PROPERTY O	\$OOO	\$	0.00% RATE	\$ <u>4.400.00</u>	CALENDAR YEAR \$ 050 PER ELECTION **
TEND COM OTH PTY SCC	Retired	\$4.4QD.D0	50.00	\$0_0	DATE DUE	\$0.00	05/22/2018 DATE INCURRED	\$ PZG19 4,400.00
Bell Gardens, CA 90201	None	** delinate Baranagge, tam		\$0_00 FORGIVEN	\$4.400 <u>.00</u>	D AAN RATE	\$_4,400.50	CALENDAR YEAR 8 0.00 PER ELECTION**
MIND COM COTH PTY SCC		\$_4.400.00	30.00	\$0_0	DATE DUE	\$	05/22/2018 DATE INCURRED	\$ P2018 4,400.00
			And the confidence of the conf	PAID FORGIVEN		RATE	-	CALENDAR YEAR PER ELECTION**
□ IND □ COM □ OTH □ PTY □ SCC			*	\$	DATE DUE	•	DATE INCURRED	\$
		SUBTOTALS \$	0.00\$	0.00	\$ 28,800.00\$	0.00		-

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

tContributor 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 E Payments Made	Amounts ma to whole	ly be round e dollars.	ded	fro		ent covers period		SCHEDULE ORNIA RM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				thr	ough _	_06/30/2021	Page	6 -4 10
•							I.D. NUA	
Aceituno 4 Assembly 2018		_					140344	63
CODES: If one of the following codes accurately describe CMP campaign paraphemalia/misc.	s the payment.	you may	enter the code C)thenvise /	docorib	a tha	21034	
campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events INO independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meetings OFC office exp PET petition cir PHO phone bar POL polling an POS postage, o	and appeara enses roulating nks d survey res delivery and	ns Inces	RAD RFD SAL TEL TRC TRS TSF VOT	radio : returni campa t.v. or candid staff/si transfe voter r	e the payment. airtime and production and contributions ign workers' salaries cable airtime and production and production and production and production are travel, lodging, and pouse travel, lodging, and petween committees egistration technology costs	uction costs I meals and meals of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (FCOMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	U OE DAV	MENT		
Gould & Oreliana, LLC	-	PRO				MENI		AMOUNT PAID
Long Beach, CA 90802		The state of the s	out of the second secon				долганда шереден <u>далам</u> а	150.00
Gould & Orellana LLC Long Beach, CA 90802		PRO					on and an analysis of the second	150.00
Carrie			THE PERSON NAMED IN COLUMN TO THE PE				ACA A Printed to company or	
Gould & Orellana, LIC Long Beach, CA 90802		PRO						150.00
* Payments that are contributions or independent expenditures m	ust also be sumn	narized on	Schedule D					
Schedule E Summary						SUB'	TOTAL\$	450.00
•								
 Itemized payments made this period. (Include all Schedule E Uniternized payments made this period of under \$400. 	subtotals.)	***********	***********	***********	**********	*****************************	\$	900.00
the state of the belief of dilder \$ 100								
- Intermediate in the inte	CHEQUIE B. PAIT	1 Column	(A))					0.00
 Total payments made this period. (Add Lines 1, 2, and 3. Ent 	er here and on t	he Summa	ary Page, Column	A, Line 6.)	********	TOTA	L\$	900.00

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	A	mounts may to whole d		•	fron	Statement covers period 01/01/2021 04/01/2021	CALIFORM FORM Page 7	4100
Aceitumo 4 Assembly 2018							I.D. NUMBER	
CODES: If one of the following codes accurately describe: CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FiL candidate filling/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	s the MBR MTG OFC PET PHO POL POS PRO PRT	member cor meetings ar office expe- petition circu phone bank polling and postage, de	nmunication id appeara nses ilating 8 survey rese livery and	ns nces	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and product returned contributions campaign workers' salari t.v. or cable airtime and p candidate travel, lodging, staff/spouse travel, lodgir transfer between commit	ion costs ies production costs and meals ng, and meals lees of the same of	*
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)			CODE	OR		ON OF PAYMENT		AMOUNT PAID
Gould & Orellana, LLC Long Beach, CA 90802			PRO	And the state of t				150.00
Gould & Orellana, LLC Long Beach, CA 90802			PRO					150.00
Gould & Orellana, LLC Long Beach, CA 90802			PRO					150.00

SUBTOTAL \$

450.00

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

Schedule F					SCHEDU
Accrued Expenses (Unpaid Bills)	Amounts may be rout to whole dollars.	nded	Statement cov	ers period CAL	JEORNIA AC
	more designation	•	from 01/01/	2021	FORM 40
SEE INSTRUCTIONS ON REVERSE			through 06/30/	2021	
NAME OF FILER			unough		e 8 of 10
Aceituno 4 Assembly 2018				I.D. N	UMBER
				140:	3440
CODES: If one of the following codes accurately descrictions campaign paraphernalia/misc. CNS campaign consultants	ibes the payment, you ma	y enter the code. O	therwise, describe to	ne navment	****
CNS campaign consultants CTB contribution (exclain population)	MBR member communication MTG meetings and appears	ons	row radio aintime ai	NI Draduction costs	
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office expenses	difCES	MFD returned contri	hidinne	
Fil. candidate filing/ballot fees	PET petition circulating		SAL campaign work	ers' salaries	
FND fundraising events	PHO phone banks		TRC candidate trave	time and production co. I, lodging, and meats	9ts
ND Independent expenditure supporting/opposing others (explain)*	POL polling and survey res	search	TRS staff/spouse tra	i, loughly, and meals vel, lodging, and meals	_
	POS postage, delivery and professional services	messenger services	ior transfer betwee	n committees of the a	s eme condidatalanaa
LIT campaign literature and mailings	PRT print ads	(regal, accounting)	VOI VOICE REGISTRATION	in .	
NAME AND ADDRESS OF CREDITOR		<u> </u>		inology costs (internet,	e-mail)
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING	(b) AMOUNTINCURRED	(c) AMOUNT PAID	(d)
Pho House of Bull	- Contractive	BALANCE BEGINNING OF THIS PERIOD	THIS PERIOD	THIS PERIOD	OUTSTANDING BALANCE AT CLOSI
The House of Printing Inc.	LIT	1,565.85		(ALSO REPORT ON E)	OF THIS PERIOD
asadena, CA 91107	tion of the state	2,303.05	0.00	0.00	1,565
		a a constant a constan	-		
Continental Colorgraft		The state of the s			
Conterey Park, CA 91754	LIT	4,013.05	0.00		-
	Borr ment or deption	THE PARTY OF THE P		0.00	4,013.
ho st	man y y chip	Bird	paratri dina silago ag		
he House of Printing Inc.	LIT	2,768.16			
asadena, CA 91107	TOTAL DESIGNATION OF THE PROPERTY OF THE PROPE	2,788.16	0.00	0.00	2,768.
		dispersion and the state of the	Transpire Principal Control of	A CONTRACTOR OF THE PARTY OF TH	
Promote State		THE SPECIAL PRINCIPAL PRIN	St. Applicate opposition	######################################	
Payments that are contributions or independent expenditures must also be minarized on Schedule D.	SUBTOTALS \$	P 247 0-A	-		
chedule F Summary		8,347.06\$	0.00\$	0.00\$	8,347.0
Total accrised expenses income to					
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total uniterproductions)	chedule F, Column (b) sub	totals for			
			INCLIDE	ED TOTAL A	
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized of	dule F, Column (c) subtota	is for payments on	······································	KED IOIALS \$	0.00
the state of the s	layments on accrued exper	inder \$100 \	_	410 Donne	
Net change this period (e	and an analysis	was supply \$100'1		ali i i tatal co e	
accrued expenses of \$100 or more, plus total unitemized p Net change this period. (Subtract Line 2 from Line 1. Ente on the Summary Page, Column A, Line 9.)	er the difference here and	\$ 100.)	***************************************	AID TOTALS \$	0.00

Statement covers period CALIFORNIA **FORM** 01/01/2021 through 06/30/2021 Page 9 of 10 I.D. NUMBER

1403442

NAME OF FILER

Aceitumo 4 Assembly 2018

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

CVP campaign paraphernalia/misc. MBR member communications CNS campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses CVC civic donations PET petition circulating candidate filing/ballot fees PHO phone banks FND fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain)* ND postage, delivery and messenger services LEG legal defense professional services (legal, accounting) UT campaign literature and mailings

PRT print ads RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor TSF

VOT voter registration

WEB information technology costs (Internet, e-mail)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Continental Colorcraft	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
Monterey Park, CA 91754	LIT	5,062.99	0.00	0.00	5,062.99
The Strategy Group Company Delaware, OH 43015	PHO	4,652.00	0.00	0.00	4,652.00
Registrar-Recorder/County Clerk's Office Norwalk, CA 90650	FIL	1,038.95	0.00	0.00	1,038.95
	SUBTOTALS \$	10,753.94\$	0.00\$	0.00\$	10,753.94

	creases to Cash	Amounts may be rounded to whole dollars.	Statement covers period from 01/01/2021	CALIFORNIA 46	
EE INSTRUCTIONS ON REVER	SE	through 06/30/2021		Page 10 of 10	
AME OF FILER				I.D. NUMBER	
ceituno 4 Assembly 20	18			1403442	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
The state of the s				WORLD TO GAGT	
		TO COLUMN TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T		Na contraction of the contractio	
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de servicio de constituiros de		70 A 60 A		To the second se	
Manage to the state of the stat				esse distribution de la constante de la consta	
		THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PR		**************************************	
Attach additional informa	tion on appropriately labeled continuation sheets.				
hedule I Summary			SUBTOTAL	0.00	
Unitemized increases	cash this period.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	\$0.00		
Total of all interest rece	to cash of under \$100 this periodeived this period on loans made to others. (Sche	***************************************	\$19.22		
Fotol microthers	creases to cash this period. (Add Lines 1, 2, and 14)	dule H, Column (e).)	\$ 0.00		

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