Recipiont Committee		1	Adam Adam	· · · · · · · · · · · · · · · · · · ·		COVER PAGE
Recipient Committee Campaign Statement		*	Date Stamp	100	ALIFORN	A
Cover Page		1077	AUG ~2 AH 9:	1	FORM	<sup>^</sup> 460
	Statement covers period	Date of Election if applicable	16, 70		Page 1	of 6
	from 01/01/2022	* 1	\$ GARTED RE	e  -	For Officia	d Use Only
	through 06/30/2022	(Month, Day, Year)	SANCES, CO.			
State Candidate Election Committee  Recall  General Purpose Committee  Sponsored  Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored rimarily Formed Candidate/ fficeholder Committee	2. Type of Statement Pre-election State Semi-Annual State Termination State Amendment	ement ement	Spec	emental P	ment ar Statement re-election ach Form 495
3. Committee Information	I.D. Number	Treasurer(s)		w		
COMMITTIEE NAME Chavez for Bell Gardens City Council 2	2020	NAME OF TREASURER				
out of the best dardens city council a	2020	Jane Leiderman				
		STREET ADDRESS	14/			
STREET ADDRESS (NO PO BOX)		CITY		STATE	ZIP CODE	AREA CODE/PHONE
CITY	ATE ZIP CODE AREA CODE/PHONE	Encino		CA	91436	DETAIL STATE
Encino	CA 91436	NAME OF ASSISTANT TREASUR	(ER, IF ANY			
MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS				
CITY	ATE ZIP CODE	CITY	_	STATE	7ID CODE	AREA CODE/PHON
OPTIONAL: FAX / E-MAIL ADDRESS				OIALL	ZIF CODE	AREA CODE/PHON
- TANKE PUBLISH		OPTIONAL: FAX / E-MAIL ADDR	ESS			
4. Verification  I have used all reasonable diligence in preparing complete. I certify under penalty of perjury under penalty of penalty under pen		going is	ledge the informat true and correct.	ion cont	ained here	in is true and
Executed on By		TE MEASURE	PROPONENT OR RESPONSIE	BLE OFFICER	OF SPONSOR	-:
Evended	SIGNATURE OF	CONTROLLING OFFICEHOLDER, CANDIDAT	E, STATE MEASURE PROPON	VENT		and the same of th
Executed on By	:					
	Sisterative of	CONTROLLING OFFICEHOLDER, CANDIDAT	E, STATE MEASURE PROPON	IENT		 orm 460 -(JAN/2016) state of California/SI

## Recipient Committee Campaign Statement Cover Page - Part 2

CALIFORNIA FORM 460

Page

2 of 6

Statement covers period

		from
*	•	through 06/30/2022
5. Officeholder or Candidate Controlled Committee	00	6. Primarily Formed Ballot Measure Committee
NAME OF OFFICEHOLDER OR CANDIDATE  Jorgel Chavez	0	NAME OF BALLOT MEASURE
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	CT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURISDICTION SUPPORT
RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET)	CNY STATE ZIP	OPPOSE ·
Bei	1 Gardens CA 90201	Identify the controlling officeholder, candidate, or state measure proponent, if any.  NAME OF OFFICEHOLDER OR CANDIDATE OR PROPONENT
Related Committees Not included in this State not included in this statement that are controlled by you receive contributions or make expenditures on behalf or	or are orimorily formed to	OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY
COMMITTEE NAME	I.D. NUMBER	
NAME OF TREASURER	CONTROLLED COMMITTEE ?	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.
COMMITTEE STREET ADDRESS (NO P.O. BOX)	YES NO	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  SUPPORT
CITY STATE	ZIP CODE: AREA CODE/PHONE.	OPPOSE
COMMITTEE NAME	LD. NUMBER	NAME OF DEFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
COMMITTEE STREET ADDRESS (NO P.O BOX)	∐ YES ☐ NO	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE PHONE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
		SUPPORT OPPOSE

FPPC Form 460 -(JAN/2016) State of California/SI

## Campaign Disclosure Statement Summary Page

Statement covers period rom 01/01/2022 CALIFORNIA FORM 46 Page 3 of 6

NAME OF FILER Chavez for Bell Gardens City Council 2020

I.D. NUMBER

SUMMARY PAGE

Contributions Received		Column A  TOTÁL THIS PERIOD  JERON ATTACHED SCHEDULES		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates
1. Monetary Contributions	\$	0.00	\$	0.00	Running in Both the State Primary and General Elections.
2. Loans Received Schedule B, Line 3	6	0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$	0.00	\$.	0.00	20. Contributions Received \$
4. Nonmonetary Contributions		0.00		. 0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4	\$	0.00	\$	0.00	Made \$
Expenditures Made					
6. Payments Made	\$	1,175.67	\$	1,175.67	Expenditure Limit Summary
7. Loans Made		0.00		0.00	for State Candidates
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	1,175.67	\$.	1,175.67	22. Cumulative Expenditures Made *
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.00		0.00	( If Subject to Voluntary Expenditure Limits)
10. Nonmonetary Adjustment		0.00		0.00	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	1;175.67	\$	1,175.67	
Current Cash Statement  12. Beginning Cash Balance		1,175.67		(9°	\$
13. Cash Receipts	19	0.00		*	\$
14. Miscellaneous Increases to Cash		0.00			* Amounts in this Section may be different from amounts reported in Column B.
15. Cash Payments Column A. Line 8 above		1,175.67			reported in Column B.
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14. then subtract Line 15	\$	0.00		•	
17. LOAN GUARANTEES RECEIVED		0.00			
Cash Equivalents and Outstanding Debts					
18. Cash Equivalents	\$	0.00			
19. Outstanding Debts Add Lines 2 + Line 9 in Column B above	\$	0.00			FPPC Form 460 -{JAN/201 State of California/

## Schedule E Payments Made

Los Angeles, CA 90017

 Statement covers period from
 CALIFORNIA FORM
 460

 through
 06/30/2022
 Page 4 of 6

NAME OF FILER Chavez for Bell Gardens City Council 2020

CODES: If one of the following accurately describe  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)  civic donations  FIL candidate filing / ballot fees  FND fundraising expenses  IND LEG legal defense  LIT campaign literature and mailings	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and n PRO professional services (I PRT print ads	RAD radio airtime and production costs  RED returned contributions  SAL campaign workers' salaries  TEL t.v. or cable production costs  TRC candidate travel, lodging and meals  arch  TRS staff/spouse travel, lodging and meals  TSF transfer between committees of the	als same candidate/sponsor
NAME AND ADDRESS OF PAYEE	CODE	or DESCRIPTION OF PAYMENT	AMOUNTPAID
Capital One :		See Schedule & for payees reaching disclosure threshold.	62.00
Capital One Charlotte, NC 28269		See Schedule G for payees reaching disclosure threshold	285.73
First Republic Bank	OFC		183.68

	SUBTOTAL \$	531.41
Schedule E Summary		
Itemized payments made this period. (Include all Schedule E subtotals.)	s	971.19
2. Unitemized payments made this period of under \$100	\$	204.48
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 Line 1, 2, and 3. Enter here and on the Summary Page, Colur	mn A, Line 6.)TOTAL \$	1,175.67

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

Statement covers period 01/01/2022 from

06/30/2022

CALIFORNIA FORM

5 of 6

NAME OF FILER Chavez for Bell Gardens City Council 2020

I.D. NUMBER

Page

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)

CVC civic donations

FIL candidate filing / ballot fees FND fundraising expenses

IND independent expenditures supporting/opposing others

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses PET petition circulating PHO phone banks :

POL polling and survey research

POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

through

SAL campaign workers' salaries TEL t.v. or cable production costs

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

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet,e-mail)

NAME AND ADDRESS OF PAYEE	CODE or DESCRIPTION OF PAYMENT	AMOUNTPAID
Leiderman & Associates Inc.	PRO	439.7
ncino, CA 91436	· ·	
		,

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Statement covers period from 01/01/2022	
NAME OF FILER Chavez for Bell Gardens City Council 2020	through 06/30/2022	Page 6 of 6
	•	I.D. NUMBER
NAME OF AGENT OR INDEPENDENT CONTRACTOR Capital One	• 1	
CODES: If one of the following accurately describes the results		

CODES: If one of the following accurately de	scribes the payment, you may enter the code. Otherwise, describe the payment.	-
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary) CVC civic donations FIL candidate filing / ballot fees FND independent expenses IND legal defense LIT campaign literature and mailings	MBR member communications RAD radio airtime and production costs meetings and appearances RFD returned contributions office expenses SAL campaign workers' salaries petition circulating TEL t.v. or cable production costs TRC candidate travel, lodging and meals	

\* Payments that re contributions or independent expenditures are also summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE	OR DESCRIPTON OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRC	Airfare-5/11-18/2022-BUR/SMF/BUR	227.96