Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		CITY OF SELL CITY CLERK	5° OFFICE	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2022 through09/24/2022	Date of election if applicable. SEP 29 (Month, Day, Year) 7100 GARF 11/08/2022 BELL GARDEN	ELD AVE	Page 1 of 11 For Official Use Only
Type of Recipient Committee: All Committees - Co		2. Type of Statement:		
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 6) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Uso Complete Part 6) rimarily Formed Candidate/ officeholder Committee Uso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee information	NUMBER	Treasurer(s)		***
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Jennifer Rodriguez for Bell Gardens City Cou	ncil 2022	NAME OF TREASURER Gary Crumwitt MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY Long Beach	STATE	ZIP CODE AREA CODE/PHONE 90802
Long Beach CA 9080 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	2	NAME OF ASSISTANT TREASURER, IF ANY Jennifer Rodriguez MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY Long Beach	STATE :	ZIP CODE AREA CODE/PHONE 90802
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	this statement and to the best of my known that the foregoing is true and correct. By	wledge the information.contained herein and in t	ne attached so	chedules is true and complete. I certify
Executed on	By Signature of Cont	rolling Officeholder, Candidata, State Measure Proportent or Respo	ensible Officer of Sp	nonsor
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Pro	ponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Pre	sponent	

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

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
	ORNIA 460				
FC	RM 400				
Page	2 of <u>11</u>				

CITY STATE ZIP CODE AREA CODE/PHONE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE COMMITTEE NAME I.D. NUMBER NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR	Officeholder or Candidate Controlled Comm	nittee	6.	. Primarily Formed Ball	ot Measure Commit	tee	
DEFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER if APPLICABLE) CITY STATE ZIP Long Beach CA 99802 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Long Beach CA 99802 Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidate.) COMMITTEE NAME LD. NUMBER NAME OF TREASURER CONTROLLED COMMITTEE? YES NO COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) COMMITTEE NAME LD. NUMBER LD. NUMBER NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE		-	NAME OF BALLOT MEASURE			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) Long Beach CA 90802 Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy. NAME OF TREASURER CONMITTEE NAME I.D. NUMBER COMMITTEE ADDRESS STREET ADDRESS (NO. P.O. BOX) COMMITTEE NAME I.D. NUMBER I.D. NUMBER T. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) for which this committee is primarily formed. NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed. NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OPPOS	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)	-	BALLOT NO. OR LETTER	JURISDICTION] SUPPORT
Long Beach Ch 99802 Identify the controlling officeholder, candidate, or state measure proponent, if a NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		CITY STATE ZIP	_	to to the second			
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your cendidacy. COMMITTEE NAME I.D. NUMBER T. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed. NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY T. Primarily Formed Candidate(officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed. NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD SUPPOR NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE OFFICE SOUGHT OR HELD SUPPOR OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD SUPPOR OPPOSE OFFICE SOUGHT OR HELD OFFICE SOUGHT				identify the controlling of	ficeholder, candidate, o	state measure	proponent, if any.
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NAME OF TREASURER CONTROLLED COMMITTEE? YES NO COMMITTEE ADDRESS (NO P.O. BOX) 7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed. NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OR PRICE SUIGHT OR HELD OPPOSE SUIGHT OR HEL	not included in this statement that are controlled by you	or are primarily formed to receiv		OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
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CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	SUX)		4			
	CITY STATE ZIP	CODE AREA CODE/PHONE		Atta	nch continuation sheets	if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

| SUMMARY PAGE | SUMMARY PAGE | CALIFORNIA | 460 | FORM |

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Jennifer Rodriguez for Bell Gardens City Council 2022 1451491 Column A Column B **Calendar Year Summary for Candidates Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TODATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 \$ _____ 21,816.33 21,816.33 1/1 through 6/30 7/1 to Date 2. Loans Received Schedule B. Line 3 0.00 0.00 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ 20. Contributions 21.816.33 21,816.33 Received Nonmonetary Contributions Schedule C. Line 3 0.00 0.00 21. Expenditures TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ Made 21,816.33 21,816.33 **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ 11,673.67 \$ 11,673.67 **Candidates** 7. Loans Made Schedule H. Line 3 0.00 0.00 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ _____1,673.67 \$ 11,673.67 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 0.00 **Date of Election** Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 13. Cash Receipts Column A, Line 3 above 21,816.33 amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash Schedule I. Line 4 *Amounts in this section may be different from amounts 0.00 from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments Column A, Line 8 above 11,673.67 Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 10,142.66 flaures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ for this calendar year, only carry over the amounts **Cash Equivalents and Outstanding Debts** from Lines 2, 7, and 9 (If any).

FPPC Form 460 (Jan/2016)
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Schedule A Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from 01/01/2022		CALIFORNIA 460	
SEE INSTRUCTION	ONS ON REVERSE			through _09/24/26	022	Page _	4 of 11
NAME OF FILER			action in their control to the control of the contr	<u> </u>		I.D. NUM	MBER
Jennifer Ro	driguez for Bell Gardens City Council 2022	·		·····		145149)1
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
08/22/2022	Downey, CA 90241	⊠IND □COM □OTH □PTY □SCC	Retired N/A	1,333.33	1,3	33.33	
09/11/2022	George Deitch Tehachapi, CA 93561	⊠IND □COM □OTH □PTY □SCC	Retired Retired	1,000.00	1,0	00.00	
08/24/2022	Jamshed S. Dellawar Cerritos, CA 90703	⊠IND □COM □OTH □PTY □SCC	Realtor Century 21	4,900.00	4,9	00.00	
08/25/2022	Jacquelvne Funk Downey, CA 90241	⊠IND □COM □OTH □PTY □SCC	Manager Century 21	4,900.00	4,9	00.00	
09/23/2022	Guardians of Our Communities (ID# 1438737) Norwalk, CA 90650	☐IND ③ICOM ☐OTH ☐PTY ☐SCC		4,000.00	4,0	00.00	
			SUBTOTAL	\$ 16,133.33			

Schedule A Summary

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.).....\$

21,766.33

2. Amount received this period – unitemized monetary contributions of less than \$100\$

50.00

*Contributor Codes

IND-Individual

IIVD - IIIUIVIUUai

COM-Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.
3	tatement covers period	CALIFORNIA ACO
from .	01/01/2022	FORM 400
throug	gh 09/24/2022	Page5 of11
		I.D. NUMBER

NAME OF FILER						LD. NUMBER	
Jennifer Rod	riguez for Bell Gardens City Council 2022					1451491	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LO. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR TODATE	
09/12/2022	Downey, CA 90242	⊠IND □COM □OTH □PTY □SCC	President Rivas Enterprises, Inc.	2,000.00	2,000	0.00	
	Norco, CA 92860	⊠IND □COM □OTH □PTY □SCC	Office Manager Rivas Enterprises Inc	2,000.00	2,000	0.00	
08/25/2022	Downey, CA 90241	⊠IND □COM □OTH □PTY □SCC	Retired Retired	1,633.00	1,63	3.00	
-		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
	SUBTOTAL\$ 5,633.00						

*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 E
Payments Made

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

		SCHEDULE E
	Statement covers period	CALIFORNIA
	from 01/01/2022	FORM 400
-	through09/24/2022	Page6 of11
		I.D. NUMBER
		1451491

Jennifer Rodriguez for Bell Gardens City Council 2022

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* t.v. or cable airtime and production costs petition circulating CVC civic donations PET TRC candidate travel, lodging, and meals phone banks candidate filing/ballot fees PHO FIL staff/spouse travel, lodging, and meals polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* ND professional services (legal, accounting) VOT voter registration legal defense PRO LEG WEB information technology costs (internet, e-mail) print ads campaign literature and mailings PRT ШТ

NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 319.00 Slate Mailer Budget Watchdogs Newsletter #1345115 Torrance, CA 90505 349.80 Slate Mailer California Families Vote Green \$1408055 Norwalk, CA 90650 595.00 CMP Campaign LA Gardena, CA 90248

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$\frac{11,571.67}{2}\$. Unitemized payments made this period of under \$100 \$\frac{102.00}{3}\$. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$\frac{0.00}{11,673.67}\$. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) \$\frac{11,673.67}{11,673.67}\$.

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

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

SUBTOTAL \$

1,263.80

Schedule	E	
(Continuation	tion	Sheet)
Payments	Mag	ie 💮

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT
Statement covers period	CALIFORNIA 460
from 01/01/2022	FORM 400
through 09/24/2022	Page7 of11
The second secon	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Jennifer Rodriguez for Bell Gardens City Council 2022 1451491 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmonetary)* OFC office expenses campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks candidate travel, lodging, and meals fundraising events POL polling and survey research staff/spouse travel, lodging, and meals ND independent expenditure supporting/opposing others (explain)* postage, delivery and messanger services transfer between committees of the same candidate/sponsor TSF legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mallings PRT print ads WEB information technology costs (Internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR **DESCRIPTION OF PAYMENT AMOUNT PAID** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Coalition for Senior Citizen Security #592015 Slate Mailer 149.00 Los Angeles, CA 90039 COPS Voter Guide #599014 Slate Mailer 403.00 Folsom, CA 95630 Council of Concerned Women Voters #1226327 Slate Mailer 201.00 Los Angeles, CA 90039 Crummitt & Associates PRO 770.00 Long Beach, CA 90802 E- Fundraising Conections Credit Card Processing Fees 60.50 Sacramento, CA 95814 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

1,583.50

Schedule E (Continuation Sheet)

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from01/01/2022	FORM TOU
through 09/24/2022	Page 8 of 11
	I.D. NUMBER
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Payments Made	to whole donais.	from01/01/2022	r O'Nivi
SEE INSTRUCTIONS ON REVERSE		through 09/24/2022	Page 8 of 11
NAME OF FILER	ALL CONTROL OF A DECEMBER OF THE PROPERTY OF T		I.D. NUMBER
Jennifer Rodriguez for Bell Gardens City Council 202	2		1451491
CORES. If any of the following codes conventely doc	without the newment were may enter the code Othe	rwise describe the navment	

CTB contribution (explain nonmonetary)* CVC civic donations FL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* OFC office expens petition circular petitio	munications RAD radio airtime and production costs d appearances RFD returned contributions ses SAL campaign workers' salaries t,v, or cable airtime and production costs	ndidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT AM	OUNT PAID
E- Fundraising Conections Sacramento, CA 95814	Credit Card Processing Fees	221.00
E- Fundraising Conections Sacramento, CA 95814	Credit Card Processing Fees	73.99
E- Fundraising Conections Sacramento, CA 95814	Credit Card Processing Fees	45.50
E- Fundraising Conections Sacramento, CA 95814	Credit Card Processing Fees	181.00

335.00 Election Digest #1345303 Slate Mailer Torrance, CA 90505 SUBTOTAL \$ 856.49 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule !	E
(Continual	tion Sheet)
Payments	Made

	SCHEDULE E (CONT.)				
Statement covers period	CALIFORNIA 460				
om 01/01/2022	FORM 400				

Payments Made	Amounts may be rounded to whole dollars,			from 01/01/2022		NIA I	460	
SEE INSTRUCTIONS ON REVERSE				throu	gh 09/24/2022	Page 9	(f11
NAME OF FILER			**************************************	- Lawrence -		I.D. NUMBER	?	AND THE RESIDENCE OF THE PARTY
Jennifer Rodriguez for Bell Gardens City Council 2022						1451491		
CODES: If one of the following codes accurately descrit CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC divic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com meetings and OFC office expen PET petition circui PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating survey resear very and me	98	RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment. radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and prod candidate travel, lodging, an staff/spouse travel, lodging, transfer between committee voter registration information technology costs	costs duction costs d meals and meals s of the same		date/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DI	ESCRIPTIO	N OF PAYMENT		AMOL	INT PAID
Families First Education Voter Guide #1398433	· · · · · · · · · · · · · · · · · · ·		Slate Mailer					350.00
Norwalk, CA 90560								
Downey, CA 90241		CNS					***************************************	4,050.00
HKF Solutions		CMP			•			525.00

Downey, CA 90241	CNS		4,050.00
HKF Solutions Downey, CA 90241	CMP		525.00
HKF Solutions Downey, CA 90241	OFC		245.98
Latino Family Voter Guide #1386464 Norwalk, CA 90650		Slate Mailer	430.00

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

SUBTOTAL \$ 5,600.98

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	ek

SCHEDULE E (CONT.)				
CALIFORNIA 460				
FORM TOU				

SUBTOTAL \$

2,102.90

Payments Made	to whole do			from 01/01/2022 through 09/24/2022	FORM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		sommer of the state of the stat	and the second s		I.D. NUMBER
Jennifer Rodriguez for Bell Gardens City Council	2022				1451491
CODES: If one of the following codes accurately documents of the compaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees fundralsing events independent expenditure supporting/opposing others (explained to the compaign literature and mailings)	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s ain)* POS postage, deli	munications d appearance ses lating survey reseal very and me	98	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, an TRS staff/spouse travel, lodging,	a costs duction costs did meals and meals es of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
Karina Medina Downey, CA 90241			Canvassing		190.00
Our California Latino Voters' Guide #596004 Los Angeles, CA 90041			Slate Mailer		350.00
Our Voice Latino Voter Guide #599015 Los Ageles, CA 90039			Slate Mailer		375.00
Print & Mail Concepts, Inc. Ontario, CA 91761		CMP	The state of the s	-ara-decorded about the state of the state o	387.90
Jennifer Rodriquez Long Beach, CA 90802		FIL			800.00

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

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

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.			to whole dollars. from 01/01/2022			CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				throu	igh 09/24/2022		of11		
						I.D. NUMBER			
Jennifer Rodriguez for Bell Gardens City Council						1451491			
CODES: If one of the following codes accurately of CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundralsing events independent expenditure supporting/opposing others (expl. LEG legal defense LIT campaign literature and mailings	MER member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s ain)* POS postage, del	munications d appearance uses lating survey resean lvery and me	s.	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salariest t.v. or cable airtime and procundidate travel, lodging, ar staff/spouse travel, lodging, transfer between committee voter registration information technology cost	n costs s duction costs nd meals , and meals es of the same c	•		
NAME AND ADDRESS OF PAYEE (# COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	DR [DESCRIPTIO	N OF PAYMENT		AMOUNT PAID		
Senior Advocates #1439476 Torrance, CA 90505			Slate Mailer				164.00		
				- Sha					
	A MARKET OF SALESSAME, GROUPEN, CO.								

4 44 5

SUBTOTAL \$

164.00

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