Recipient Committee Campaign Statement Cover Page		CITY OF BELL CITY CLERK'S	BARÜENS OFFICE	CALIFORNIA 460
(Government Code Sections 84200-84216.5)	Statement covers period from 01/01/2022	Date of election if applicable: (Month, Day, Year), 177 07 26	AN ID: 43	Page 1 of 10 For Official Use Only
SEE INSTRUCTIONS ON REVERSE #	through09/24/2022	11/08/2022 7100 GARFIE	LD AVE	
1. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
 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 Termination) Amendment (Explain below) removed duplicate contributi	Spec Supp State	terly Statement ial Odd-Year Report lemental Preelection ment - Attach Form 495
3. Committee Information	D. NUMBER 1453051	Treasurer(s)		TITTYPETTEPPPRYTYPPPRYTYPPRYTYPPRYTYPPPRYTYPPPRYTYPPRYTYPPPRYTYPPPRYTYPPPRYTYPPRYTYPPPRYTYPPRYTYPPPRYTYPPRYTYPPRYTYP
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Alejandra Cortez City Council 2022 STREET ADDRESS (NO P.O. BOX)		NAME OF TREASURER David L. Gould MAILING ADDRESS CITY Norwalk	STATE ZIP CC	
CITY STATE ZIP C		NAME OF ASSISTANT TREASURER, IF ANY		
Norwalk CA 906 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.		Ingrid Orellana MAILING ADDRESS		
CITY STATE ZIP C Norwalk CA 906	·	CITY Norwalk	STATE ZIP CC	
OPTIONAL: FAX / E-MAIL ADDRESS	Act and Act an	OPTIONAL: FAX / E-MAIL ADDRESS	CHECKER AND AN ANALYSIS OF THE STATE OF THE	
I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ Executed on				e and complete. I certify
Executed on	1			
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Pr	oponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Programmer Controlling Officeholder, Candidate, State Measure Controlling Officeholder, Candidate, Ca	oponent	FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

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CALIF	ORNI	A A	160	
FO	RM	4	100	
S	2025-00-00			
Page	2	of_	10	

Officeholder or Candidate Controlled Com	nittee			6.	Primarily Formed Ballo	t Measure Comm	ittee	
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE		THE STATE OF THE S	
Alejandra Cortez								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF	APPLICABLE	<u> </u>		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
City Council Member Bell Gardens								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP		Identify the controlling office	ceholder, candidate,	or state measure	proponent, if any
В	Sell Gardens	CA	90201		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROPONEN	Т	***************************************
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily andidacy.	y formed to			OFFICE SOUGHT OR HELD		DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER							
				-7	Brimarily Farmed Cond	idata/Officabalda	u Committee	
NAME OF TREASURER	CONTROLLED	COMMITTE	E?	7.	Primarily Formed Cand officeholder(s) or candidate(s)			
	☐ YES	☐ NO						
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)				NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP	CODE	AREA CODE	PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT
2424 - A A A A A A A A A A A A A A A A A A								OPPOSE
COMMITTEE NAME	I.D. NUMBER				NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED	COMMITTE	E?		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE	SOUGHT OR HELD	
	☐ YES	□ NO						SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. 6	BOX)							
CITY STATE ZIP	CODE	AREA CODE	PHONE		•			
SIAIE ZIP	,	TILEN GODE	AT TONE		Attaci	h continuation sheet	s IT necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 01/01/2022 CALIFORNIA 460

through 09/24/2022 Page 3 of 10I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alejandra Cortez City Council 2022

Contributions Received

through 09/24/2022 Page 3 of 10

I.D. NUMBER

At 1453051

Calendar Year Summary for Candidates

1. Monetary Contributions Schedule A, Line 3 \$ 53,925.00 \$ 53,925.00 1/1 through 6/30 7/1 to Date 2. Loans Received Schedule B, Line 3 0.00 0.00 0.00 0.00 20.00 20.00 20.00 20.00 21. Expenditures Received \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Contributions Received		Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
2. Loans Received Schedule B. Line 3 0.00 0.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 53,925.00 \$ 53,925.00 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ 53,925.00 \$ 53,925.00 6. Payments Made 6. Payments Made 7. Loans Made Schedule F. Line 4 \$ 1,478.13 \$ 1,478.13 \$ 2.498.13 7. Loans Made Schedule F. Line 3 0.00 0.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 1,478.13 \$ 1,478.13 \$ 2.498.13 9. Accrued Expenses (Unpaid Bills) Schedule F. Line 3 0.00 0.00 10. Normonetary Adjustment Schedule C. Line 3 0.00 0.00 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ 1,478.13 \$ 1,478.13 12. Cepinning Cash Balance Previous Summary Page, Line 16 S. 3,925.00 13. Cash Receipts Calman A. Line 3 above 53,925.00 14. Miscellaneous Increases to Cash Schedule I. Line 4 0.00 15. Cash Payments Column A. Line 8 above 15. Cash Payments Column A. Line 8 above 15. Cash Payments Schedule I. Line 4 0.00 15. Cash Payments Schedule I. Line 4 0.00 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 52,446.87 If this is a termination statement, Line 16 must be zero. Cash Equivalents and Outstanding Debts 18. Cash Equivalents Schedule II. Schedule B. Fart 2 \$ 0.00 Cash Equivalents Schedule II. Schedule B. Fart 2 \$ 0.00 Cash Equivalents Schedule II. Schedule B. Fart 2 \$ 0.00 Cash Equivalents Schedule II. Schedule B. Fart 2 \$ 0.00 Cash Equivalents Schedule II. Schedule B. Fart 2 \$ 0.00 Cash Equivalents Schedule II. Schedule B. Fart 2 \$ 0.00 Cash Equivalents Schedule II. Schedule B. Fart 2 \$ 0.00 Cash Equivalents Schedule II. Schedule B. Fart 2 \$ 0.00 Cash Equivalents Schedule II. Schedule B. Fart 2 \$ 0.00 Cash Equivalents Schedule II. Schedule B. Fart 2 \$ 0.00 Cash Equivalents Schedule II. Schedule B. Fart 2 \$ 0.00 Cash Equivalents Schedule II. Schedule B. Fart 2 \$ 0.00 Cash Equivalents Schedule II. Schedule B. Fart 2 \$ 0.00 Cash Equivalents Schedule II. Schedule B. Fart 2 \$ 0.00 Cash Equivalents Schedule II. Schedule B. Fart 2 \$ 0.00 Cash Equivalents Schedule II. Schedule B. Fart 2 \$ 0.00 Cash	1. Monetary Contributions	\$	53,925.00	ş	53,925.00	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 - 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 5. \$33,923.00 5. \$33,925.00 21. Expenditures Made 6. Payments Made 8. Subtotale E, Line 4 7. Loans Made 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 8. \$1,478.13 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 0.00 0.00 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 12. Beginning Cash Balance Previous Summery Page, Line 16 13. Cash Receipts Courrent Cash Statement 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line B above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Schedule S 21. Expenditures Made S 1, 478.13 S 1, 478.13 S 1, 478.13 S 1, 478.13 S 2. Currulative Expenditures Made* (If Subject to Voluntary Expenditures Limit) Date of Election (mm/dd/yy) J s To calculate Column B, add amounts in Column A to the corresponding amounts reported in Column B of your last report. Some amounts in Column B of your last report. Some amounts in Column B of your last report. Some amounts in Column B of your last report. Some amounts in Column B of your last report. Some amounts in Column B of your last report. Some amounts in Column B of your last report. Some amounts in Column B of your last report. Some amounts in Column B of your last report. Some amounts in Column B of your last report. Some amounts in Column B of your last report. Some amounts in this section may be different from amounts reported in Column B. *Amounts in this section may be different from amounts reported in Column B. *Amounts in this section may be different from amounts reported in Column B. *Amounts in this is a termination statement. Line 16 must be zero. **Amounts in this is this is the first report being filed for this calendar year, only of this calendar year, o	2. Loans Received		0.00		0.00	1/1 through 6/30 //1 to Date
4. Nonmonetary Contributions Schedule C, Line 3 0.00 5.70 5. TOTAL CONTRIBUTIONS RECRIVED Add Lines 3 + 4 \$ 53,925.00 \$ 53,925.00 \$ \$ 53,925.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3. SUBTOTAL CASH CONTRIBUTIONS	\$	53,925.00	\$	53,925.00	
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 5 1,478.13 5 1,478.13 5 1,478.13 9. Accrued Expenses (Unpaid Bills) 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment Schedule F, Line 3 0.00 0.00 0.00 11. TOTAL EXPENDITURES MADE 11. TOTAL EXPENDITURES MADE 12. Beginning Cash Balance Previous Summary Page, Line 16 5 0.00 13. Cash Receipts 13. Cash Receipts 14. Miscellaneous Increases to Cash Schedule I, Line 8 above 15. Cash Payments 16. ENDING CASHBALANCE Add Lines 12 + 13 + 14, then subtract Line 15 5 2, 446.97 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse \$ 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	4. Nonmonetary Contributions		0.00		0.00	21 Expenditures
6. Payments Made Schedule E, Line 4 \$ 1,478.13 \$ 1,478.	5. TOTAL CONTRIBUTIONS RECEIVED	\$	53,925.00	\$	53,925.00	Made \$ \$
7. Loans Made Schedule H, Line 3 0.00 0.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ 1,478.13 \$ 1,478.13 \$ 1,478.13 \$ 1,478.13 Date of Election (mm/dd/yy) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 0.00 0.00 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00 11. TOTAL EXPENDITURES MADE Add Lines 8+9+10 \$ 1,478.13	Expenditures Made	220000000000000000000000000000000000000			ara ara muusu muuru maa maaneelistoo oo qoola oo jobkisha oo isoo istoo ista ahaa ahaa ahaa ahaa ahaa ahaa ahaa	Expenditure Limit Summary for State
8. SUBTOTAL CASH PAYMENTS	6. Payments Made Schedule E, Line 4	\$	1,478.13	\$	1,478.13	Candidates
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 1,478.13 \$ 1,478.13	7. Loans Made Schedule H, Line 3		0.00		0.00	22 Cumulative Expenditures Made*
10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. Cash Equivalents and Outstanding Debts 18. Cash Equivalents Schedule	8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	1,478.13	\$	1,478.13	
11. TOTAL EXPENDITURES MADE	9. Accrued Expenses (Unpaid Bills)		0.00		0.00	
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 0.00 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 0.00 15. Cash Payments Column A, Line 8 above 15. Cash Payments Schedule I, Line 4 15. Cash Payments Schedule I, Line 4 16. ENDING CASHBALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 52, 446.87 If this is a termination statement, Line 16 must be zero. Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse \$ 0.00 To calculate Column B, add amounts in Column B of your last report. Some amounts in Column A to the corresponding amounts from Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filled for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	10. Nonmonetary Adjustment		0.00		0.00	(mm/dd/yy)
12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 0.00 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 0.00 15. Cash Payments Column A, Line 8 above 15. Cash Payments Schedule I, Line 4 15. Cash Payments Add Lines 12 + 13 + 14, then subtract Line 15 \$ 52,446.87 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 52,446.87 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00 18. Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse \$ 0.00	11. TOTAL EXPENDITURES MADE	\$	1,478.13	\$	1,478.13	\$
13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 18. Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse \$ 0.00 19. Column A, Line 8 above	Current Cash Statement	inn neo water	0000000 0000000000000000000000000000000			\$
14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 1, 478.13 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 52,446.87 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00 18. Cash Equivalents and Outstanding Debts 18. Cash Equivalents Section may be different from 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 any).	12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0.00	То	calculate Column B, add	
14. Miscellaneous Increases to Cash	13. Cash Receipts Column A, Line 3 above		53,925.00			
Column A, Line 8 above 11, 476.13 16. ENDING CASH BALANCE	14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last	
16. ENDING CASH BALANCE	15. Cash Payments		1,478.13			
If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED	6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	52,446.87	figi	ures that should be	
17. LOAN GUARANTEES RECEIVED	If this is a termination statement, Line 16 must be zero.	di sana di mara		pe	riod amounts. If this is	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	this calendar year, only	
10. Oddi Equivalento	Cash Equivalents and Outstanding Debts		and the second s	fro	m Lines 2, 7, and 9 (if	
19. Outstanding Debts	18. Cash Equivalents See instructions on reverse	\$	0.00			
	19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00			

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

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cover from01/01/2	022	CALIFORNIA 460		
SEE INSTRUCTION	DNS ON REVERSE		A DAGA POVOTOGO	through 09/24/2	022	Page		f <u>10</u>
Alejandra C	ortez City Council 2022)			***************************************	145305	1	at-yan-14-20-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (F 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 I CALENDAR YE. (JAN. 1 - DEC. :	AR	TOI	ECTION DATE QUIRED)
08/24/2022	Atlas Public Affairs LLC Bell Gardens, CA 90201	□IND □COM 図OTH □PTY □SCC		1,500.00	1,50	00.00	5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5	
08/24/2022	IGP Equipment Rentals Inc. Bell Gardens, CA 90201	□IND □COM 図OTH □PTY □SCC		4,900.00	4,90	00.00		
09/01/2022	Consulting Solutions Group, Inc. Whittier, CA 90602	☐IND ☐COM 図OTH ☐PTY ☐SCC		500.00 Received through inter Efundraising Connection Sacramento, CA 95816		00.00		
09/06/2022	Olivarez Madruga Law Org Los Angeles, CA 90071	□IND □COM ⊠OTH □PTY □SCC		900.00 Received through intenservation Connection Sacramento, CA 95816	ediary:	00.00		
09/11/2022	Arturo Sneider Culver City, CA 90232	☑IND □COM □OTH □PTY □SCC	Investior Primestor	1,500.00 Received through interplantaining Connection Sacramento, CA 95816	cediary:	00.00		
			SUBTOTAL\$	9,300.00				
. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	53,900.00	IND-II		les Committe	
. Total mone	ceived this period – unitemized monetary contributions etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colur			25.00	PTY-I	Other (e. Political P	g., busine	ss entity)

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.)

Monetary	Contributions Received	Amounts may l to whole d		### Statement cover from 01/01/ ### through 09/24/	2022	FORM 460
NAME OF FILER	A19919 (97)		<u></u>			I.D. NUMBER
Alejandra Co	rtez City Council 2022				{	1453051
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 D CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DATE
09/12/2022	Advanced Avant-Garde Corporation Pomona, CA 91768	☐IND - ☐COM ☑OTH ☐PTY ☐SCC		1,000.00	1,00	0.00
09/12/2022	Amaya Service Center Bell, CA 90201	☐IND ☐COM 図OTH ☐PTY ☐SCC		1,500.00	1,50	0.00
09/12/2022	Beleny Consulting Group LLC(Fernando Calderon) Cypress, CA 90630	□IND □COM ☑OTH □PTY □SCC		3,000.00	3,00	0.00
09/12/2022	EFI Empire Foam Innovations, Inc. Bell Gardens, CA 90201	☐IND ☐COM ⓒOTH ☐PTY ☐SCC		4,900.00	4,90	0.00
09/12/2022	Evergreen PAC (ID# 1408992) Norwalk, CA 90650	□IND ☑COM □OTH □PTY □SCC		4,000.00	4,000).00
	3		SUBTOTAL	14,400.00		POWER POOL

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded

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Monetary Contributions Received		Amounts may to whole		### Statement cover from	2022	ALIFORNIA 460 FORM of 10
NAME OF FILER	3134344.0111.000000000000000000000000000		TRANSPORT FOR		1.1	D. NUMBER
Alejandra Co	rtez City Council 2022				1	453051
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 DA CALENDAR YEAF (JAN. 1 - DEC. 31	R TO DATE
09/12/2022	Hirad Inc. (DBA: AM-PM Towing) Bell Gardens, CA 90201	□IND □COM 図OTH □PTY □SCC		2,500.00	2,500	00
09/12/2022	Lan Wan Enterprise Inc. Irvine, CA 92614	□IND □COM ☑OTH □PTY □SCC		2,500.00	2,500	00
09/12/2022	Patrick Mahoney Anaheim, CA 92806	☑IND □COM □OTH □PTY □SCC	President West Coast Aborists	500.00	500.	00
09/12/2022	Mr. C's Towing of South Gate Inc. South Gate, CA 90280	□IND □COM ☑OTH □PTY □SCC		2,500.00	2,500	00
09/12/2022	One Up LLC Montebello(Aram Ekimyan) Montebello, CA 90640	□IND □COM ☑OTH □PTY □SCC		3,000.00	3,000.	00
The state of the s			SUBTOTALS	11,000.00		

*Contributor Codes

IND-Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY-Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDU	JLE A	(CONT.)
001160	, ,	00,11.,

Monetary Contributions Received		Amounts may to whole d		from 01/01/	/2022	CALIFORNIA 460	
				through 09/24/	^{'2022} F	Page7 of10	
NAME OF FILER		A				.D. NUMBER	
Alejandra Co	ortez City Council 2022				:	1453051	
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 D CALENDAR YEA (JAN. 1 - DEC. 3	R TO DATE	
09/12/2022	Real Development Strategies, Inc. Montepello, CA 90640	□IND □COM ☑OTH □PTY □SCC		800.00	800	.00	
09/13/2022	AAA Rubbisn Inc. Bell Gardens, CA 90201	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,000	.00	
09/13/2022	California Waste Recycling Association PAC (ID# 761445) Anaheim, CA 92807	□IND ☑ COM □ OTH □ PTY □ SCC		2,000.00	4,000	.00	
09/13/2022	California Waste Recycling Association PAC (ID# 761445) Anaheim, CA 92807	☐IND 図COM ☐OTH ☐PTY ☐SCC		2,000.00	4,000	.00	
09/13/2022	Nationwide Environmental Services Norwalk, CA 90650	□IND □COM ☑OTH □PTY □SCC		2,000.00	2,000	.00	
			SUBTOTALS	7,800.00			

*Contributor Codes

IND - Individual

COM – Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet)

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole		from01/01/	·	FORM 460		
				through 09/24/	2022	Page	8 of 10	
NAME OF FILER	4000			ALL TO THE TOTAL TOTAL TO THE THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTA		I.D. NUM	BER	
Alejandra Co	ortez City Council 2022				}	145305	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 YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
09/13/2022	Universal Waste Systems, Inc. Santa Fe Springs, CA 90670	☐IND ☐COM 図OTH ☐ PTY ☐SCC		1,000.00	1,0	00.00		
09/17/2022	Juan Garza Bellflower, CA 90706	⊠IND □COM □OTH □PTY □SCC	Public Relations Consultant Six Heron LLC	1,000.00 Received through inter Efundraising Connection Sacramento, CA 95816		00.00		
09/20/2022	Fenix Entrepreneur Inc. Downey, CA 90241	□IND □COM ☑OTH □PTY □SCC		2,000.00	2,0	00.00		
09/20/2022	Fiesta Taxi Co-Op, Inc. Gardena, CA 90249	□IND □COM ⊠OTH □PTY □SCC		2,500.00	2,5	00.00		
09/23/2022	Advanced Applied Engineering, Inc. Brez, CA 92821	☐IND ☐COM 図OTH ☐PTY ☐SCC		4,900.00	4,9	00.00		
		ALAMAN AND THE PROPERTY OF THE PARTY OF THE	SUBTOTAL	\$ 11,400.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Schedule	E
Payments	Made

		SCH	EDULE E
Stateme	ent covers period	CALIFORNIA	an.
from	01/01/2022	FORM	
through	09/24/2022	Page _9 of	10
		I.D. NUMBER	
			1

Payments Made	to whole dollars.		from	0	1/01/2022	FOF	40U	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				thro	ugh	9/24/2022	Page	BER
Alejandra Cortez City Council 2022						records to set the control of the co	145305	
CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* OFC office expension petition circul petition circul phone banks PHO phone banks POL polling and s POS postage, deliving period processes processes processes processes period petition circul petition circul petition circul petition circul petition circul phone banks POL polling and s POS postage, deliving period period period period period period period petition circul petition c			mmunications R and appearances R enses S culating Ti ks Ti survey research Ti elivery and messenger services at services (legal, accounting)		se, describe the payment. 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 TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	OF PAYM	ENT		AMOUNT PAID
Efundraising Connections		CMP	Credit Card Pr	rocessing E	ee	ALTERNATION AND ADDRESS OF THE PARTY OF THE		1.43
Sacramento, CA 95816		1		-				
Gould & Orellana, LLC Norwalk, CA 90650		PRO					The state of the s	250.00
Gould & Orellana, LLC Norwalk, CA 90650		PRO		***************************************		AAAAMATA BIRBOO MOODEN OO BOOL BAA		500.00
* Payments that are contributions or independent expenditures n	nust also be summ	arized on	Schedule D.	and the second s			SUBTOTAL\$	751.43
Schedule E Summary	0.000.000 pp. 100.000 pp. 100.		44/0/2009/1999		and a final country to the second country to the second country to the second country to the second country to	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	The state of the s	
1. Itemized payments made this period. (Include all Schedule E subtotals.)					1,428.13			
2. Unitemized payments made this period of under \$100\$					50.00			
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 Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)					1,478.13			

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

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT
Statement covers period	CALIFORNIA 460
from 01/01/2022	FORM TOO
through 09/24/2022	Page 10 of 10
*Section of the American Control of the Control of	I.D. NUMBER
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alejandra Cortez City Council 2022

through 09/24/2022 Page 10 of 10

I.D. NUMBER

1453051

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 CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions campaign consultants MTG meetings and appearances office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate travel, lodging, and meals phone banks FIL. candidate filing/ballot fees PHO staff/spouse travel, lodging, and meals POL. polling and survey research fundraising events postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* professional services (legal, accounting) VOT voter registration PRO LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PRO 500.00 Gould & Orellana, LLC Norwalk, CA 90650 FND Credit Card Processing Fee 22.80 Efundraising Connections Sacramento, CA 95816 Credit Card Processing Fee 40.80 Efundraising Connections FND Sacramento, CA 95816 67.80 Credit Card Processing Fee FND Efundraising Connections Sacramento, CA 95816 Credit Card Processing Fee 45.30 FND Efundraising Connections Sacramento, CA 95816

Efundraising Connections
Sacramento, CA 95816

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

* Credit Card Processing Fee

45.30

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

* SUBTOTAL \$ 676.70