Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		CITY	CLERKIS C	TIME YAL	IFORNIA 460			
(55.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5	Statement covers period	Date of election if applicable	CT 22 PM	Page	1 -6 (3)			
	from09/20/2020	(Month, Day, Year)	C3 1 800 000 1 1 0	rage	of 13 For Official Use Only			
SEE INSTRUCTIONS ON REVERSE	through10/17/2020		GARFIELD ARDERS, C	AVE				
1. Type of Recipient Committee: All Committees - Co	mplete 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 So Complete Part 8) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terminat Amendment (Explain below)	[[ion)	Quarterly Stat Special Odd- Supplemental Statement - A	Year Report			
3. Committee information). NUMBER 1422572	Treasurer(s)		<u> </u>				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1122712	NAME OF TREASURER						
Rodriguez for City Council 2020		Jennifer Rodriguez						
		MAILING ADDRESS						
STREET ADDRESS (NO P.O. BOX)								
THE TABLES (NO 110, BOX)		CITY Long Beach	STATE CA	ZIP CODE 90802	AREA CODE/PHONE			
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF		30802				
Long Beach CA 9080		David L. Gould						
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	ox	MAILING ADDRESS						
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE			
		Long Beach	CA	90802				
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS						
4. Verification								
I have used all reasonable diligence in preparing and reviewing	this statement and to the best of my kn	owledge the information contained herein an	d in the attached	d schedules is true	and complete. I certify			
under penalty of perjury under the laws of the State of Californi	a that the foregoing is true and correct.	-						
Executed on Date	By _							
Executed on Oate	By _	,	receptor operations	лорольш				
Executed on	Ву	Signature of Controlling Officeholder, Cendidate, State Meas	ure Proponent					
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Meas	ure Proconent					

Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	RPAG	E - PAF	RT2
CALIF	ORNI	Α .		7
FO	RM		101	
Page	2	of _	17	_

Officeholder or Candidate Controlled Con	nmittee	6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Jennifer Rodriguez							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISC City Council Member City	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	NO	1	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP Bell Gardens CA 90201		Identify the controlling offi	ceholder, car	ndidate, or state r	neasure p	proponent, if any.
Related Committees Not Included in this			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT		
not included in this statement that are controlled by y contributions or make expenditures on behalf of your	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD		DIST	RICT NO. II	FANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	. Primarily Formed Cano officeholder(s) or candidate(s)	lidate/Offic	eholder Comm s committee is prim	ittee Lis	st names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.C			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT (OR HELD	SUPPORT OPPOSE
CITY STATE Z	P CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT (OR HELD	
NAME OF TOP 10 10 20							SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT (OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	D. BOX)						OPPOSE
CITY STATE ZI	P CODE AREA CODE/PHONE		Attac	h continuatio	on sheets if neces	ssary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statem	ent covers period	CALIFORNIA 160
from	09/20/2020	FORM 400
through _	10/17/2020	Page3 of17
		I.D. NUMBER

Rodriguez for City Council 2020 1422572 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 TO DATE **General Elections** 26,750.00 46,165.32 1/1 through 6/30 7/1 to Date 0.00 0.00 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 26,750.00 46,165.32 Received 1,204.71 2,440.93 21. Expenditures TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ Made 27,954.71 48,606,25 **Expenditures Made Expenditure Limit Summary for State Candidates** 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 17,352.50 32,693.09 (If Subject to Voluntary Expenditure Limit) -450.00 0.00 Date of Election Total to Date 1,204.71 (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 2,440.93 35,134.02 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 4,880.42 To calculate Column B, add 13. Cash Receipts Column A, Line 3 above 26,750.00 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 17,352.50 Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 14,277.92 figures 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 from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 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 Monetary	A Contributions Received		ts may be rounded	Statement cove	are paried	SCHEDULE
y	Contribution (Cocived	to	whole dollars.	from09/20/20		FORM 460
	ONS ON REVERSE			through10/17/2	⁰²⁰ F	age4 of17
NAME OF FILER					1.	D. NUMBER
Rodriguez f	or City Council 2020				1	422572
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 YEAR (JAN. 1 - DEC. 31)	TODATE
09/22/2020	Committee ro Re-Elect Eloy Morales (ID# 1292770) Long Beach, CA 90802	☐IND ICOM ☐OTH ☐PTY ☐SCC		1,500.00	1,500	.00
09/24/2020	Harris & Associates Los Angeles, CA 90017	☐IND ☐COM ⓒOTH ☐PTY ☐SCC		2,500.00	2,500	.00
09/28/2020	Dabbah Haddad Suleiman, APC Montrose, CA 91020	□IND □COM ☑OTH □PTY □SCC		2,500.00	2,500	.00
10/06/2020	George Cambero Wildomar, CA 92595	☑IND □COM □OTH □PTY □SCC	Water Treatment & Distribution Specialist Waterworks	2,500.00	5,000	00
10/06/2020	George Cambero Wildomar, CA 92595	⊠IND □COM □OTH □PTY □SCC	Water Treatment & Distribution Specialist Waterworks	2,500.00	5,000	.00
			SUBTOTAL	\$ 11,500.00		
Schedule	A Summary				(10-11	1-0-1
1. Amount re	ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	26,750.00	IND Indi COM Ri	tor Codes vidual ecipient Committee ther than PTY or SCC)

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

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

PTY - Political Party

0.00

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

SCC - Small Contributor Committee

3. Total monetary contributions received this period.

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole		Statement cover from09/20/ through10/17/	2020	SCHEDULE A (CONT. CALIFORNIA 460 Page 5 of 17 I.D. NUMBER		
Rodriguez for	r City Council 2020				-	1.D. NO		
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.	DATE EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/06/2020	JR Durazo Claremont, CA 91711	☑IND □COM □OTH □PTY □SCC	Mechanic JR Durazo	1,250.00	1,2	50.00		
10/06/2020	Rancho Pacific Global Partners, Inc. Riverside, CA 92503	☐IND ☐COM ☑OTH ☐PTY ☐SCC		4,000.00	4,0	00.00		
10/07/2020	Imperial Trade Corporation Fountain Valley, CA 92708	□IND □COM ☑OTH □PTY □SCC		5,000.00	5,0	00.00		
10/07/2020	Anthony C. Pirro Costa Mesa, CA 92627	IND COM OTH SCC	Self Employed Business Owner Anthony C. Pirro	5,000.00	5,0	00.00		
10/09/2020	Imperial Trade Corporation Fountain Valley, CA 92708	☐IND ☐COM	Transcript Francisco	-5,000.00	5,0	00.00		

SUBTOTAL\$

10,250.00

▼OTH □PTY □SCC

*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 d	be rounded lollars.	Statement coverage from 09/20	ers period	CALIFORNIA 460		
				through10/17/	2020	Page _	6 of 17	_
NAME OF FILER						I.D. NUN	IBER	_
Rodriguez fo	or City Council 2020				····	142257	'2	
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 Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/17/2020	Imperial Trade Corporation Fountain Valley, CA 92708	□IND □COM ☑OTH □PTY □SCC		5,000.00	5,0	00.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				THE RESERVE OF THE PERSON OF T		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				A THE RESIDENCE OF THE PARTY OF		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				The second secon		
			SUBTOTAL	\$ 5,000.00				

*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

Schedu									SCHEDI (I F
Nonmo	netary Contributions Received		Amounts may be rounded to whole dollars.		Stat	ement covers pe		CALIFO	
SEE INSTRUC	TIONS ON REVERSE				througi	10/17/202	:0	Page	7 of17
	for City Council 2020							I.D. NUMB	
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)	DESCRIPTION O GOODS OR SERVIO		AMOUNT/ FAIR MARKET VALUE	D/ CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2020	Christian Mendez for City Council 2020 (ID# 1430204) Inglewood, CA 90301 (in-kind) Mailer Postage Costs	☐IND IX COM ☐OTH ☐PTY ☐SCC		Mailer Postage Costs		1,204.71		2,440.93	
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		IND COM OTH PTY SCC						7//////	
Attach ad	ditional information on appropriately label	ed continuati	on sheets.	SUBTO	ΓAL\$	1,204.71			
1. Amount	e C Summary received this period – itemized nonmonetary all Schedule C subtotals.)	contributions			¢	1,204.7	IND	ntributor Cod	
	received this period – unitemized nonmonete						_	M – Recipient other that I – Other (e.i	an PTY or SCC) g., business entity)
3. Total nor	nmonetary contributions received this period.					1 204 7	SCC	- Political Pa	arty tributor Committee

Schedule D **Summary of Expenditures** SCHEDULE D Statement covers period Amounts may be rounded **CALIFORNIA** Supporting/Opposing Other to whole dollars. **FORM** Candidates, Measures and Committees 09/20/2020 from through __10/17/2020 SEE INSTRUCTIONS ON REVERSE Page ___ 8 ___ of __17 NAME OF FILER I.D. NUMBER Rodriguez for City Council 2020 1422572 CUMULATIVE TO DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR PER ELECTION DATE DESCRIPTION TYPE OF PAYMENT AMOUNT THIS MEASURE NUMBER OR LETTER AND JURISDICTION. CALENDAR YEAR TO DATE (IF REQUIRED) PERIOD OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) 09/25/2020 Christian Mendez Canvasser Salaries 2,092.50 14,807.43 Monetary City Council Member Bell Gardens City Council Contribution (in-kind) Canvasser Salaries X Nonmonetary Contribution ☐ Independent Expenditure X Support Oppose 10/12/2020 Christian Mendez Payroll Cost 2,719.00 Monetary 14,807.43 City Council Member Bell Gardens City Council Contribution (in-kind) Canvasser Salaries X Nonmonetary Contribution ☐ Independent Expenditure X Support Oppose 10/12/2020 Christian Mendez Campaign Mailer 2,371.20 14,807.43 City Council Member Bell Gardens City Council Contribution (in-kind) Campaign Mailer X Nonmonetary Contribution ☐ Independent Expenditure X Support Oppose SUBTOTAL \$ 7,182.70 Schedule D Summary

1.	. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$ 8,272.75
2.	. Unitemized contributions and independent expenditures made this period of under \$100	\$ 0.00
3.	. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	\$ 8,272.75

Schedule D (Continuation Sheet) SCHEDULE D (CONT.) **Summary of Expenditures** Amounts may be rounded Statement covers period to whole dollars. **CALIFORNIA** Supporting/Opposing Other **FORM** 09/20/2020 from Candidates, Measures and Committees through __10/17/2020 Page 9 of 17 NAME OF FILER I.D. NUMBER Rodriguez for City Council 2020 1422572 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE PER ELECTION DATE DESCRIPTION TYPE OF PAYMENT AMOUNT THIS MEASURE NUMBER OR LETTER AND JURISDICTION. CALENDAR YEAR TO DATE (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE 10/17/2020 Christian Mendez Campaign Literature 1,090.05 14,807.43 ☐ Monetary City Council Member Bell Gardens City Council Contribution (in-kind) Campaign Literature X Nonmonetary Contribution ☐ Independent Expenditure X Support Oppose ☐ Monetary Contribution □ Nonmonetary Contribution Independent Expenditure Support ☐ Oppose Contribution □ Nonmonetary Contribution ☐ Independent Support Oppose Expenditure ☐ Monetary Contribution □ Nonmonetary Contribution Independent Support Oppose Expenditure

SUBTOTAL \$

1,090.05

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE	Amounts may be rounded to whole dollars.				Stater	09/20/20 10/17/20	FO	SCHEDULE ORNIA 460 RM 460	
NAME OF FILER		*****						I.D. NU	
Rodriguez for City Council 2020								14225	72
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR (MTG (MTG (MTG (MTG (MTG (MTG (MTG (MTG	member com meetings and office expen petition circui phone banks polling and s postage, deli	munication d appearar ses lating survey rese very and	s ices	F F F F F F F F F F F F F F F F F F F	RAD radio RFD retuing and retu	io airtime and urned contribut npaign workers or cable airtim ididate travel, li ff/spouse trave insfer between er registration	production costs ions	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRI	PTION OF	PAYMENT		AMOUNT PAID
Blanca Baltazar Bell Gardens, CA 90201			SAL						45.0
Juana Silvia Caballero Long Beach, CA 90805			SAL	=					622.5
Maria Yolanda Cardiel Bell Gardens, CA 90201			SAL	AAAAAA SA GOODA AAAAA AAAAA AAAAAA AAAAAAAAAAAAA		***************************************			427.5
* Payments that are contributions or independent expenditures m	nust also	o be summ	arized on	Schedule D.				SUBTOTAL	1,095.0
Schedule E Summary									
Itemized payments made this period. (Include all Schedule I	E subto	tals.)		*******	**-**			\$	17,251.35
2. Unitemized payments made this period of under \$100								'	101.15
3. Total interest paid this period on loans. (Enter amount from									0.00

CMP campaign paraphernalia/misc.

campaign consultants

CNS

Amounts may be rounded to whole dollars.

MBR member communications

MTG meetings and appearances

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

RFD returned contributions

SEE INSTRUCTIONS ON REVERSE NAME OF FILER	through10/17/2020	Page 11 of 17
NAME OF FILER		I.D. NUMBER
Rodriguez for City Council 2020		1422572

CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating PET TEL. t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO TRC candidate travel, lodging, and meals phone banks FND fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* ND postage, delivery and messenger services transfer between committees of the same candidate/sponsor legal defense LEG professional services (legal, accounting) VOT voter registration campaign literature and mailings 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) Ignacio Flores SAL 667.50 Downey, CA 90242 Isabel Guillen SAL 1,065.00 Bell Gardens, CA 90201 Flor Rodriguez SAL 660.00 Los Angeles, CA 90004 Adrian Gutierrez SAL 622.50 Bell Gardens, CA 90201 Gould & Orellana, LLC PRO 300.00 Long Beach, CA 90802 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 3,315.00

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA AGO
FORM 400
Page 12 of 17
I.D. NUMBER
1422572

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Rodriguez for City Council 2020 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 RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings 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) Juana Silvia Caballero SAL 165.00 Long Beach, CA 90805 Ignacio Flores SAL 180.00 Downey, CA 90242 Adrian Gutierrez SAL 825.50 Bell Gardens, CA 90201 Flor Rodriquez SAL 555.00 Los Angeles, CA 90004 Amy Sanchez SAL 390.00 Bell Gardens, CA 90201

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

SUBTOTAL \$

2,115.50

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

		SCHEDULE E (CONT.
Staten	nent covers period	CALIFORNIA ACO
from	09/20/2020	FORM 400
through_	10/17/2020	Page13 of17
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE						th	rough	10/17/202	0	Page	13 of 17
NAME OF FILER Rodriguez for City Council 2020										I.D. NUMB	
	41					<u> </u>			······································	142257	2
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	MBR MTG OFC PET PHO POL POS PRO	member com meetings and office expen petition circul phone banks polling and s postage, deli professional print ads	munication I appearar ses ating urvey rese very and r	s ices arch nessen	ger services	R. RI S. TI TI TV	AD radio FD return AL camp EL t.v. or RC candi RS staff/s F transi DT voter	airtime and ned contribu- raign worke r cable airtin date travel, spouse trave fer between registration	production itions rs' salaries ne and pro- lodging, an el, lodging, committee	costs duction costs d meals and meals	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR		DESCRIF	TION OF PA	AYMENT			AMOUNT PAID
Anahi Trujillo Huntington Park, CA 90255			SAL					a mana da mana			742.5
Jimena Vazquez Bell Gardens, CA 90201			SAL								253.5
Perla Vazquez Bell Gardens, CA 90201			SAL								577.5
Blanca Becerra Bell Gardens, CA 90201			SAL		· · · · · · ·						210.0
A Treehouse LLC Burbank, CA 91506			CMP								450.0
* Payments that are contributions or independent expenditures must also	be sun	nmarized on	Schedule I).					SU	BTOTAL \$	2,233.5

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded

SCHEDULE E (CONT.) Statement covers period **CALIFORNIA FORM** 09/20/2020 through ___ 10/17/2020 Page 14 of 17 I.D. NUMBER

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Rodriguez for City Council 2020 1422572 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 RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' sataries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings 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) Alternative Source LA LIT 2.562.30 Monterey Park, CA 91754 Alternative Source LA LIT 1,730.10 Monterey Park, CA 91754 Maria Yolanda Cardiel SAL 210.00 Bell Gardens, CA 90201 Ford Printing & Mailing, Inc. LIT 2,472,45 Irwindale, CA 91706

Isabel Guillen SAL 1,329.00 Bell Gardens, CA 90201

SUBTOTAL \$

8,303.85

^{*} 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. Statement covers period from09/20/2020 through10/17/2020 codriguez for City Council 2020		CALIFORI FORM				
CODES: If one of the following codes accurately describes the CMP campaign paraphernalia/misc.	member communication meetings and appear office expenses petition circulating phone banks polling and survey responsage, delivery and professional services	ons rances search d messenger service	RAD RFD SAL TEL TRC TRS s TSF VOT	describe the paymer radio airtime and product returned contributions campaign workers' salat.v. or cable airtime and candidate travel, lodging staff/spouse travel, lodgitransfer between commit voter registration information technology of	ries production costs , and meals ing, and meals ittees of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Emmanuel Ortega Bell Gardens, CA 90201	SAL					188.50

SUBTOTAL \$

188.50

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

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from09/20/2020	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through 10/17/2020	Page 16 of 17
Rodriguez for City Council 2020			1422572
CODES: If one of the following codes accurately decomposition of the following	escribes the payment, you may enter the co MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks	de. Otherwise, describe the payment RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production trace candidate travel, lodging, and	costs Juction costs

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

POL polling and survey research

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID	(d) OUTSTANDING
		OF THIS PERIOD	THIS PERIOD	THIS PERIOD (ALSO REPORT ON E)	BALANCE AT CLOSE OF THIS PERIOD
A Treehouse LLC Burbank, CA 91506	CMP	450.00	0.00	450.00	
* Payments that are contributions or independent expenditures must also summarized on Schedule D.	De SUBTOTALS	\$ 450.00	\$ 0.00 \$	450.00\$	0.00

Schedule F Summary

FND fundraising events

legal defense

LEG

independent expenditure supporting/opposing others (explain)*

1.	. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	0.00
2.	Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	450.00
3.	. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	

staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

TRS

TSF

VOT voter registration

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) SEE INSTRUCTIONS ON REVERSE NAME OF FILER Rodriguez for City Council 2020 NAME OF AGENT OR INDEPENDENT CONTRACTOR Ford Printing & Mailing, Inc.		nts may be ro o whole dollar		fro	Statement covers period m	FOR	<u>7</u> of <u>17</u>
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must all	MBR member of meetings a office expression profession. PRT meetings and profession.	ommunications and appearant enses culating liks discrete survey reseatelivery and mail services (left)	ces arch lessenger services legal, accounting)	Otherwis RAD RFD SAL TEL TRC TRS TSF VOT WEB	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and producandidate travel, lodging, and staff/spouse travel, lodging, transfer between committees voter registration	costs fuction costs fineals and meals s of the same	·
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) US Postal Service Baldwin Park, CA 91706 US Postal Service Baldwin Park, CA 91706		POS	DR [DESCRIPTIC	ON OF PAYMENT		1,800.8

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

3,601.74

^{*} 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.