Recipient Committee Campaign Statement Cover Page	Statement covers period 10/18/2020 through 12/31/2020	Date of Election If applicable (Month, Day, Year)	Date Stamp	CA	LIFORNIA FORM	of @
1. Type of Recipient Committee Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Primarily Formed Candidate/ Officeholder Committee	2. Type of Statement Pre-election State Semi-Annual State Termination State Amendment	ement [tement [Specia Supple	emental P	nent ar Statement re-election ich Form 495
3. Committee Information	I.D. Number	Treasurer(s)				
COMMITTTEE NAME Chavez for Bell Gardens City Council	2020	NAME OF TREASURER Jane Leiderman				
	1	STREET ADDRESS				
STREET ADDRESS (NO PO BOX)	STATE ZIP CODE AREA CODE/PHONE	CITY Encino NAME OF ASSISTANT TREASU	DED IE ANIV	STATE CA	ZIP CODE 91436	AREA CODE/PHONE
Encino	CA 91436		KER, IF AINT			
MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS				
CITY	STATE ZIP CODE	CITY		STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS			
Executed on	By	litornia that the foregoing is	TE, STATE MEASURE PROPON	NENT	ined herei	in is true and
	SIGNATURE O	F CONTROLLING OFFICEHOLDER, CANDIDA	TE, STATE MEASURE PROPON	VENT	EDDC E-	

Recipient Committee Campaign Statement Cover Page - Part 2

CALIFORNIA 460

Page

Statement covers period

from 10/18/2020

2 of 9

					through 12/3	1/2020		
5. Officeholder or Candidate Controlled Committ	ee		6.	Primarily Formed Bal	lot Measure Con	nmittee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASU	RE			_
Jorgel Chavez								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		Г	SUPPORT
City Council Member Bell Gardens								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE ZIP						
Ве	ll Garden	s CA 90201		Identify the controlling			easure propo	onent, if any
				NAME OF OFFICEHOLDER	OR GANDIDATE OR I	NOFONENT		
Related Committees Not Included in this State not included in this statement that are controlled by your receive contributions or make expenditures on behalf of	u or are prima	rily formed to		OFFICE SOUGHT OR HELD)		DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBE	R		· construction of the second construction of the				
			7.	Primarily Formed Ca				
NAME OF TREASURER	CONTROLL	ED COMMITTEE ?		List names of officehold				rily formed.
	YES	□ NO		NAME OF OFFICEHOLDER	R OR CANDIDATE	OFFICE SOUGHT	OR HELD	
COMMITTEE STREET ADDRESS (NO P.O. BOX)								SUPPORT
CITY STATE	ZIP CODE	AREA CODE/PHONE	-					
				NAME OF OFFICEHOLDER	R OR CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBE	R						OPPOSE
								L 2 30
NAME OF TREASURER	CONTROLL	ED COMMITTEE ?	-	NAME OF OFFICEHOLDE	R OR CANDIDATE	OFFICE SOUGHT	OR HELD	
	YES	□ NO			ļ			SUPPORT
COMMITTEE STREET ADDRESS (NO P.O. BOX)								OPPOSE
CITY STATE	ZIP CODE	AREA CODE/PHONE	-	NAME OF OFFICEHOLDE	R OR CANDIDATE	OFFICE SOUGHT	OR HELD	
						ł		SUPPORT
								☐ OPPOSE

Campaign Disclosure Statement Summary Page

 Statement covers period

 from
 10/18/2020
 CALIFORNIA FORM
 460

 through
 12/31/2020
 Page
 3 of 9

NAME OF FILER Chavez for Bell Gardens City Council 2020

I.D. NUMBER

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$ 2,990.00	\$	9,329.00	General Elections.
2. Loans Received	0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 2,990.00	\$	9,329.00	20. Contributions Received \$\$
4. Nonmonetary Contributions	0.00		0.00	21. Expenditures Made S S
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 2,990.00	\$	9,329.00	wade
Expenditures Made				
6. Payments Made	\$ 3,952.52	\$	7,463.41	Expenditure Limit Summary
7. Loans Made	0.00		0.00	for State Candidates
8. SUBTOTAL CASH PAYMENTS	\$ 3,952.52	\$	7,463.41	22. Cumulative Expenditures Made * (If Subject to Voluntary Expenditure Limits)
9. Accrued Expenses (Unpaid Bills) Schedule F. Line 3	119.84		119.84	(in outsiest to voluntary Experience Entitle)
10. Nonmonetary Adjustment	0.00		0.00	
11. TOTAL EXPENDITURES MADE	\$ 4,072.36	\$	7,583.25	\$
Current Cash Statement				
12. Beginning Cash Balance	\$ 2,828.11			\$
13. Cash Receipts	2,990.00			* Amounts in this Section may be different from amounts
14. Miscellaneous Increases to Cash	0.00			reported in Column B,
15. Cash Payments	3,952.52			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,865.59			
17. LOAN GUARANTEES RECEIVED	\$ 0.00			
Cash Equivalents and Outstanding Debts				
18. Cash Equivalents	\$ 0.00	ALL CONTRACTOR OF THE CONTRACT		
19. Outstanding Debts Add Lines 2 + Line 9 in Column B above	\$ 119.84			FPPC Form 460 -(JAN/20 State of California

Schedule A Monetary Contributions Received

Statement covers period 10/18/2020 from 12/31/2020

through

SUBTOTAL \$

2,850.00

CALIFORNIA FORM

Page 4 of 9

NAME OF FILER Chavez for Bell Gardens City Council 2020

I.D. NUMBER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2020	Athens Services La Puente, CA 91746	OTH		2,500.00	2,500.00	
10/20/2020	Rickman S Jackson Bell Gardens, CA 90201	IND	Info n/a	100.00	100.00	
10/18/2020	John D Mendoza Los Angeles, CA 90044	IND	Program Manager Heart of Los Angeles	150.00	250.00	
10/25/2020	Uduak Ntuk Long Beach, CA 90805	IND	Trustee Long Beach City College	100.00	100.00	

Schedule A Summary	"Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC)
1. Amount received this period - itemized contributions (Includes all Schedule A subtotals)	OTH ON-
Amount received this period - unitemized	
(Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1) TOTAL \$2,990.0	FPPC Form 460 -(JAN/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E Payments Made

NAME OF FILER Chavez for Bell Gardens City Council 2020

CODES: If one of the following 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 CNS campaign consultants MTG meetings and appearances RFD returned contributions SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary) TEL t.v. or cable production costs PET petition circulating CVC civic donations TRC candidate travel, lodging and meals PHO phone banks FIL candidate filing / ballot fees TRS staff/spouse travel, lodging and meals POL polling and survey research fundraising expenses TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditures supporting/opposing others IND PRO professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet,e-mail) campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE	CODE o	AMOUNTPAID	
Capital One		See Schedule G for payees reaching disclosure threshold.	328.66
Charlotte, NC 28269			
Capital One		See Schedule G for payees reaching disclosure threshold.	255.19
Charlotte, NC 28269			
Maria Del Carmen Chavez	LIT		768.44
Bell Gardens, CA 90201	and a control of the		
		SUBTOTAL \$	1,352.29
Schedule E Summary	1 2000		
Itemized payments made this period. (Include all Schedule E sub	totals.)	s s	3,952.52
2. Unitemized payments made this period of under \$100			0.00
3. Total interest paid this period on loans. (Enter amount from Sche			0.00
4. Total payments made this period. (Add Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)			

SCHEDULE E

Schedule E	(Continuation Sheet)
Payments M	ade

LEG legal defense

LIT campaign literature and mailings

CALIFORNIA Statement covers period **FORM** 10/18/2020 from _ through 12/31/2020 Page 6 of 9 I.D. NUMBER

NAME OF FILER Chavez for Bell Gardens City Council 2020

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

PRT print ads

MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. RFD returned contributions CNS campaign consultants MTG meetings and appearances SAL campaign workers' salaries CTB contribution (explain nonmonetary) OFC office expenses TEL t.v. or cable production costs CVC civic donations PET petition circulating TRC candidate travel, lodging and meals FIL candidate filing / ballot fees PHO phone banks POL polling and survey research TRS staff/spouse travel, lodging and meals FND fundraising expenses IND independent expenditures supporting/opposing others

TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services PRO professional services (legal, accounting)

VOT voter registration

WEB information technology costs (internet,e-mail)

NAME AND ADDRESS OF PAYEE	CODE or DESCRIPTION OF PAYMENT	AMOUNTPAID
Maria Del Carmen Chavez	OFC	1,586.37
Bell Gardens, CA 90201		
Leiderman & Associates Inc.	PRO	763.86
Encino, CA 91436		
Leiderman & Associates Inc.	PRO	250.0
Encino, CA 91436		

SCHEDULE F

Schedule	F		
Accrued B	Expenses	(Unpaid	Bills)

CALIFORNIA Statement covers period **FORM** 10/18/2020 12/31/2020 7 of 9 through Page I.D. NUMBER

NAME OF FILER Chavez for Bell Gardens City Council 2020

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

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 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 CREDITOR	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(C) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Charlotte, NC 28269	Various credit card purchases. See Schedule G for Credit Card Payees meeting threshold.	0.00	703.69	583.85	119.84

SUBTOTALS \$

0.00 \$

703.69 \$

583.85 \$

119.84

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 703.69

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

583.85

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

119.84

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

NAME OF FILER Chavez for Bell Gardens City Council 2020

I.D. NUMBER

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Capital One

-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 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)

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

CODE OR	DESCRIPTON OF PAYMENT	AMOUNT PAID
WEB		264.07
WEB		211.29
WEB		75.84
	WEB	WEB

Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

CALIFORNIA Statement covers period **FORM** 10/18/2020 from 12/31/2020 9 of 9 through Page I.D. NUMBER

NAME OF FILER Chavez for Bell Gardens City Council 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR Maria Del Carmen Chavez

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 campaign literature and mailings LIT

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 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)

* 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
SoCal Mailing Services El Monte, CA 91732	LIT		1,586.37
The Workshop Arcadia, CA 91006	LIT		768.44