

**Recipient Committee  
Campaign Statement  
Cover Page**  
(Government Code Sections 84200-84216.5)

CITY OF BELL GARDENS  
CITY CLERK'S OFFICE

2020 AUG -5 PM 3:31

7100 GARFIELD AVE  
BELL GARDENS, CA 90001

COVER PAGE  
CALIFORNIA FORM 460  
Page 1 of 5  
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 01/01/2020  
through 06/30/2020

Date of election if applicable:  
(Month, Day, Year)  
11/02/2018

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall  
(Also Complete Part 5)
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
  - Controlled  
(Also Complete Part 6)
  - Sponsored  
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

**2. Type of Statement:**

- Pre-election Statement
- Semi-annual Statement
- Termination Statement  
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

**3. Committee Information**

S.D. NUMBER  
1409771

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
ALEJANDRA CORTEZ CITY COUNCIL 2018

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
LONG BEACH CA 90802

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE  
GOLD

OPTIONAL: FAX / E-MAIL ADDRESS

/ 013601376051000RELLANA.COM

**Treasurer(s)**

NAME OF TREASURER

DAVID T. GOULD

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
LONG BEACH CA 90802

NAME OF ASSISTANT TREASURER, IF ANY

INGRID ORELLANA

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
LONG BEACH CA 90802

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 knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/03/2020  
Date

Executed on 07/03/2020  
Date

Executed on  
Date

Executed on  
Date

By [Redacted]

By [Redacted]

By \_\_\_\_\_  
Signature of Controlling Officer/Chair, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officer/Chair, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
ALEJANDRA CORTEZ

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
City Council Member City of Bell Gardens

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] 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.*

|                   |   |
|-------------------|---|
| COMMITTEE NAME    | I.D. NUMBER   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |
| CITY              | STATE ZIP CODE AREA CODE/PHONE  |

|                   |   |
|-------------------|---|
| COMMITTEE NAME    | I.D. NUMBER   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |
| CITY              | STATE ZIP CODE AREA CODE/PHONE  |

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

|                       |                     |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

**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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2020 |                                |
| through                 |            | Page <u>3</u> of <u>8</u>      |
|                         |            | I.D. NUMBER<br>1409771         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALEJANDRA CORTEZ CITY COUNCIL 2018

**Contributions Received**

|                                 |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------|--------------------|--|--|
| 1. Monetary Contributions       | Schedule A, Line 3 | \$ 0.00  | \$ 0.00                                    |
| 2. Loans Received               | Schedule B, Line 3 | 0.00   | 700.00                                     |
| 3. SUBTOTAL CASH CONTRIBUTIONS  | Add Lines 1 + 2    | \$ 0.00  | \$ 700.00                                  |
| 4. Nonmonetary Contributions    | Schedule C, Line 3 | 0.00   | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4    | \$ 0.00  | \$ 700.00                                  |

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

**Expenditures Made**

|                                    |                      | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|------------------------------------|----------------------|--|--|
| 6. Payments Made                   | Schedule E, Line 4   | \$ 2,440.00  | \$ 2,440.00                                |
| 7. Loans Made                      | Schedule H, Line 3   | 0.00   | 0.00                                       |
| 8. SUBTOTAL CASH PAYMENTS          | Add Lines 6 + 7      | \$ 2,440.00  | \$ 2,440.00                                |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3   | 0.00   | 720.44                                     |
| 10. Nonmonetary Adjustment         | Schedule C, Line 3   | 0.00   | 0.00                                       |
| 11. TOTAL EXPENDITURES MADE        | Add Lines 8 + 9 + 10 | \$ 2,440.00  | \$ 3,160.44                                |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|                                     |   |             |
|-------------------------------------|---|-------------|
| 12. Beginning Cash Balance          | Previous Summary Page, Line 16                | \$ 5,057.43 |
| 13. Cash Receipts                   | Column A, Line 3 above                        | 0.00        |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4                            | 0.00        |
| 15. Cash Payments                   | Column A, Line 8 above                        | 2,440.00    |
| 16. ENDING CASH BALANCE             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 2,617.43 |

*If this is a termination statement, Line 16 must be zero.*

To calculate Column B, add amounts in Column A to the corresponding 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).

\*Amounts in this section may be different from amounts reported in Column B.

|                              |                    |         |
|------------------------------|--------------------|---------|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | \$ 0.00 |
|------------------------------|--------------------|---------|

**Cash Equivalents and Outstanding Debts**

|                       |                                       |             |
|-----------------------|---------------------------------------|-------------|
| 18. Cash Equivalents  | See instructions on reverse           | \$ 0.00     |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ 1,420.44 |

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALEJANDRA CORTEZ CITY COUNCIL 2018

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 01/01/2020 |                            |
| through                 | 06/30/2020 | Page <u>4</u> of <u>8</u>  |
|                         |            | I.D. NUMBER<br>1409771     |

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN           | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE          |
|---|---|--|------------------------------------|--|--|----------------------------------|--|--|
| Alejandra Cortez<br>Bell Gardens, CA 90201  | District Parental & Community Liaison<br>Montebello Unified School District                   | \$ 700.00  | \$ 0.00                            | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 700.00<br>01/01/0001<br>DATE DUE                | 0.00 %<br>RATE<br>\$ 0.00        | \$ 700.00<br>08/22/2018<br>DATE INCURRED | CALENDAR YEAR<br>\$ 0.00<br>PER ELECTION**<br>\$ |
| <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$           | DATE DUE   | %<br>RATE<br>\$                  | DATE INCURRED                            | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$      |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$           | DATE DUE   | %<br>RATE<br>\$                  | DATE INCURRED                            | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$      |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$           | DATE DUE   | %<br>RATE<br>\$                  | DATE INCURRED                            | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$      |
| <b>SUBTOTALS</b>  |   | \$   | \$ 0.00                            | \$ 0.00  | \$ 700.00  | \$ 0.00                          |  |  |

**Schedule B Summary**

1. Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ 0.00**  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

**†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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
 \*\* If required.

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

|                         |            |                            |  |
|-------------------------|------------|----------------------------|--|
| Statement covers period |            | CALIFORNIA FORM <b>460</b> |  |
| from                    | 01/01/2020 |                            |  |
| through                 | 06/30/2020 | Page <u>5</u> of <u>8</u>  |  |
|                         |            | I.D. NUMBER<br>1409771     |  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALEJANDRA CORTEZ CITY COUNCIL 2018

| DATE               | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT  | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 02/04/2020         | Jhonny Pineda<br>City Council Member<br>City of Huntington Park                                     | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure | Contribution              | 1,000.00           | 1,000.00  |                                    |
|                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |   |                                    |
| 02/04/2020         | Louis Reyes<br>Mayor<br>City of Whittier  | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure | Contribution              | 500.00             | 500.00  |                                    |
|                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |   |                                    |
| <b>SUBTOTAL \$</b> |   |  |                           | 1,500.00           |   |                                    |

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 1,500.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 1,500.00

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|                                |            |                            |                               |
|--------------------------------|------------|----------------------------|-------------------------------|
| <b>Statement covers period</b> |            | <b>CALIFORNIA FORM 460</b> |                               |
| from                           | 01/01/2020 | <b>Page 6 of 8</b>         | <b>I.D. NUMBER</b><br>1409771 |
| through                        | 06/30/2020 |                            |                               |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALEJANDRA CORTEZ CITY COUNCIL 2018

**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                |
| FL candidate filing/ballot fees                                   | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                            | CODE | OR | DESCRIPTION OF PAYMENT                                     | AMOUNT PAID |
|--|------|----|--|-------------|
| Jhonny Pineda for Huntington Park City Council 2020 (ID# 1368145)<br>Huntington Park, CA 90255 | CTB  |    | Contribution   | 1,000.00    |
| REYES FOR WHITTIER MAYOR 2020 (ID# 1419690)<br>Long Beach, CA 90802                            | CTB  |    | Contribution   | 500.00      |
| Gould & Orellana, LLC<br>Long Beach, CA 90802  | PRO  |    | Professional Services (Monthly Fee @ \$150 for March 2020) | 150.00      |

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

**SUBTOTAL \$ 1,650.00**

**Schedule E Summary**

|  |                          |
|--|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ 2,400.00              |
| 2. Unitemized payments made this period of under \$100   | \$ 40.00                 |
| 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.) | <b>TOTAL \$ 2,440.00</b> |

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

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

|                                    |            |                                |
|------------------------------------|------------|--------------------------------|
| Statement covers period            |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                               | 01/01/2020 |                                |
| through                            | 06/30/2020 | Page <u>7</u> of <u>8</u>      |
| NAME OF FILER                      |            | I.D. NUMBER                    |
| ALEJANDRA CORTEZ CITY COUNCIL 2018 |            | 1409771                        |

SEE INSTRUCTIONS ON REVERSE

**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                |
| FL candidate filing/ballot fees                                   | PHD phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT  | AMOUNT PAID |
|---|------|----|---|-------------|
| Gould & Orellana, LLC<br>[REDACTED]<br>Long Beach, CA 90802         | PRO  |    | Professional Services (Monthly Fee @ \$150 for April 2020)    | 150.00      |
| Gould & Orellana, LLC<br>[REDACTED]<br>Long Beach, CA 90802         | PRO  |    | Professional Services (Monthly Fee @ \$150 for January 2020)  | 150.00      |
| Gould & Orellana, LLC<br>[REDACTED]<br>Long Beach, CA 90802         | PRO  |    | Professional Services (Monthly Fee @ \$150 for February 2020) | 150.00      |
| Gould & Orellana, LLC<br>[REDACTED]<br>Long Beach, CA 90802         | PRO  |    | Professional Services (Monthly Fee @ \$150 for May 2020)      | 150.00      |
| Gould & Orellana, LLC<br>[REDACTED]<br>Long Beach, CA 90802         | PRO  |    | Professional Services (Monthly Fee @ \$150 for June 2020)     | 150.00      |

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

**SUBTOTAL \$** 750.00

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2020 |                                |
| through                 | 06/30/2020 | Page <u>8</u> of <u>8</u>      |
| I.D. NUMBER             |            | 1409771                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALEJANDRA CORTEZ CITY COUNCIL 2018

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

|  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>PCS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                                      | CODE OR<br>DESCRIPTION OF PAYMENT      | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |        |
|---|--|---|---------------------------------------|---|--|--------|
| Barcena for City Council 2018 (ID# 1409773)<br>[REDACTED]<br>Bell Gardens, CA 90201                         | LIT Bell Gardens<br>Simple Plan Mailer | 720.44  | 0.00                                  | 0.00  | 720.44   |        |
|   |  |   |                                       |   |  |        |
|   |  |   |                                       |   |  |        |
| <b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b> |  | <b>SUBTOTALS \$</b>                                       | 720.44\$                              | 0.00\$  | 0.00\$   | 720.44 |

**Schedule F Summary**

- 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.) ..... **INCURRED TOTALS \$** 0.00
- 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.) ..... **PAID TOTALS \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 0.00  
May be a negative number