

# 497 Contribution Report

Amounts may be rounded to whole dollars.

CITY OF BELL GARDENS  
CITY CLERK'S OFFICE 497 CONTRIBUTION REPORT

NAME OF FILER Aceituno for City Council 2020			Date of This Filing <u>10/22/2020</u>	Date Stamp 2020 OCT 26 AM 11: 7100 GARFIELD AVE BELL GARDENS, CA 90201	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1251595		Report No. <u>2</u>		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Long Beach	STATE CA	ZIP CODE 90802			

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/22/2020	Maria Pulido for Bell Gardens City Council 2020 [REDACTED] Long Beach, CA 90802	Maria Pulido City Council Member Bell Gardens	2,288.69	
	IN KIND CONTRIBUTION ROBO CALLS & MAILER			

Reason for Amendment: \_\_\_\_\_

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<b>NAME OF FILER</b> Aceituno for City Council 2020			<b>Date of This Filing</b> 10/22/2020	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (213)489-4792	<b>I.D. NUMBER (if applicable)</b> 1251595	<b>Report No.</b> 2			
<b>STREET ADDRESS</b> 249 E. Ocean Blvd. Ste. 685					
<b>CITY</b> Long Beach	<b>STATE</b> CA	<b>ZIP CODE</b> 90802	<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)	<b>No. of Pages</b> 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/22/2020	Menco Roofing Inc. ██████████ Granada Hills, CA 91344	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
10/22/2020	Southern California Edison ██████████ Rosemead, CA 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
10/22/2020	Ivy Chu ██████████ Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	1,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate

**\*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

Reason for Amendment: \_\_\_\_\_