Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			CHYAND		FORNIA 460
(COVERNMENT CODE DECLIONS 04200-04210.3)	Statement covers period from10/23/2022	Date of election if applicable: (Month, Day, Year)	2023 JAN 7100 C	Page	51 of 16 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2022	11/08/2022	BELL GA	1,032	
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	rimarily Formed Ballot Measure committee Controlled Sponsored So Complete Part 6) Irimarily Formed Candidate/ Officeholder Committee So Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	,	Quarterly Stal Special Odd- Supplemental Statement - A	Year Report
3. Committee information	NUMBER 1453051	Treasurer(s)	<i></i>		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Alejandra Cortez City Council 2022		NAME OF TREASURER David L. Gould MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)	-	CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	Norwalk NAME OF ASSISTANT TREASURE	CA CA	90650	
Norwalk CA 9065		Ingrid Orellana	R, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B		MAILING ADDRESS			
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Norwalk CA 9065		Norwalk	CA	90650	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS / dlgould@gouldorellana.com		OPTIONAL: FAX / E-MAIL ADDRE	SS		
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	a that the foregoing is true and correct. By . By .	Controlling Officeholder, Candidate, State Measure Propo Signature of Controlling Officeholder, Candidate, State	nent of Responsible Officer o		e and complete. I certify
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State			

FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	R PAGI	E-PAR	Т2
CALIF		A /	ISI	\mathbf{N}
FC	RM			
Page _	2	. of _	16	_

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Alejandra Cortez						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AN	D DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	V	SUPPORT
City Council Member Bell Gardens						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRE	EET) CITY STATE	ZIP	Identify the controlling off	icabolder can	didata as atata masa	
	Bell Gardens CA 9	0201				sure proponent, it any
			NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PRO	PONENT	
Related Committees Not Included in a not included in this statement that are controlled contributions or make expenditures on behalf of	d by you or are primarily formed to re		OFFICE SOUGHT OR HELD		DISTRIC	T NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
	STATE OF THE STATE	7	Brimarily Farmad Can	d: d = 4 = 10EE = =	. h . l . l	
NAME OF TREASURER	CONTROLLED COMMITTEE?	<i>1</i> .	Primarily Formed Can	didate/Office	nolder Committe	A liet names of
			officeholder(s) or candidate(s) for which this	committee is primarily	y formed
	☐ YES ☐ NO			s) for which this	committee is primarily	y formed.
COMMITTEE ADDRESS STREET ADDRESS (NAME OF OFFICEHOLDER OR	s) for which this	COMMITTEE IS PRIMARILY OFFICE SOUGHT OR H	y formed.
COMMITTEE ADDRESS STREET ADDRESS (HONE		candidate	committee is primarily	FELD SUPPOSE
	(NO P.O. BOX)	HONE	NAME OF OFFICEHOLDER OR	candidate	COMMITTEE IS PRIMARILY OFFICE SOUGHT OR H	FELD SUPPORT OPPOSE
	(NO P.O. BOX)	HONE	NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
CITY STATE COMMITTEE NAME	(NO P.O. BOX) ZIP CODE AREA CODE/PH	The state of the s	NAME OF OFFICEHOLDER OR	CANDIDATE	COMMITTEE IS PRIMARILY OFFICE SOUGHT OR H	SUPPORT OPPOSE
CITY STATE	(NO P.O. BOX) ZIP CODE AREA CODE/PI I.D. NUMBER CONTROLLED COMMITTEE?	The state of the s	NAME OF OFFICEHOLDER OR (CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR H	FELD SUPPORT OPPOSE FELD SUPPORT OPPOSE FELD SUPPORT OPPOSE
COMMITTEE NAME NAME OF TREASURER	(NO P.O. BOX) ZIP CODE AREA CODE/PI I.D. NUMBER CONTROLLED COMMITTEE? YES NO	The state of the s	NAME OF OFFICEHOLDER OR O	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR H	FELD SUPPORT OPPOSE SELD SUPPORT OPPOSE SUPPORT OPPOSE
CITY STATE COMMITTEE NAME	(NO P.O. BOX) ZIP CODE AREA CODE/PI I.D. NUMBER CONTROLLED COMMITTEE? YES NO	The state of the s	NAME OF OFFICEHOLDER OR O	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR H	FELD SUPPORT OPPOSE FELD SUPPORT OPPOSE FELD SUPPORT OPPOSE
COMMITTEE NAME NAME OF TREASURER	(NO P.O. BOX) ZIP CODE AREA CODE/PI I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR O	CANDIDATE CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR H	FELD SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period **CALIFORNIA FORM** 10/23/2022 from _ through ___ 12/31/2022 Page ___3 ___ of ___16___ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Alejandra Cortez City Council 2022 1453051

Contributions Received	(COlumn A TOTALTHIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	\$	6,000.00	\$	63,075.00	General Elections
2. Loans Received Schedule B, Line 3		0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	6,000.00	\$	63,075.00	20. Contributions
4. Nonmonetary Contributions		0.00		0.00	Received \$ \$ 21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	6,000.00	\$	63,075.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	28,240.51	\$	52,844.80	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	28,240.51	\$	52,844.80	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	28,240.51	\$	52,844.80	\$
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	32,470.71	То	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		6,000.00	am	ounts in Column A to the	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00		responding amounts m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		28,240.51		ort. Some amounts in lumn A may be negative	reported in Odidini D.
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	10,230.20	figu	ures that should be	
If this is a termination statement, Line 16 must be zero.			pe	otracted from previous riod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	first report being filed this calendar year, only ry over the amounts	
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if	
18. Cash Equivalents	\$	0.00		••	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	_	0.00	ě		

16) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement cover		CALIFO FOR	
SEE INSTRUCTION	ONS ON REVERSE			through _12/31/2	022	Page	4 of16
	ortez City Council 2022					I.D. NUME	
ine junioza e	Jacob City Council 2022					1453051	l .
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 I CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
10/25/2022	Orbit Los Angeles, CA 90007	□IND □COM ☑OTH □PTY □SCC		1,500.00	1,5	00.00	
10/28/2022	Juan Garza Bellflower, CA 90706	⊠IND □COM □OTH □PTY □SCC	Public Relations Consultant Six Heron LLC	500.00 Received through inter Efundralising Connection Sacramento, CA 95816	•	00.00	
11/07/2022	Edison International Rosemead, CA 91770	□IND □COM 図OTH □PTY □SCC		1,000.00	1,0	00.00	
11/08/2022	Joe Valdes Pasadena, CA 91106	☑IND □COM □OTH □PTY □SCC	Executive PCAM, LLC	1,000.00 Received through inter- Efundralsing Connection Sacramento, CA 95816	mediary:	00.00	
11/09/2022	Alex Chaves Manhattan Beach, CA 90266	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Managing Partner Upward Housing	1,000.00 Received through inter Efundation Connection Sacramento, CA 95816		00.00	
			SUBTOTAL	\$ 5,000.00			
Amount re (Include al	A Summary sceived this period – itemized monetary contributions. Il Schedule A subtotals.)				IND-I COM-	(other that	Committee an PTY or SCC) g., business entity)
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			6,000.00	PTY-	Political Pa	

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.)
Statement covers period	CALIFORNIA ACO
from 10/23/2022	FORM 400
through 12/31/2022	Page5 of16
	I.D. NUMBER

Alejandra Co	rtez City Council 2022	·	7/		145305	51
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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/09/2022	Beverly Hills, CA 90210	⊠IND □COM □OTH □PTY □SCC	President Pcam, Llc	1,000.00 Received through inte Efundraising Connecti Sacramento, CA 95816	mediary:	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		□IND □COM □OTH □PTY □SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL	\$ 1,000.00		

*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY-Political Party

SCC - Small Contributor Committee

Schedule E Payments Made	
SEE INSTRUCTIONS ON REVERSE	
NAME OF FILER	
Alejandra Cortez City Council	2022

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from 10/23/2022	FORM TOU
through12/31/2022	Page6 of16
	I.D. NUMBER
	1453051

ND fundraising events POL polling and survey research proc staff/spouse travel, lodging, and meals postage, delivery and meassenger services professional services (legal, accounting) vot voter registration						1453051
member communications meetings and appearances meturned contributions campaign workers' salaries meating and production costs meating and production costs meating and production costs meating and survers' salaries meating and survers' s	OD	DES: If one of the following codes accurately describes	the p	ayment, you may enter the code. Ot	herwise, d	describe the payment.
	MP NS TB VC FIL ND EG	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense	MBR MTG OFC PET PHO POL POS PRO	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Francisco Barcena South Pasadena, CA 91030	SAL		60.0
Lilia Chavez Bell Gardens, CA 90201	SAL		518.0
Ramona Curiel Bell Gardens, CA 90201	SAL		600.0
Payments that are contributions or independent expenditures must	also he summerized on Schedule	D	RTOTAL \$ 1 179 (

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

			SCHE	DULE	E (CON	Ī
Statement covers period		CALIF	ORNI	A /	120	0.000
from	10/23/2022	FO	RM	- '-	70)(0	
through_	12/31/2022	Page_	7	_ of_	16	
		I.D. NUN	MBER			

. wymonio mado			from 10/23/2022		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through 12/31/2022	Page	7 of 16
NAME OF FILER				I.D. NUMBE	R
Alejandra Cortez City Council 2022				1453051	
CODES: If one of the following codes accurately describes the payment, y CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FLT candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LTC campaign paraphernalia/misc. MBR member commonetary, y meetings and office expen office expen petition circuit phone banks polling and s polling and s postage, deligible legal defense campaign literature and mailings MBR member commonetary, y meetings and office expen office expen office expen petition circuit phone banks polling and s postage, deligible legal defense EG PRO professional print ads	munications d appearance uses lating survey reseau ivery and me	es	wise, describe the payment RAD radio airtime and production RFD returned contributions Campaign workers' salaries t.v. or cable airtime and pro Candidate travel, lodging, ar TRS staff/spouse travel, lodging, transfer between committee VOT voter registration WEB information technology cost	n costs s duction costs nd meals , and meals es of the sam	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESC	RIPTION OF PAYMENT		AMOUNT PAID
Heidi Lara Bell Gardens, CA 90201	SAL				60.00
Paula Nustes Torrance, CA 90504	SAL				296.00
Lucia Veloz Bell Gardens, CA 90201	SAL				74.00
Alex Villalobos Bell Gardens, CA 90201	SAL				344.00
Carrillo Design & Photography Whittier, CA 90605	LIT				7,459.56
* Payments that are contributions or independent expenditures must also be summarized on	Schedule D.		SU	JBTOTAL \$	8,233.56

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

		SCHEDULE E (CO	ΙN
Statement covers period		CALIFORNIA 16	
from	10/23/2022	FORM TO	¥
through	12/31/2022	Page 8 of 16	_
		I.D. NUMBER	

•		from		
SEE INSTRUCTIONS ON REVERSE		through12/31/2022	Page 8 of 16	
NAME OF FILER			I.D. NUMBER	
Alejandra Cortez City Council 2022			1453051	
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. CNS campaign consultants CNS contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FIL fundraising events fundraising events IND independent expenditure supporting/opposing others (explain)* IND independent expenditure supporting/opposing others (explain)* FRC possional services (legal, accounting) FRC payment, you may enter the code. Otherwise, describe the payment. MBR member communications meetings and appearances RFD radio airtime and production costs returned contributions returne				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Francisco Barcena South Pasadena, CA 91030	SAL		116.00	
Lilia Chavez Bell Gardens, CA 90201	SAL		424.00	
Ramona Curiel Bell Gardens, CA 90201	SAL		608.00	
Gould & Orellana, LLC	PRO		1,000.00	

Heidi Lara SAL 58.00 Bell Gardens, CA 90201

SUBTOTAL \$

2,206.00

Norwalk, CA 90650

^{*} 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.

		SCHEDU	LE E (CON
Statement covers period		CALIFORNIA	460
from	10/23/2022	FORM	700
through	12/31/2022	Page 9 o	f16_
		ID NUMBER	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Alejandra Cortez City Council 2022			through12/31/2022	Page 9 of 16
CODES: If one of the following codes accurately describes the payment, your 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 member commonetary, your member of the payment, your member of the payment member	munications if appearance ses ating urvey resear very and me	s	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, an TRS staff/spouse travel, lodging,	duction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DE	ESCRIPTION OF PAYMENT	AMOUNT PAID
Paula Nustes Torrance, CA 90504	SAL			283.00
Lucia Veloz Bell Gardens, CA 90201	SAL			246.00
Alex Villalobos Bell Gardens, CA 90201	SAL	A DO TO THE PARTY OF THE PARTY		456.00
Efundraising Connections Sacramento, CA 95816	FND	Credit Card Pro	cessing Fee	22.80
Carrillo Design & Photography Whittier, CA 90605	LIT	The second secon		3,388.00

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

SUBTOTAL \$ 4,405.80

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.
Statement covers period	CALIFORNIA AGO
from 10/23/2022	FORM 400
through 12/31/2022	Page 10 of 16
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Alejandra Cortez City Council 2022		through 12/31/2022	Page 10 of 16 I.D. NUMBER 1453051
CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events FND independent expenditure supporting/opposing others (explain)* OFC office expendetion circumphone banks polling and supporting fundraising events FND independent expenditure supporting/opposing others (explain)* OFC office expendetion circumphone banks polling and supporting fundraising events FND independent expenditure supporting fund fund fund fund fund fund fund fund	amunications d appearances ases lating	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/s VOT voter registration WEB information technology costs (internet, e-mail)	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DES	CCRIPTION OF PAYMENT	AMOUNT PAID
Downey, CA 90240	SAL		800.00
Monica Abad South Gate, CA 90280	SAL	<u>-</u>	800.00
Zulma Aparicio Los Angeles, CA 90017	SAL		1,110.00
Maria Arbelaez Los Angeles, CA 90017	SAL		1,281.00
Lilia Chavez Bell Gardens, CA 90201	SAL		407.00

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

SUBTOTAL \$

4,398.00

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

			SCHE	DULE	E (CC	N
Statement covers period		CALIF	ORNI	A /	IA	7
from	10/23/2022	FO	RM) () ()	ď
through	12/31/2022	Page _	11	_ of	16	_
		I.D. NUN	BER			_

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Alejandra Cortez City Council 2022 1453051 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 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 staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* IND postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor legal defense professional services (legal, accounting) PRO VOT voter registration LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYER CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Ramona Curiel SAL 507.00 Bell Gardens, CA 90201 Paula Nustes SAL 400.00 Torrance, CA 90504 Katherine Ruiz SAL 866.00 South Gate, CA 90280 Lucia Veloz SAL 44.00 Bell Gardens, CA 90201 Alex Villalobos SAL 550.00 Bell Gardens, CA 90201

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

SUBTOTAL \$

2,367.00

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.
Statement covers period	CALIFORNIA 460
from 10/23/2022	FORM 400
through12/31/2022	Page 12 of 16
	ID NUMBER

SEE INSTRUCTIONS ON REVERSE	through 12/31/2022	Page 12 of 16
NAME OF FILER		I.D. NUMBER
Alejandra Cortez City Council 2022		1453051
CODES: If one of the following codes accurately describes the payment, you may enter the cod	de. Otherwise, describe the payment.	

(c) (i)								1423021
CMP campaign paraphernal consultants campaign consultants contribution (explain to civic donations candidate filing/ballot fND fundraising events	ulia/misc. s nonmonetary)* fees ture supporting/opposing	MBR MTG OFC PET PHO POL POS PRO PRT	member com meetings and office expen petition circul phone banks polling and s postage, deli	munications d appearanc ses lating survey resea very and me	es	RAD RFD SAL TEL TRC TRS	describe the payment. radio airtime and production of returned contributions campaign workers' salaries t.v. or cable airtime and producandidate travel, lodging, and staff/spouse travel, lodging, a transfer between committees voter registration information technology costs	uction costs meals nd meals of the same candidate/spon
	NAME AND ADDRESS (IF COMMITTEE, ALSO ENTE			CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
Efundraising Connecti Sacramento, CA 95816	ons			FND	Credit Card	Processing	Fee	45
Charles Rubacalva Bell Gardens, CA 9020	1			SAL				175
Alex Villalobos Bell Gardens, CA 9020	1			SAL				175

Bell Gardens, CA 90201

Alex Villalobos
Bell Gardens, CA 90201

Efundraising Connections
Sacramento, CA 95816

FND Credit Card Processing Fee 90.60

Carrillo Design & Photography
Whittier, CA 90605

SUBTOTAL \$

1,065.90

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

Schedule E	
(Continuation	Sheet)
Payments Mad	le

Amounts may be rounded to whole dollars.

	SCHEDULE E (CON
Statement covers period	CALIFORNIA 160
from 10/23/2022	FORM 400
through 12/31/2022	Page13 of16
	I.D. NUMBER

			irom_	10/23/2022		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			throug	h 12/31/2022	Page	13 of 16
NAME OF FILER					I.D. NUMBE	R
Alejandra Cortez City Council 2022					1453051	val a siveral participation of the siveral pa
CODES: If one of the following codes accurately describes the payment, y CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees MBR member commender of meetings and office expen petition circuit phone banks	munications i appearance ses ating		RAD : RFD : SAL : TEL :	describe the payment radio airlime and productio returned contributions campaign workers' salaries w. or cable airlime and pro- candidate travel, lodging, a	n costs	
FND fundraising events POL polling and s independent expenditure supporting/opposing others (explain)* POS postage, deli	urvey resear very and me	ch ssenger services al, accounting)	TRS S TSF t VOT v	staff/spouse travel, lodging ransfer between committe voter registration information technology cos	, and meals es of the same	_
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DI	ESCRIPTION	OF PAYMENT	Lang of San	AMOUNT PAID
Brenda Lorenzo Bell Gardens, CA 90201	cvc	AND			The state of the s	500,00
Maria Sanchez Bell Gardens, CA 90201	OFC					500.00
Enrique Vega Bell Gardens, CA 90201	OFC					700.00
Mejia's Party Supplies Bell Gardens, CA 90201	OFC				and the second s	600.00
Esteban Perez Diamond Bar, CA 91765	OFC	AND THE PARTY OF T			77774	1,061.25
* Payments that are contributions or independent expenditures must also be summarized on	Schedule D.			S	JBTOTAL \$	3,361.25

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**

Schedule E (Continuation Sheet) Payments Made	Amounts may be to whole do			St:	atement covers period	CALIFOR FORM	RNIA 4	Company of the Compan
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Alejandra Cortez City Council 2022				throu	gh 12/31/2022	Page1 I.D. NUMBEI 1453051	1 <u>4</u> of	16
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating survey resea livery and m	ces	RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment. radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and prod candidate travel, lodging, an staff/spouse travel, lodging, transfer between committee voter registration information technology costs	duction costs d meals and meals as of the same		'sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	N OF PAYMENT		AMOUNT P	AID
Needlepoint Embroidery Company Inc.		OFC						375.00

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Needlepoint Embroidery Company Inc. Bell Gardens, CA 90201	OFC		375.00
Secretary of State Sacramento, CA 95814	CMP		50.00
Gould & Orellana, LLC Norwalk, CA 90650	PRO		500.00

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

SUBTOTAL \$

925.00

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from10/23/2022	california 460
SEE INSTRUCTIONS ON REVERSE		through 12/31/2022	Page 15 of 16
NAME OF FILER			I.D. NUMBER
Alejandra Cortez City Council 2022			1453051
NAME OF AGENT OR INDEPENDENT CONTRACTOR Carrillo Design & Photography CODES: If one of the following codes accurately describe	s the navment, you may enter the code. Of	thonuise describe the neuman	
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 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 RFD returned contributions SAL campaign workers' salaries t.v. or cable airtime and production TRC candidate travel, lodging, and staff/spouse travel, lodging,	costs duction costs d meals and meals s of the same candidate/sponsor

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AN	MOUNT PAID
US Postal Service Los Angeles, CA 90052	POS		A CALADON LANGUAGE AND A CALADON AND A CALAD	1,499.40
US Postal Service Los Angeles, CA 90052	POS			888.00
Attach additional information on appropriately labeled continuation sheets	S.		TOTAL* \$	2,387.4

^{*} 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.

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 10/23/2022	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 12/31/2022	Page 16 of 16
NAME OF FILER			I.D. NUMBER
Alejandra Cortez City Council 2022 NAME OF AGENT OR INDEPENDENT CONTRACTOR			1453051
Esteban Perez			
CODES: If one of the following codes accurately describ	es the payment, you may enter the code.	Otherwise, describe the payment	l.
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries	
CVC cívic donations	PET petition circulating	TEL t.v. or cable airtime and prod	
FIL candidate filing/ballot fees FND fundraising events	PHO phone banks	TRC candidate travel, lodging, and	
FND fundraising events IND independent expenditure supporting/opposing others (explain)*	POL polling and survey research POS postage, delivery and messenger services	TRS staff/spouse travel, lodging,	
LEG legal defense	POS postage, delivery and messenger services PRO professional services (legal, accounting)		s of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration WEB information technology costs	(internet, e-mail)
* Payments that are contributions or independent expenditures must als	so be summarized on Schedule D.		
NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AM	OUNT PAID
Best Buy Montebello, CA 90640	OFC				1,061.25
				100	
				N ACCIONATION OF THE PROPERTY OF	
	0.000			THE PERSON AND PERSONS ASSESSED.	
				004	
	AND THE PERSON OF THE PERSON O			TO COLUMN TO THE STATE OF THE S	
Attach additional information on appropriately labeled continuation sh	eets.		тс	TAL* \$	1,061.25

* 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.

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