

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Date Stamp
CITY OF BELL GARDENS
CITY CLERK'S OFFICE
2022 OCT 26 AM 10:43
7100 GARFIELD AVE
BELL GARDENS, CA 90201

CALIFORNIA FORM **460**

Page 1 of 10
For Official Use Only

Statement covers period
from 01/01/2022
through 09/24/2022

Date of election if applicable:
(Month, Day, Year) 11/08/2022

SEE INSTRUCTIONS ON REVERSE

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
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
removed duplicate contributions
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1453051

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Alejandra Cortez City Council 2022

STREET ADDRESS (NO P.O. BOX)
[REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE
Norwalk CA 90650 [REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
[REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE
Norwalk CA 90650 [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

Treasurer(s)

NAME OF TREASURER
David L. Gould

MAILING ADDRESS
[REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE
Norwalk CA 90650 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
Ingrid Orellana

MAILING ADDRESS
[REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE
Norwalk CA 90650 [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and [REDACTED] and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing

Executed on 10-25-22
Date
Executed on 10-25-22
Date
Executed on _____
Date
Executed on _____
Date

[REDACTED]

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent
By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

CALIFORNIA FORM	460
Page <u> 2 </u> of <u> 10 </u>	

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 Bell Gardens

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[REDACTED]	Bell Gardens	CA	90201

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? <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? <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 <input type="checkbox"/> OPPOSE
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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
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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 <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <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 from <u>01/01/2022</u>	CALIFORNIA FORM 460
through <u>09/24/2022</u>	
Page <u>3</u> of <u>10</u>	I.D. NUMBER <u>1453051</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alejandra Cortez City Council 2022

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 53,925.00	\$ 53,925.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 53,925.00	\$ 53,925.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 53,925.00	\$ 53,925.00

**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	Column B
6. Payments Made Schedule E, Line 4	\$ 1,478.13	\$ 1,478.13
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 1,478.13	\$ 1,478.13
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 1,478.13	\$ 1,478.13

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 0.00
13. Cash Receipts Column A, Line 3 above	53,925.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	1,478.13
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 52,446.87

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
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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	\$ 0.00

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2022	
through	09/24/2022	Page <u>4</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alejandra Cortez City Council 2022

I.D. NUMBER

1453051

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)
08/24/2022	Atlas Public Affairs LLC [REDACTED] Bell Gardens, CA 90201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	
08/24/2022	IQP Equipment Rentals Inc. [REDACTED] Bell Gardens, CA 90201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,900.00	4,900.00	
09/01/2022	Consulting Solutions Group, Inc. [REDACTED] Whittier, CA 90602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	Received through intermediary: [REDACTED] Sacramento, CA 95816
09/06/2022	Olivarez Madrugra Law Org [REDACTED] Los Angeles, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		900.00	900.00	Received through intermediary: [REDACTED] Sacramento, CA 95816
09/11/2022	Arturo Sneider [REDACTED] Culver City, CA 90232	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investior Primestor	1,500.00	1,500.00	Received through intermediary: [REDACTED] Sacramento, CA 95816
SUBTOTAL \$				9,300.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 53,900.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 25.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 53,925.00

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2022	
through	09/24/2022	Page <u>5</u> of <u>10</u>

NAME OF FILER

Alejandra Cortez City Council 2022

I.D. NUMBER

1453051

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)
09/12/2022	Advanced Avant-Garde Corporation Pomona, CA 91768	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
09/12/2022	Amaya Service Center Bell, CA 90201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	
09/12/2022	Beleny Consulting Group LLC(Fernando Calderon) Cypress, CA 90630	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	
09/12/2022	EPI Empire Foam Innovations, Inc. Bell Gardens, CA 90201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,900.00	4,900.00	
09/12/2022	Evergreen PAC (ID# 1408992) Norwalk, CA 90650	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,000.00	4,000.00	
SUBTOTAL \$				14,400.00		

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2022	
through	09/24/2022	Page <u>6</u> of <u>10</u>

NAME OF FILER Alejandra Cortez City Council 2022	I.D. NUMBER 1453051
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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)
09/12/2022	Hirad Inc. (DBA: AM-PM Towing) [REDACTED] Bell Gardens, CA 90201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	
09/12/2022	Lan Wan Enterprise Inc. [REDACTED] Irvine, CA 92614	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	
09/12/2022	Patrick Mahoney [REDACTED] Anaheim, CA 92806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President West Coast Arborists	500.00	500.00	
09/12/2022	Mr. C's Towing of South Gate Inc. [REDACTED] South Gate, CA 90280	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	
09/12/2022	One Up LLC Montebello(Aram Ekimyan) [REDACTED] Montebello, CA 90640	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	
SUBTOTAL \$				11,000.00		

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2022	
through	09/24/2022	Page <u>7</u> of <u>10</u>

NAME OF FILER Alejandra Cortez City Council 2022	I.D. NUMBER 1453051
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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)
09/12/2022	Real Development Strategies, Inc. Montebello, CA 90640	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		800.00	800.00	
09/13/2022	AAA Rubbish Inc. Bell Gardens, CA 90201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
09/13/2022	California Waste Recycling Association PAC (ID# 761445) Anaheim, CA 92807	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	4,000.00	
09/13/2022	California Waste Recycling Association PAC (ID# 761445) Anaheim, CA 92807	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	4,000.00	
09/13/2022	Nationwide Environmental Services Norwalk, CA 90650	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	
SUBTOTAL \$				7,800.00		

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2022	
through	09/24/2022	Page <u>8</u> of <u>10</u>

NAME OF FILER Alejandra Cortez City Council 2022	I.D. NUMBER 1453051
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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)
09/13/2022	Universal Waste Systems, Inc. [REDACTED] Santa Fe Springs, CA 90670	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
09/17/2022	Juan Garza [REDACTED] Bellflower, CA 90706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Relations Consultant Six Heron LLC	1,000.00 Received through intermediary: Efundraising Connections [REDACTED] Sacramento, CA 95816	1,000.00	
09/20/2022	Fenix Entrepreneur Inc. [REDACTED] Downey, CA 90241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	
09/20/2022	Piasta Taxi Co-Op, Inc. [REDACTED] Gardena, CA 90249	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	
09/23/2022	Advanced Applied Engineering, Inc. [REDACTED] Brez, CA 92821	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,900.00	4,900.00	
SUBTOTAL \$				11,400.00		

*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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2022	
through	09/24/2022	Page 9 of 10

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alejandra Cortez City Council 2022

I.D. NUMBER

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	TEL	t.v. or cable airtime and production costs
FIL	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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Rfundraising Connections Sacramento, CA 95816	CMP	Credit Card Processing Fee	1.43
Gould & Orellana, LLC Norwalk, CA 90650	PRO		250.00
Gould & Orellana, LLC Norwalk, CA 90650	PRO		500.00

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

SUBTOTAL \$ 751.43

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1,428.13
2. Unitemized payments made this period of under \$100	\$ 50.00
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.)	TOTAL \$ 1,478.13

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2022	
through	09/24/2022	Page 10 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alejandra Cortez City Council 2022

I.D. NUMBER

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	TEL	t.v. or cable airtime and production costs
FIL	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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Gould & Orelliana, LLC [REDACTED] Norwalk, CA 90650	PRO			500.00
Efundraising Connections [REDACTED] Sacramento, CA 95816	FND		Credit Card Processing Fee	22.80
Efundraising Connections [REDACTED] Sacramento, CA 95816	FND		Credit Card Processing Fee	40.80
Efundraising Connections [REDACTED] Sacramento, CA 95816	FND		Credit Card Processing Fee	67.80
Efundraising Connections [REDACTED] Sacramento, CA 95816	FND		Credit Card Processing Fee	45.30

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

SUBTOTAL \$ 676.70