Date Stamp

Recipient Committee Campaign Statement

Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		RECEIVE CITY CLE CITY OF PICO	RK RIVERA	FORM 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from07/01/2021 through12/31/2021	Date of election if applicable: (Month 2022 See 24 P)	M 12: 37	For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Implete Parts 1, 2, 3, and 4. 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 Term Amendment (Explain belo	nination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) CAMACHO FOR COUNCIL 2018 STREET ADDRESS (NO P.O. BOX)		Treasurer(s) NAME OF TREASURER David Gould MAILING ADDRESS CITY NAME OF ASSISTANT TREASURE	•	ZIP CODE AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I	вох	Ingrid Orellana MAILING ADDRESS CITY		ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	AREA GODEITHORE	OPTIONAL: FAX / E-MAIL ADDRE	•	
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californ Executed on	ia that the foregoing is true and correct. By	nowledge the information contained here Signature of Treasure or Assistant Tre Confrolling Officeholder, Candidate, State Measure Propo	easurer /	

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

Recipient Committee Campaign Statement Cover Page — Part 2

	COVERP	AGE-PART2
CALIF	ORNIA ORM	460
Page _	2 (of

Officeholder or Candidate Controlled Committee		6.	6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
GUSTAVO CAMACHO			BALLOT NO. OR LETTER	JURISDICTIO	DN .	<u> </u>		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUM	BER IF APPLICABLE)		BALLUT NO, OR LETTER	JORISDICTIC	,,,,	SUPPORT OPPOSE		
City Council Member Pico Rivera					<u> </u>			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP		Identify the controlling of	ficeholder, can	ndldate, or state mea	sure proponent, if any.		
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT			
Related Committees Not Included in this Stateme not included in this statement that are controlled by you or are contributions or make expenditures on behalf of your candidacy	primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRIC	T NO. IF ANY		
COMMITTEE NAME I.D. N	NUMBER							
NAME OF TREASURER CON	TROLLED COMMITTEE?	7.	Primarily Formed Can	didate/Offic	eholder Committe	90 List names of		
MAINE OF TREADURER	YES NO		omicenoider(s) or candidate(S) for which an				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT OPPOSE		
CITY STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT OPPOSE		
COMMITTEE NAME (I.D. I	NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT OPPOSE		
	TROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT OPPOSE		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				-				
CITY STATE ZIP CODE	AREA CODE/PHONE		Atta	ach continuati	on sheets if necessa	nry		

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statem	ent covers period	CALIFORNIA	460
from	07/01/2021	FORM	400
through _	12/31/2021	Page3 of	f <u>16</u>
		LO AUMOCO	

1319557

SUMMARYPAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CAMACHO FOR COUNCIL 2018

Contributions Received	Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	Column B Calendaryear Total todate	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$7,349.00	\$38,599.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3	0.00	0.00	Ť
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 7,349.00	\$ 38,599.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3	1,648.99	4,680.39	24 Evpanditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$8,997.99	\$ 43,279.39	21. Experiorities \$ \$
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schodule E, Line 4	\$ 12,827.00	\$ 22,456.69	Candidates
7. Loans Made Schedule H, Line 3	0.00	0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	\$ 12,827.00	\$ 22,456.69	(if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	7,148.98	7,148.98	Date of Election Total to Date
10. Nonmonetary Adjustment	1,648.99	4,680.39	(mm/dd/yy)
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$ 21,624.97	\$34,286.06	\$
Current Cash Statement			/ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 29,101.72	To calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	7,349.00	amounts in Column A to the corresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	from 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	12,827.00	report. Some amounts in Column A may be negative	• season p.com service
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 23,623.72	figures that should be	
If this is a termination statement, Line 16 must be zero.		subtracted from previous period amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	the first report being filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents See instructions on reverse			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 7,148.98		
			FPPC Form 460 (Jan/20

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Amounts may be rounded

SCHEDU	LE	Α
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Monetary Contributions Received			Amounts may be rounded to whole dollars.		ers period	CALIFORNIA 460		
SEE INSTRUCTIO	DNS ON REVERSE			through Page			4 of 16	
NAME OF FILER		,				I.D. NUM	BER	
CAMACHO FOR	COUNCIL 2018					131955	7	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
07/01/2021	Leonardo Calvario	⊠IND □COM □OTH □PTY □SCC	Senior Project Manager SAK Construction	1,000.00 Received through inter eFundraising Connectio 2831 G Street Ste. 120 Sacramento, CA 95816	mediary:	000.00		
07/02/2021	Ibe Digital	□IND □COM 図OTH □PTY □SCC		1,000.00 Received through inter eFundraising Connectio 2831 G Street Ste. 120 Sacramento, CA 95816	mediary: ns	000.00		
07/02/2021	Hector LaFarga Jr	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director BGCA	250.00 Received through inter eFundraising Connectio 2831 G Street Ste. 120 Sacramento, CA 95816	mediary:	250.00		
07/02/2021	Leal Trejo PC	□IND □COM ☑OTH □PTY □SCC		500.00 Received through intereFundraising Connectio 2831 G Street Ste. 120 Sacramento, CA 95816	mediary:	500.00		
07/02/2021	Javier Vargas	⊠IND □COM □OTH □PTY □SCC	Director VCWD	250.00 Received through inter eFundraising Connecti 2831 G Street Ste. 120 Sacramento, CA 95816	mediary:	250.00		
			SUBTOTAL	\$ 3,000.00				
Amount re (Include a Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)eceived this period – unitemized monetary contributions			7,250.00 99.00	IND COM OTH PTY	other to d - Other (d - Political	nt Committee han PTY or SCC) e.g., business entity)	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.) TOTAL \$	7,349.00	رعدر	, Gridii Ol	STREET CONTRINUES	

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement c	overs period	CALIFORNIA ACO				
from07/0	01/2021	FORM 400				
through 12/3	31/2021	Page5 of16				
		I.D. NUMBER				
		1210557				

NAME OF FILER

CAMACHO FOR COUNCIL 2018

1319557 AMOUNT CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE RECEIVED THIS CALENDAR YEAR TO DATE OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 07/02/2021 100.00 Ron Varing Retired 100.00 XIND None ПСОМ Received through intermediary: eFundraising Connections □OTH 2831 G Street Ste. 12 □ PTY Sacramento, CA 95816 □scc 07/16/2021 250.00 250.00 Braven Agency Inc. □IND ПСОМ X)OTH □PTY □scc 07/16/2021 Energy Technician 250.00 250.00 John Contreras **⊠IND** So Cal Edison **□**СОМ Потн **□**PTY [TSCC 07/16/2021 Excellence Re Real Estate Inc. 250.00 250.00 ПСОМ **XIOTH** PTY **□**scc 07/16/2021 Michael Fong 250.00 250.00 XIND Los Angeles County College □сом District □отн PTY □ scc SUBTOTAL \$ 1,100.00

*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

Amounts may be rounded

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

		to Miloia c	iviais.	from07/01/	2021	FORM 400
				through	2021 Pag	ge 6 of 16
NAME OF FILER				<u> </u>	I.D.	NUMBER
CAMACHO FOR (COUNCIL 2018				13:	19557
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
07/16/2021	Holistic Strategies Coaching & Consulting LLC	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250.00 2		00
07/16/2021	Omi Truck Parking Facilities, Inc.	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,000.0	00
08/09/2021	Cesar Luna	⊠IND □COM □OTH □PTY □SCC	Echocardiographer Cesar Luna	400.00 Received through interestation Connective 2831 G Street Ste, 120 Sacramento, CA 95816	400.	00
08/19/2021	Bricklayers and Allied Craftworkers Local No. 4 PAC (ID# 1426482)	□IND ☑COM □OTH □PTY □SCC		500.00	500.	00
12/30/2021	Los Angeles/Orange Counties Building And Contruction Trades Council PAC (ID# 822029)	□IND IS COM ID OTH ID PTY ID SCC		1,000.00	1,000.	00
			SUBTOTAL	\$ 3,150.00		

*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

Schedu Nonmoi	le C netary Contributions Received		Amounts may be rounded to whole dollars.	/ Citiement enverse maried		CALIFORNIA 46			
	TIONS ON REVERSE				through	12/31/202	21	Page	7 of 16
NAME OF FILE								I.D. NUMB	
CAMACHO FO	OR COUNCIL 2018		T	-				1319557	
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)	DESCRIPTION OF GOODS OR SERVICE		AMOUNT/ FAIR MARKET VALUE	D/ CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	Don Chentes Bar & Grill	□IND □COM □OTH □PTY □SCC		Lunch for Fundraiser Even	t	650.00		1,300.00	
07/02/2021	Valero Energy	□IND □COM ☑OTH □PTY □SCC		Venue for Fundraiser Even	t	998.99		998.99	
		□IND □COM □OTH □PTY □SCC							
		□INÐ □COM □OTH □PTY □SCC							
Attach ad	ditional information on appropriately labe	led continuati	ion sheets.	SUBTOT	TAL \$	1,648.99			V.
1. Amount	e C Summary received this period – itemized nonmonetary all Schedule C subtotals.)	y contributions	·.		\$	1,648.9	IND	ntributor Cod Individual M Recipient	
	received this period – uniternized nonmonet					0.0	o OTH		an PTY or SCC) g., business entity)
3. Total nor	nmonetary contributions received this period. es 1 and 2. Enter here and on the Summary	_					PTY	– Political P	arty htributor Committee

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

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

	SCHEDULE D
Statement covers period	CALIFORNIA 160
from 07/01/2021	FORM 400
through 12/31/2021	Page <u>8</u> of <u>16</u>
	I.D. NUMBER
	1

NAME OF FILER 1319557 CAMACHO FOR COUNCIL 2018 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION **AMOUNT THIS** DATE TYPE OF PAYMENT CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE 1,500.00 08/19/2021 1,500.00 Lindsey Horvath ▼ Monetary County Supervisor District 3 Contribution ■ Nonmonetary Contribution Independent Expenditure X Support Oppose ■ Monetary Contribution Nonmonetary Contribution Independent Expenditure ☐ Support ☐ Oppose Monetary Contribution Nonmonetary Contribution Independent Expenditure ☐ Support Oppose SUBTOTAL \$ 1,500.00

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

							SCHEDUL					SCHEDULE E
Schedule E	Amoun	nounts may be rounded				[;	Statement covers period				ORNIA	460
Payments Made	to	to whole dollars.					m	07/01/2	021	FC	RM	700
SEE INSTRUCTIONS ON REVERSE						thr	ough _	12/31/2	021	Page _	9 (of <u>16</u>
NAME OF FILER						'				I.D. NU	MBER	
CAMACHO FOR COUNCIL 2018			—							13195	57	
CODES: If one of the following codes accurately desc	cribes the payn	nent, yo	u may e	nter	the code. Ot	therwise,	descril	oe the pay	yment.			
CMP campaign paraphernalia/misc.	MBR me					RAD			production co	osts		
CNS campaign consultants CTB contribution (explain nonmonetary)*		etings and ce expen	i appearar ses	nces		RFD SAL		ned contribu aign worker				
CVC civic donations		ition circul				TEL.	t.v. or	cable airtin	ne and produc		ts	
FIL candidate filing/ballot fees	•	ne banks				TRO			lodging, and			
FND fundraising events ND independent expenditure supporting/opposing others (explain			urvey reservery		enger services	TSF	stan/s	spouse trave er hetween	el, lodging, ar committees	id meals of the sa	; ame cand	idate/sponsor
LEG legal defense					accounting)	VO	voter	registration				
LIT campaign literature and mailings	PRT prin	nt ads				WE	3 inform	nation techn	ology costs (internet,	e-mail)	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)			CODE	OR		DESCRIPTION	ON OF P/	YMENT			AM	OUNT PAID
GOULD & ORELLANA, LLC			PRO									150.00
				1								
eFundraising Connections			CMP	C	redit Card P	rocessing	Fee					45.50
0.000												
eFundraising Connections		-	CMP		redit Card P	rocessing	Fee	···-			1	97.00
* Payments that are contributions or independent expendite	ures must also t	e summ	arized on	Sch	ledule D.				SUB	TOTAL	\$	292.5
Schedule E Summary												
1. Itemized payments made this period. (Include all Scho	edule E subtotal	ls.)	*************			********				\$_	1	2,752.00
2. Unitermized payments made this period of under \$100 $$	***************************************	•••••	************	•••••		***********				\$		75.00
3. Total interest paid this period on loans. (Enter amount	from Schedule	B, Part	1, Colum	ın (e).)		*********			\$		0.00
4. Total payments made this period. (Add Lines 1, 2, and	3. Enter here a	and on th	ne Summ	nary	Page, Colum	n A, Line	6.)		TOT	AL \$_	1	2,827.00

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**

Amounts may be rounded to whole dollars.

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

	SCHEDULE E (CONT
Statement covers period	CALIFORNIA 460
from07/01/2021	FORM TOU
through 12/31/2021	Page 10 of 16
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1319557 CAMACHO FOR COUNCIL 2018

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees FIL TRS staff/spouse travel, lodging, and meals polling and survey research FND fundraising events POL transfer between committees of the same candidate/sponsor postage, delivery and messenger services T\$F independent expenditure supporting/opposing others (explain)* POS ND professional services (legal, accounting) VOT voter registration PRO LEG legal defense WEB information technology costs (internet, e-mail) print ads campaign literature and mailings PRT LIT NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 150.00 PRO GOULD & ORELLANA, LLC 2,775.00 OFC GOULD & ORELLANA, LLC 2,942.05 CMP Credit Card Payment Bank of America 18.50 CMP Credit Card Processing Fee eFundraising Connections 1,280.00 FND Prado House Cigar Co. SUBTOTAL \$ 7,165.55 * 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.

	SCHEDOLL E (CONT
Statement covers period	CALIFORNIA 460
from 07/01/2021	FORM 400
through 12/31/2021	Page11 of16
	I.D. NUMBER

 SEE INSTRUCTIONS ON REVERSE
 through 12/31/2021
 Page 11 of 16

 NAME OF FILER
 I.D. NUMBER

 CAMACHO FOR COUNCIL 2018
 1319557

CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR n MTG n OFC o PET p PHO p POL p POS p	nember commeetings and office expensetition circul shone banks offing and sostage, delivofessional	munication: I appearan ses ating urvey rese very and n	s ces arch nessen	iger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions campaign workers' salaries	is ame candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)			CODE	OR		DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
Lindsey Horvath for Supervisor 2022 (ID# 1437724)			СТВ					1,500.00
Pico Rivera Dons			CVC					1,000.00
GOULD & ORELLANA, LLC			PRO			·		150.00
GOULD & ORELLANA, LLC			PRO					150.00
GOULD & ORELLANA, LLC			PRO	****				150.00
* Payments that are contributions or independent expenditures must also	be sum	marized on	Schedule	D.	-		SUBTOTA	L\$ 2,950.0

www.fppc.ca.gov

SCHEDULE E (CONT.)

Statement covers period **CALIFORNIA** (Continuation Sheet) Amounts may be rounded **FORM** to whole dollars. **Payments Made** 07/01/2021 from through ___12/31/2021 Page 12 of 16 SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1319557 CAMACHO FOR COUNCIL 2018 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Bank of America	CMP	Credit Card Payment	2,193.95
GOULD & ORELLANA, LLC	PRO		150.00
×			

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

SUBTOTAL \$

2,343.95

Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE	Amounts may be round to whole dollars.	ed	Statement cove from07/01/ through12/31/	2021 FO	SCHEDULE FORNIA 460 DRM of 16
NAME OF FILER				I.D. NU	MBER
CAMACHO FOR COUNCIL 2018				1319	557
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL politing and survey res POS postage, delivery and PRO professional services PRT print ads	ns nces earch messenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse tr TSF transfer betwe VOT voter registrati	nd production costs butions kers' salaries time and production cos al, lodging, and meals avel, lodging, and meals en committees of the sa	ame candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Bergmann Zwerdling Direct	LIT	0.00	7,148.98	0.00	7,148.98
* Payments that are contributions or independent expenditures must also be	SUBTOTALS	\$ 0.00	\$ 7,148.98	\$ 0.00	\$ 7,148.98

summarized on Schedule D.

Schedule F Summary

7,148.98	INCURRED TOTALS \$. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total uniternized accrued expenses under \$100.)	
0.00	PAID TOTALS \$	 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.) 	,
7,148.98	NET \$	Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	ļ

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 07/01/2021	california 460
SEE INSTRUCTIONS ON REVERSE		through <u>12/31/2021</u>	- Page <u>14</u> of <u>16</u>
NAME OF FILER			I.D. NUMBER
CAMACHO FOR COUNCIL 2018			1319557
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
Bank of America			
CODES: If one of the following codes accurately describ	es the payment, you may enter the code. O	Otherwise, describe the paymen	nt.
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL campaign paraphernalia/misc. CTB contribution (explain nonmonetary)* CVC civic donations FIL campaign paraphernalia/misc.	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, ar	; duction costs nd meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging,	
ND independent expenditure supporting/opposing others (explain)* LEG legal defense	POS postage, delivery and messenger services PRO professional services (legal, accounting)	TSF transfer between committee VOT voter registration	es of the same candidate/sponsor
IT campaign literature and mailings	PRT print ade	WFR information technology cost	s (internet e-mail)

^{*} 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 LD. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Amazon.com	CMP			211.20
Big 5 Sporting Goods	CMP			477.77
Costco	CMP			1,132.18
Dicks Sporting Goods	СМР			565.95
Attach additional information on appropriately labeled continuation sheets.			TOTAL*	\$ 2,387.10

^{*} 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 (Continuation Sheet)	
Payments Made by an Agent or Independ	ent
Contractor (on Behalf of This Committee))

Amounts may be rounded to whole dollars.

		CONLEGE C (CONT.			
Statement covers period		CALIFORNIA	460		
rom	07/01/2021	FORM	400		

SCHEDULE G (CONT.)

Contractor (on Behalf of This Committee)	to whole dollars.	from07/01/2021	FORM TOO
SEE INSTRUCTIONS ON REVERSE		through 12/31/2021	Page <u>15</u> of <u>16</u>
NAME OF FILER			I.D. NUMBER
CAMACHO FOR COUNCIL 2018			1319557
NAME OF AGENT OR INDEPENDENT CONTRACTOR			

Bank of America

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

MBR member communications

MBR member communications

RAD radio airtime and production costs

RED returned contributions

CTB contribution (explain nonmonetary)*

OFC office expenses

OFC office expenses

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

FL candidate filing/ballot fees

PHO phone banks

TRC candidate travel, lodging, and meals

FIL candidate traing/ballot rees
FIND fundraising events
FIND independent expenditure supporting/opposing others (explain)*
FIND independent expenditure supporting/opposing others (explain)*
FIND polling and survey research
FIND polling and survey research
FIND independent expenditure supporting/opposing others (explain)*
FIND polling and survey research
FIND p

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)

^{*} 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	AMOUNT PAID
Pico Liquor	СМР			398.7
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	-			
			<u> </u>	
	Ē			
ttach additional information on appropriately labeled continuation shee	ts.		TOTAL*	\$ 398.7

* 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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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 07/01/2021	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE		through 12/31/2021	- Page <u>16</u> of <u>16</u>	
NAME OF FILER			I.D. NUMBER	
CAMACHO FOR COUNCIL 2018 NAME OF AGENT OR INDEPENDENT CONTRACTOR			1319557	
Bergmann Zwerdling Direct				
CODES: If one of the following codes accurately describe	es the payment, you may enter the code.	Otherwise, describe the paymer	nt.	
CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member communications mrs meetings and appearances	RAD radio airtime and production 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 TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor ND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services PRO professional services (legal, accounting) VOT voter registration LEG legal defense

PRT print ads

^{*} 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		AMOUNT PAID
U.S. Postmaster Pico Rivera Main Pico Rivera, CA 90660	POS				2,308.05
Attach additional information on appropriately labeled continuation sheets.				TOTAL*	\$ 2,308.05

^{*} 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.

WEB information technology costs (internet, e-mail)

ЦT

campaign literature and mailings