	1 19 19 19 19 19 19 19 19 19 19 19 19 19							COVERPAGE
	ecipient Committee				1	Date Stamp	C	ALIFORNIA 460
	ampaign Statement					RECEIVE	B10.00	FORM 400
	over Page					HECLIVE	-0	
(G	overnment Code Sections 84200-84216.5)		2000000	atement covers period	Date of election if applicable: (Month, Day, Year)	OCT 2 4 20	24 Pa	age1 of9
			from _	09/22/2024	-	HAWAIIAN GAF	BDENS	For Official Use Only
SEE INSTRUCTIONS ON REVERSE three			throug	through10/19/2024	11/05/2024	CITY CLER		
1.	Type of Recipient Committee: All Co	mmittees -	Complete Pa	arts 1, 2, 3, and 4.	2. Type of Statement:			
	 ✓ Officeholder, Candidate Controlled Committe State Candidate Election Committee Recall (Also Complete Part 5) ✓ General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee 		Primarily F Committee Contro Spons (Also Complete Primarily F	Formed Ballot Measure ellled ored to Part 6) Formed Candidate/ er Committee	 ☑ Preelection Statement ☑ Semi-annual Statement ☑ Termination Statement (Also file a Form 410 Te ☑ Amendment (Explain be 	ermination)	Suppleme	Statement dd-Year Report ntal Preelection - Attach Form 495
3.	Committee Information		I.D. NUMBE		Treasurer(s)			
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO	COMMITTE	1459838 E)		NAME OF TREASURER			
	Alvarado for Council 2024			Jesse Alvarado				
					MAILING ADDRESS			
	STREET ADDRESS (NO P.O. BOX)	STREET ADDRESS (NO P.O. BOX)				STATE	ZIP CODE	AREA CODE/PHONE
					Hawaiian Gardens	CA	90716	
	CITY STA	TE ZIP	CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY		
	Hawaiian Gardens CA		716		Yolanda Miranda			
	MAILING ADDRESS (IF DIFFERENT) NO. AND STR	EET OR P.O.	BOX		MAILING ADDRESS			
	N/A							
	CITY STA	TE ZIP	CODE	AREA CODE/PHONE	CITY		ZIP CODE 91722	AREA CODE/PHONE
	ODTIONAL. FAY / F MAIL ADDDESS				Covina	CA	91726	
	OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADDR	ESS		
4.	Verification							
	I have used all reasonable diligence in preparing	and reviewi	na this state	ement and to the best of my kr	nowledge the information contained her	ein and in the attached so	hedules is	true and complete. I certify
	under penalty of perjury under the laws of the Sta							
	Executed on 10/23/2024			200 B				
	Executed onDate			Ву				
	Executed on 10/23/2024			D				
	Executed on			Ву				
	Executed on			Ву				
	Date				Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent		
	Executed on			Ву	Signature of Controlling Officeholder, Candidate, St	nto Moneum Proposant		
	Late				. Signature of Controlling Officerolder, Candidate, St	are measure rropollent		FPPC Form 460 (Jan/2016)

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

Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	R PAG	E-PART2
CALIF FC	ORN DRM	IA 4	60
Page _	2	_ of _	9

NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASU	RE		(S)
Jesse Alvarado					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICT	TON	SUPPORT
City Council Member City of Hawaiian Gard	dens				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP	Identify the controlling	g officeholder, c	andidate, or state measu	re proponent, if an
	Hawaiian GardensCA 90716	NAME OF OFFICEHOLDER	R, CANDIDATE, OR F	ROPONENT	307
Related Committees Not Included in this not included in this statement that are controlled by y contributions or make expenditures on behalf of your	rou or are primarily formed to receive	OFFICE SOUGHT OR HEL	D	DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER	-			
NAME OF TREASURER	CONTROLLED COMMITTEE?		date(s) for which th	nis committee is primarily fo	ormed.
	☐ YES ☐ NO		date(s) for which th		ormed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	☐ YES ☐ NO	officeholder(s) or candid	date(s) for which the	nis committee is primarily fo	D SUPPORT OPPOSE D SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	D. BOX)	officeholder(s) or candi	R OR CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT
	P CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER	R OR CANDIDATE R OR CANDIDATE R OR CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.C. CITY STATE Z COMMITTEE NAME	I.D. NUMBER CONTROLLED COMMITTEE? YES NO NO NO NO NO NO NO NO NO NO	NAME OF OFFICEHOLDER NAME OF OFFICEHOLDER	R OR CANDIDATE R OR CANDIDATE R OR CANDIDATE	OFFICE SOUGHT OR HEL OFFICE SOUGHT OR HEL OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE

Campaign Disclosure Statement

Amounts may be rounded

SUMMARY PAGE

Summary Page	to whole dollars.	State	ment covers period	CALIFORNIA 46	
· ····································	<u> </u>	from	09/22/2024	FORM TO	
EE INSTRUCTIONS ON REVERSE		through	10/19/2024	Page3 of9	
IAME OF FILER				I.D. NUMBER	
lvarado for Council 2024				1459838	
	Column A	Column B	Calendar Voor Sun	nmary for Candidates	_

1. Monetary Contributions Schedule A, Line 3 724.00 \$ 2,144.00 2. Loans Received Schedule B, Line 3 3,000.00 3,000.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 \$ 3,724.00 \$ 5,144.00 4. Nonmonetary Contributions Schedule C, Line 3 0.00 0.00 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$ 3,724.00 \$ 5,144.00 Expenditures Made 6. Payments Made Schedule E, Line 4 \$ 658.58 \$ 7,538.67 7. Loans Made Schedule H, Line 3 0.00 0.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ 658.58 \$ 7,538.67 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 100.00 500.00 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00	Contributions Received		Column A TOTAL THIS 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		
2. Loans Received Schedule B, Line 3 3,000.00 3,000.00 3,000.00 3,000.00 3,000.00 3,000.00 3,000.00 3,000.00 \$ 5.144.00 \$	1. Monetary Contributions	\$	724.00	\$	2,144.00			
3. SUBTOTAL CASH CONTRIBUTIONS Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 8+4 5. 3,724.00 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 8+8 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 8+8 6. Payments Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 9. Accrued Expenses (Unpaid Bills) 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE Add Lines 8+9+10 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts 14. Miscellaneous Increases to Cash Schedule L, Line 4 15. Cash Payments 16. ENDING CASH BALANCE Add Lines 12+13+14, then subtract Line 15 16. ENDING CASH BALANCE Add Lines 12+13+14, then subtract Line 15 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 18. Cash Equivalents 18. Cash Equivalents See instructions on reverse \$ 0.00 Cash Equivalents Schedule C, Line 3 Column A Line 3 above Cash Equivalents Cash Equivalents See instructions on reverse \$ 0.00 Cash Equivalents See instructions on reverse \$ 0.00 Cash Equivalents See instructions on reverse \$ 0.00 Cash Equivalents Schedule C, Line 3 Column A Line 3 above Column A Line 4 be negative Signer that should be Subtracted from previous period amounts. If this is the first report being filled for this calendar year, only correct Cash Column A Line 3 above Column	2. Loans Received		3,000.00		3,000.00	171 through 6/30 771 to Date		
4. Nonmonetary Contributions Schedule C, Line 3	3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	3,724.00	\$	5,144.00			
Expenditures Made 6. Payments Made	4. Nonmonetary Contributions		0.00		0.00	21. Expenditures		
6. Payments Made	5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	3,724.00	\$	5,144.00	Made \$ \$		
7. Loans Made Schedule H, Line 3 0.00 0.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 658.58 \$ 7,538.67 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 100.00 500.00 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ 758.58 \$ 8,038.67 Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 141.46 3. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 658.58 16. Cash Payments Column A, Line 8 above 16. Centure Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse \$ 0.00 22. Cumulative Expenditures Made* (If subject to Voluntary Expenditures Made* (If subject to Voluntary Expenditure Line 10 0.00 0.00 500.00	Expenditures Made					Expenditure Limit Summary for State		
8. SUBTOTAL CASH PAYMENTS	-		658.58	\$	7,538.67	Candidates		
8. SUBTOTAL CASH PAYMENTS. 9. Accrued Expenses (Unpaid Bills) 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE 11. TOTAL EXPENDITURES MADE 12. Beginning Cash Balance 13. Cash Receipts 14. Miscellaneous Increases to Cash 15. Cash Payments 16. ENDING CASH BALANCE 16. ENDING CASH BALANCE 17. LOAN GUARANTEES RECEIVED 18. Cash Equivalents and Outstanding Debts 18. Cash Equivalents 18. Cash Equivalents Schedule I, Schedule B, Part 2 Sched					0.00	22 Cumulativa Expandituras Mada*		
10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ 758.58 \$ 8,038.67 Current Cash Statement 12. Beginning Cash Balance Column A, Line 3 above 3,724.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 5. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 3,206.88 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00 Cash Equivalents and Outstanding Debts 18. Cash Equivalents Schedule Schedule Schedule Schedule B, Part 2 \$ 0.00 Cash Equivalents and Outstanding Debts 18. Cash Equivalents Schedule Sc	8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	658.58	\$	7,538.67			
11. TOTAL EXPENDITURES MADE	9. Accrued Expenses (Unpaid Bills)		100.00		500.00			
Current Cash Statement 12. Beginning Cash Balance	10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)		
12. Beginning Cash Balance	11. TOTAL EXPENDITURES MADE	\$	758.58	\$	8,038.67	\$		
13. Cash Receipts	Current Cash Statement					\$		
14. Miscellaneous Increases to Cash	12. Beginning Cash Balance	\$	141.46	То	calculate Column B, add			
14. Miscellaneous Increases to Cash	13. Cash Receipts Column A, Line 3 above		3,724.00					
15. Cash Payments	14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	n Column B of your last			
16. ENDING CASH BALANCE	15. Cash Payments Column A, Line 8 above		658.58					
period amounts. If this is the first report being filed for this calendar year, only carry over the amounts Cash Equivalents and Outstanding Debts 8. Cash Equivalents	16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$.	3,206.88	figu	res that should be			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00 for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	If this is a termination statement, Line 16 must be zero.			pei	iod amounts. If this is			
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	this calendar year, only			
Get institutions in reverse \$\psi\$	Cash Equivalents and Outstanding Debts			fro	n Lines 2, 7, and 9 (if			
19. Outstanding Debts	18. Cash Equivalents	\$	0.00		•			
	19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	3,500.00			<i>'</i>		

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Schedule A Monetary Contributions Received			nts may be rounded whole dollars.	Statement cov	CALIFORNIA 460			
CEE INCEDITOR	ONS ON REVERSE			through	024	Page	44	of9
NAME OF FILER				1		I.D. N	UMBER	100
Alvarado fo	r Council 2024					1459	838	
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 (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \(\) (JAN. 1 - DEC	O DATE YEAR	PER TO	ELECTION O DATE REQUIRED)
09/28/2024	Andi Chen La Palma, CA 90623	⊠IND □COM □OTH □PTY □SCC	CPA Esourced Accounting	100.00		100.00	G2024	\$100.0
10/08/2024	Janet K Conklin La Palma, CA 90623	⊠IND □COM □OTH □PTY □SCC	Realtor Janet Keo Conklin - Re/max	100.00		100.00	G2024	\$100.0
10/04/2024	Brigette Mendoza Hacienda Heights, CA 91745	⊠IND □COM □OTH □PTY □SCC	Property Manager Bridgette Mendoza	300.00		300.00	G2024	\$300.0
10/04/2024	Gerardine A. Tran Hacienda Heights, CA 91745	⊠IND □COM □OTH □PTY □SCC	Software Engineer NASA JPL	200.00		200.00	G2024	\$200.0
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL\$	700.00				
Amount re (Include al Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)				IND COM OTH PTY	(other I – Other – Politica	ial ient Commi than PTY (e.g., busi al Party	or SCC) iness entity)
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.) TOTAL \$	724.00	SCC	- Small (ontributor	Committee

Schedule B – Part 1 Loans Received	Am	ounts may be re to whole dollar			Statement cov	vers period 2/2024	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE			p)		through10/1	9/2024	Page5	of9	
NAME OF FILER		10 20					I.D. NUMBER		
Alvarado for Council 2024							1459838		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Maria De Lourdes Gallegos Lopez Hawaiin Gardens, CA 90716 This is a loan	Homemaker N/A			\$ 0.00	s_3,000.00	0.00% RATE	\$_3,000.00	\$ _3,000.00 PER ELECTION**	
†∏ IND □ COM □ OTH □ PTY □ SCC		\$0.00	\$_3,000.00	\$0.00	DATE DUE	\$0.00	DATE INCURRED	\$ G2024 3,000.00	
† IND COM OTH PTY SCC		\$	s	PAID FORGIVEN S	\$	% RATE	\$ DATE INCURRED	\$PER ELECTION **	
				PAID \$ FORGIVEN	s	% RATE	\$	CALENDAR YEAR \$ PER ELECTION**	
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS \$	3,000.00\$	0.0	0\$ 3,000.00	\$ 0.00			
Schedule B Summary				-	20240104	(Enter (e) on Schedule E, Line 3)			
1. Loans received this period	of less than \$100.) paid or forgiven.) are also itemized on Sched	lule A.)		\$		TC INI CC OT PT	ontributor Codes D – Individual DM – Recipient Co (other than I TH – Other (e.g., Y – Political Party CC – Small Contrib	ommittee PTY or SCC) business entity)	
*Amounts forgiven or paid by another party also it ** If required.	must be reported on Schedule A.)					EDDC E	orm 460 / Jan/201	

Schedule E Payments Made	Amounts may be rounded to whole dollars.			Statem	ent covers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through .	10/19/2024	Page 6	
NAME OF FILER						I.D. NUME	
Alvarado for Council 2024						1459838	
CODES: If one of the following codes accurately describe CMP 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 co MTG meetings a OFC office expe PET petition circ PHO phone bank POL polling and POS postage, do	mmunications and appearance conses culating ks survey resea elivery and m	ces	RAD radio RFD return SAL camp TEL t.v. o TRC cand TRS staff/ TSF trans VOT voter	be the payment. airtime and production ned contributions or gaign workers' salaries reable airtime and producte travel, lodging, and spouse travel, lodging, and for between committees registration nation technology costs	luction costs I meals and meals s of the same	40
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR D	ESCRIPTION OF PA	AYMENT		AMOUNT PAID
Cesar James Whittier, CA 90602		CNS			79-12		170.00
JustCall.io Palo Alto, CA 94304		PEO					138.00
Sam's Club Long Beach, CA 90808			09/22/24 Food f	or volunteer			132.35
* Payments that are contributions or independent expenditures r	must also be sumr	marized on	Schedule D.		SUI	BTOTAL\$	440.35
Schedule E Summary			·				
Itemized payments made this period. (Include all Schedule)	E subtotals.)					\$	610.26
2. Unitemized payments made this period of under \$100			•••••		***************************************	\$	48.32
3. Total interest paid this period on loans. (Enter amount from	Schedule B. Part	t 1. Column	(e).)			\$	0.00

658.58

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA

Statement covers period

Payments Made		to whole do	to whole dollars.				09/22/2024	— FOI	FORM TOU	
SEE	INSTRUCTIONS ON REVERSE					through_	10/19/2024	— Page_	7 of9	
_	E OF FILER					Carrie Land		I.D. NUM	BER	
Alv	arado for Council 2024					Stock Control		145983	38	
CMP CNS CTB	contribution (explain nonmonetary)* civic donations candidate filing/ballot fees	MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	munication d appearant ses lating survey reservery and	earch messenge	r services	RAD rad RFD retu SAL can TEL t.v. TRC can TRS staf TSF tran VOT vote	io airtime and produ irned contributions inpaign workers' sall or cable airtime and ididate travel, lodgin ff/spouse travel, lod	uction costs laries d production cost g, and meals ging, and meals nittees of the sa	me candidate/sponsor	
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DES	SCRIPTION OF	PAYMENT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AMOUNT PAID	
	ham, MA 02451		LIT						169.91	
-								4.3 00.1640)		

SUBTOTAL \$

169.91

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

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be roun to whole dollars.	ded	Statement cove		SCHEDULE IFORNIA 460 ORM
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	e e e e e e e e e e e e e e e e e e e		through 10/19/	2024 Page I.D. NL	98 of9
Alvarado for Council 2024				1459	838
CODES: If one of the following codes accurately descriced compaign 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 communication MTG meetings and appears OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ences search messenger services	RAD radio airtime a returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registrati	nd production costs ibutions kers' salaries time and production cosel, lodging, and meals avel, lodging, and meals en committees of the sa	s ame candidate/sponsor
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
Yolanda Miranda & Associates, Inc.	PRO	100.00	0.00	0.00	100.0

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
Yolanda Miranda & Associates, Inc. Covina, CA 91/22	PRO	100.00	0.00	0.00	100.00
Yolanda Miranda & Associates, Inc. Covina, CA 91722	PRO	100.00	0.00	0.00	100.00
Yolanda Miranda & Associates, Inc. Covina, CA 91/22	PRO	100.00	0.00	0.00	100.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	300.00	0.00	0.00\$	300.00

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for

100.00 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

NET \$

\[
\begin{align*}
\text{100.00} \\
\text{May be a negative number}
\end{align*}

Schedule F Summary

Schedule F	Amounts may be rounded	Statement covers period CALIFORNIA				
(Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.	from09/22/2024 through10/19/2024	CALIFORNIA 460 FORM of 9			
NAME OF FILER	- 1000-00-00-00-00-00-00-00-00-00-00-00-00	<u>'</u>	I.D. NUMBER			
Alvarado for Council 2024			1459838			

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

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

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
Colanda Miranda & Associates, Inc.	PRO	100.00	0.00	0.00	100.0
Colanda Miranda & Associates, Inc.	PRO	0.00	100.00	0.00	100.0
	SUBTOTALS S	100.00\$	100.00\$	0.00	\$ 200.0