

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Statement covers period from 09/20/2020 through 10/17/2020	Date of election if applicable: (Month, Day, Year) 11/03/2020	Date Stamp <div style="border: 2px solid red; padding: 5px; color: red;">E-Filed 10/21/2020 10:38:34 Filing ID: 193714504</div>	CALIFORNIA FORM 460 Page <u>1</u> of <u>12</u> For Official Use Only
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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
<small>(Also Complete Part 5)</small> | ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
<small>(Also Complete Part 6)</small> |
| ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee | ☐ Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1429939

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Montanez for WMWD Director Division 5 2020

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Corona	CA	92881	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
eugene@allegracorona.com

Treasurer(s)

NAME OF TREASURER

Susan E. Glenn

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Corona	CA	92881	(951)737-1731

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
susan@segcpa.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/21/2020
Date

Executed on 10/21/2020
Date

Executed on _____
Date

Executed on _____
Date

By Susan E. Glenn
Signature of Treasurer or Assistant Treasurer

By Eugene Montanez
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

COVER PAGE - PART 2

CALIFORNIA
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Eugene Montanez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Western Municipal Water District, Div 5: County of Riverside

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
	Corona	CA	92881

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?
	☐ YES ☐ 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?
	☐ YES ☐ 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	☐ SUPPORT ☐ OPPOSE

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

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	☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 09/20/2020 through 10/17/2020	CALIFORNIA FORM 460
Page 3 of 12	I.D. NUMBER 1429939

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Montanez for WMWD Director Division 5 2020

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 16,587.00	\$ 20,632.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 16,587.00	\$ 20,632.00
4. Nonmonetary Contributions Schedule C, Line 3	2,500.00	2,500.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 19,087.00	\$ 23,132.00

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

6. Payments Made Schedule E, Line 4	\$ 10,573.76	\$ 10,573.76
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 10,573.76	\$ 10,573.76
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	10,789.80	10,789.80
10. Nonmonetary Adjustment Schedule C, Line 3	2,500.00	2,500.00
11. TOTALEXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 23,863.56	\$ 23,863.56

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	\$ 4,045.00
13. Cash Receipts Column A, Line 3 above	16,587.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	10,573.76
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 10,058.24
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00

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).

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	\$ 10,789.80

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 09/20/2020
through 10/17/2020

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Montanez for WMWD Director Division 5 2020

I.D. NUMBER

1429939

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)
09/28/2020	Air Handlers Supply, Inc. Anaheim, CA 92806	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	G2020 \$500.00
09/23/2020	Blue River Developments LLC Fremont, CA 94538	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	G2020 \$250.00
10/05/2020	Barry Cottle Tustin, CA 92780	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Developer CBC Development	250.00	250.00	G2020 \$250.00
10/05/2020	Todd Cottle Tustin, CA 92780	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Developer CBC Development	250.00	250.00	G2020 \$250.00
09/30/2020	Thomas Day Corona, CA 92879	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	500.00	500.00	G2020 \$500.00

SUBTOTAL \$ 1,750.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 15,696.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 891.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 16,587.00

*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

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

Montanez for WMWD Director Division 5 2020

I.D. NUMBER

1429939

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)
10/05/2020	Michael Downs Corona, CA 92879	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Downs Energy	500.00	500.00	G2020 \$500.00
10/01/2020	Evan Evans Corona, CA 92882	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	100.00	100.00	G2020 \$100.00
10/05/2020	Sylvia Fleming Corona, CA 92881	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	198.00	198.00	G2020 \$198.00
10/17/2020	FST Sand & Gravel, Inc. Corona, CA 92878	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		7,500.00	7,500.00	G2020 \$7,500.00
09/22/2020	Greater Riverside Chambers of Commerce PAC ID#1264274 Riverside, CA 92507	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	G2020 \$500.00
SUBTOTAL \$				8,798.00		

***Contributor Codes**

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
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SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 09/20/2020 through 10/17/2020		CALIFORNIA FORM 460 Page 6 of 12
NAME OF FILER Montanez for WMWD Director Division 5 2020		
		I.D. NUMBER 1429939

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)
10/01/2020	K&A Engineering, Inc. Corona, CA 92880	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	G2020 \$250.00
09/22/2020	John Knaak Corona, CA 92881	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	500.00	500.00	G2020 \$500.00
10/05/2020	Tim Lynch Ontario, CA 91761	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Vice President General Outdoor Advertising	250.00	250.00	G2020 \$250.00
09/22/2020	Maruhachi Ceramics of America Inc. Corona, CA 92879	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	G2020 \$1,000.00
09/22/2020	James Previti Carlsbad, CA 92008	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Gateway Personnel	2,000.00	2,000.00	G2020 \$2,000.00
SUBTOTAL \$				4,000.00		

*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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Montanez for WMWD Director Division 5 2020	I.D. NUMBER 1429939
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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)
09/22/2020	Randall Rawson Corona, CA 92882	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	198.00	198.00	G2020 \$198.00
09/29/2020	C C Vest Ontario, CA 91762	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Midpoint Bearing	200.00	200.00	G2020 \$200.00
09/23/2020	Werner Corporation Corona, CA 92877	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	G2020 \$250.00
10/05/2020	David Williams Corona, CA 92879	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner US Continental	500.00	500.00	G2020 \$500.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$				1,148.00		

***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 C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Montanez for WMWD Director Division 5 2020

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 SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2020	General Outdoor Advertising Ontario, CA 91761	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		Outdoor Advertising	2,500.00	2,500.00	62020 \$2,500.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 2,500.00

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 2,500.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 2,500.00

*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.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
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Montanez for WMWD Director Division 5 2020		1429939

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Montanez for WMWD Director Division 5 2020

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
Allegra Corona, CA 92879	POS			3,581.31
Educate Your Vote Encino, CA 91436	LIT			781.00
Landslide Communications, Inc. Laguna Niguel, CA 92677			Voter Guide	5,887.00

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

SUBTOTAL \$ 10,249.31

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	10,525.31
2. Unitemized payments made this period of under \$100	\$	48.45
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 \$	10,573.76

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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Montanez for WMWD Director Division 5 2020		1429939

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Montanez for WMWD Director Division 5 2020

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
Jose Luis Corona, CA 92879			Sign placement	150.00
Jose Luis Corona, CA 92879			Sign Placement	126.00

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

SUBTOTAL \$ 276.00

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

Statement covers period from 09/20/2020 through 10/17/2020		CALIFORNIA FORM 460
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NAME OF FILER Montanez for WMWD Director Division 5 2020		I.D. NUMBER 1429939

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Montanez for WMWD Director Division 5 2020

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 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
General Outdoor Advertising Ontario, CA 91761	WEB Digital Outdoor Advertising	0.00	1,250.00	0.00	1,250.00
GC Strategies Orange, CA 92866	LIT Graphic Design	0.00	1,250.00	0.00	1,250.00
Jobob, LLC Rancho Cucamonga,, CA 91730	WEB Website Design	0.00	500.00	0.00	500.00

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

SUBTOTALS \$ 0.00\$ 3,000.00\$ 0.00\$ 3,000.00

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for
accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 10,789.80
- 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.) **PAID TOTALS \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and
on the Summary Page, Column A, Line 9.) **NET \$** 10,789.80
May be a negative number

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>		CALIFORNIA FORM 460
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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)

* 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
Allegra Corona, CA 92879	LIT Postcards	0.00	7,500.00	0.00	7,500.00
Eugene Montanez Corona, CA 92879	FND Food for fundraiser	0.00	289.80	0.00	289.80
SUBTOTALS \$		0.00\$	7,789.80\$	0.00 \$	7,789.80