

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp RECEIVED FEB 10 2016 CITY OF BALDWIN PARK CITY CLERKS DEPARTMENT	CALIFORNIA FORM 460
	Page <u>1</u> of <u>10</u> For Official Use Only

Statement covers period from <u>10/18/2015</u> through <u>12/31/2015</u>	Date of election if applicable: (Month, Day, Year) <u>11/03/2015</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1375511

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

R Pacheco for Baldwin Park City Council 2015

STREET ADDRESS (NO P.O. BOX)

14846 Chevalier Ave, Baldwin Park, Ca, 91706

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Baldwin Park</u>	<u>CA</u>	<u>91706</u>	<u>(626) 626 3114</u>

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

Treasurer(s)

NAME OF TREASURER

Gilbert Pacheco

MAILING ADDRESS

14723 Dutch St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Baldwin Park</u>	<u>CA</u>	<u>91706</u>	

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

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 2/1/15
Date

Executed on 2/1/15
Date

Executed on _____
Date

Executed on _____
Date

By Gilbert Pacheco
Signature of Treasurer or Assistant Treasurer

By Ricardo Pacheco
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**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Ricardo Pacheco

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
14846 Chevalier Ave, BPK.CA 91706

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 PROONENT

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		CALIFORNIA FORM 460
from	10/18/2015	
through	12/31/2015	Page <u>3</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
R Pacheco for Baldwin Park City Council 2015		1375511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

R Pacheco for Baldwin Park City Council 2015

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 6,000.00	\$ 21,700.00
2. Loans Received..... Schedule B, Line 3	\$ 4,000.00	\$ 4,000.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 10,000.00	\$ 25,700.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 10,000.00	\$ 25,700.00

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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 13,322.85	\$ 33,426.97
7. Loans Made..... Schedule H, Line 3	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 13,322.85	\$ 33,426.97
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	\$ 13,322.85	\$ 33,426.97

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	\$ 6,014.38
13. Cash Receipts..... Column A, Line 3 above	\$ 10,000.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ 0.00
15. Cash Payments..... Column A, Line 8 above	\$ 13,322.85
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,677.15

If this is a termination statement, Line 16 must be zero.

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

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.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/18/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

R Pacheco for Baldwin Park City Council 2015

I.D. NUMBER

1375511

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)
10/20/2015	Bulletin Displays, LCC 3127 East South Street Long Beach CA 90805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00		
10/20/2015	Hector Villavicencio Jr 219 N Lone Hill Ave GlendorA cA 91741	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$500.00		
10/26/2015	Helen Mora 4729 N. Downing Ave Baldwin Park Ca 91706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00		
10/26/2015	David Davidson 2709 E Villa Street Pasadena Ca 91107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administration Supervisor LASERA	\$100.00		
10/26/2015	Helen Mora 5394 Topaz St Rancho Cucamonga CA 91701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00		

SUBTOTAL \$ 1,300⁰⁰

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ \$ 6,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** \$ 6,000.00

*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 from <u>10/18/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
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NAME OF FILER R Pacheco for Baldwin Park City Council 2015	I.D. NUMBER 1375511
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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)
10/26/2015	Amalgamated Transit Union Local 1277 PAC # 976841 1744 N Main L.A. Ca 90001	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00		
11/07/2015	Building Industry Association of SC PAC 515 South Figueroa St Ste 1110 L.A. CA	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00		
11/07/2015	ROAM Development Corp 1650 Lafayette Street, Santa Clara, CA, 95050	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,700.00		
10/21/2015	BizFed PAC # 1305594 1000 N. Alameda St., Ste 240 L.A. CA 90012	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00		
11/06/2015	Waste Management 1001 Fannin St. Houston, TX 77002	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00		
SUBTOTAL \$				\$4,700.00		

*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 B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>10/18/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

R Pacheco for Baldwin Park City Council 2015

I.D. NUMBER

1375511

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. 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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
L Pacheco for VCWD 2013 14846 Chevalier Ave Baldwin Park, Ca 91706 FPPC # 1360833 † <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>4000.00</u>	\$ <u>4000.00</u>	<input type="checkbox"/> PAID \$ <u>0.0</u> <input type="checkbox"/> FORGIVEN \$ <u>0.0</u>	\$ <u>4000.00</u> <u>4000.00</u> DATE DUE	<u>0</u> % RATE \$ <u>0.0</u>	\$ <u>4,000.</u> <u>11/06/15</u> DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS		\$	\$	\$	\$	\$		

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 4,000.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 4000.00
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>10/18/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
	Page <u>1</u> of <u>10</u>
	I.D. NUMBER 1375511

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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
Printing Concepts 4916 Santa Anita Ave El Monte CA 91731	LIT		\$2778.46
Eliseo Pacheco 14723 Dutch St Baldwin Park Ca 91706	CMP		\$1,285.00
Rob Charles 15330 W. Amar Rd La Puente CA 91744	CNS		\$2778.46

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

SUBTOTAL \$ 6841.92

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>12,222.35</u>
2. Unitemized payments made this period of under \$100	\$ <u>1,100.50</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>100.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>13,322.85</u>

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/18/2015	
through	12/31/2015	Page <u>8</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
R Pacheco for Baldwin Park City Council 2015		1375511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

R Pacheco for Baldwin Park City Council 2015

I.D. NUMBER

1375511

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
St Johns School 3870 Stewart Ave Baldwin Park Ca 91706	CVC		\$440.00
California for Quality Government 728 W Edna Place Covina CA 91722	LIT		\$157.92
Citizens for Good Government 728 W Edna Place Covina CA 91722	LIT		\$118.40
Shogun Restaurant 2123 Foothill La Verne	MTG		\$141.60
Diane Robles 3185 Frazier Ave Baldwin Park Ca 91706	POS		\$125.00

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

SUBTOTAL \$ 982.92

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

Amounts may be rounded
to whole dollars.

Statement covers period from <u>10/18/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

R Pacheco for Baldwin Park City Council 2015

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
Money Saver Connection 1050 Hacienda Blvd LP 91744	LIT		\$1,200.00
Francisco Bravo 15702 Brighton Ave Gardena CA 90247	CNS		\$1,103.00
Urias for Assembly FPPC# 1375168 1946 Buena Vista St Duarte Ca 91010	IND		\$500.00
Gilbert Pacheco 310 N Indian Hill Blvd Claremont Ca 91711	PRO/ WEB		\$1,000.00
Democratic Voter Choice 728 W. EDNA PLACE Covina CA 91722	LIT		\$402.51

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

SUBTOTAL \$ 4205.51

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>10/18/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>10</u>
	I.D. NUMBER 1375511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

R Pacheco for Baldwin Park City Council 2015

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
Alex Chavez 3456 Olive Ave Baldwin Park Ca 91706	SAL		\$192.00

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

SUBTOTAL \$ 192