Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		Type or print in	Type or print in ink.			california 460
	E INSTRUCTIONS ON RÉVERSE	Statement covers period from 01/01/2014 through 12/31/2014	Date of election if applicable: (Month, Day, Year) 2015	JAH 22 - A	M (0: 16	Page 1 of 5 For Official Use Only
1.	Type of Recipient Committee: All Committees Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Complete 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 Te Amendment (Explain be		☐ Spec	rterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495
3.	Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITT Friends of Hugo Argumedo for Council 2015 STREET ADDRESS (NO P.O. BOX) 2403 Cowlin Ave. CITY STATE ZIP	I.D. NUMBER 1373951 EE) CODE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER Hugo Argumedo MAILING ADDRESS 2403 Cowlin Ave. CITY Commerce NAME OF ASSISTANT TREASUR	,	TATE ZIP C CA 900	
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. CITY STATE ZIP	0040 (310)293-7808 O. BOX P CODE AREA CODE/PHONE	MAILING ADDRESS		TATE ZIP C	ODE AREA CODE/PHONE
4.	OPTIONAL: FAX / E-MAIL ADDRESS hugo.argumedo@ngc.com Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of California Executed on	ornia that the foregoing is true and correct. By	Signature of Treasurer phassistant Treasurer	ein and in the at Lies Tessurer Lies Tessurer Tessurer Tessurer Tessurer Tessurer Tessurer Tessurer Tessurer Tessurer	Officer of Sponsor	lles is true and complete. I certify
	Date Executed on	Ву	Signature of Controlling Officeholder, Candidate, Sta Signature of Controlling Officeholder, Candidate, Sta			

Officeholder or Candidate Controlled Com	mittee			6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			·		NAME OF BALLOT MEASURE				
Hugo Argumedo									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF	APPLICABL	.E)		BALLOT NO. OR LETTER	JURISDICTIC	N		SUPPORT
City Council Member: Commerce									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP		Identify the controlling office	reholder can	ididate or state i	maasiire i	proponent if any
2403 Cowlin Ave.	Commerce	CA	90040		NAME OF OFFICEHOLDER, CANI		•		oroponom, ir uny.
						, -			
Related Committees Not Included in this S not included in this statement that are controlled by yo contributions or make expenditures on behalf of your of	u or are primar	•			OFFICE SOUGHT OR HELD		DIST	TRICT NO. I	F ANY
COMMITTEE NAME	I.D. NUMBE	R					<u>. </u>		
				7	Primarily Formed Cand	idato/Offic	oholder Comm	aittoo	
NAME OF TREASURER	CONTROLLE			٠,	officeholder(s) or candidate(s)				
	☐ YES	NО			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT	OR HELD	T
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)								SUPPORT OPPOSE
CITY STATE ZIP	CODE	AREA COD	E/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBE	R							OFFOSE
					NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLE	D COMMITT	EE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT	OR HELD	
COMMITTEE ADDRESS OFFICE ADDRESS (10.0.0.0.	☐ YES	□ NO							SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	ROX)					<u></u>	<u> </u>		
CITY STATE ZIP	CODE	AREA COD	E/PHONE		Attaci	o continuatio	n sheets if neces	ssary	
								•	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

| SUMMARY PAGE | Statement covers period | FORM | CALIFORNIA | 460 | FORM | Summary PAGE | CALIFORNIA | 460 | FORM | FORM

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Hugo Argumedo for Council 2015 1373951 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 1/1 through 6/30 7/1 to Date 10,100.00 10,100.00 20. Contributions \$ ____ 10,100.00 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 10,100.00 Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made \$ ____ 10,100.00 **Expenditures Made Expenditure Limit Summary for State** Candidates 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ 2,040.00 \$ 2,040.00 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 0.00 0.00 **Current Cash Statement** To calculate Column B. add 10,100.00 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I. Line 4 from Column B of your last reported in Column B. report. Some amounts in 2,040.00 Column A may be negative 8,060.00 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ ______ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Sched	ule	B –	Part	1
Loans	Red	eiv	ed	

Type or print in ink.

SCHEDULE B - PART	
-------------------	--

Loans Received	ns Received Amounts may be rounded to whole dollars. from01/01/2014					CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through12/3:	1/2014	Page4	of5
NAME OF FILER		,					I.D. NUMBER	
Friends of Hugo Argumedo for Council 2	015						1373951	
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 PAIE OR FORGIVEI THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
Hugo A. Argumedo 2403 Cowlin Ave. Commerce, CA 90040	Computer/Network Technician Northrop Grumman Corp.			\$ 0.00		0.00% RATE	\$1,100.00	CALENDAR YEAR \$ 10,100.00 PER ELECTION**
†⊠IND □ COM □ OTH □ PTY □ SCC		\$0.00	\$ 1,100.00	\$0.00	12/31/2015 * DATE DUE	\$ 0.00	12/01/2014 DATE INCURRED	\$
Hugo A. Argumedo 2403 Cowlin Ave. Commerce, CA 90040	Computer/Network Technician Northrop Grumman Corp.			s 0.00	\$ 9,000.00	0.00% RATE	\$ 9,000.00	CALENDAR YEAR \$ 10,100.00 PER ELECTION **
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$ 0.00	\$9,000.00	\$0.00	12/31/2015 DATE DUE	\$0.00	12/08/2014 DATE INCURRED	\$
[†] □ IND □ COM □ OTH □ PTY □ SCC		s	\$	PAID S FORGIVEN \$	\$DATE DUE	RATE	\$	CALENDAR YEAR S PER ELECTION ** \$
		SUBTOTALS \$	10,100.00\$	0.0	0\$ 10,100.00	0.00		
Schedule B Summary			***************************************			(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loan			***************************************	\$	10,100.00	(†c	ontributor Codes	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that) paid or forgiven.)			\$	0.00	ОТ	D – Individual DM – Recipient Co (other than I TH – Other (e.g., TY – Political Party	PTY or SCC) business entity)
Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.) y Page, Column A, Line 2.			NET \$	10, 100.00 day be a negative number)		CC – Small Contrib	
*Amounts forgiven or paid by another party also	must be reported on Schedule A.)						

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

** If required.

Schedule E	
Payments Made	•

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period	SCHEDULE E
from01/01/2014	FORM 460
through	Page5 of5
	I.D. NUMBER
	1373951

				fro	m	01/01/2014		NIII
SEE INSTRUCTIONS ON REVERSE				thr	ough _	12/31/2014	Page	5 of5
NAME OF FILER							I.D. NU	
Friends of Hugo Argumedo for Council 2015							13739	51
CODES: If one of the following codes accurately describe	s the payment vo	ou mav e	nter the code	Otherwise	descrik	ne the navmen	1	
CMP campaign 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 com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	nmunication d appearan nses llating s survey rese ivery and n	s ces	RAD RFD SAL TEL TRC TRS	radio return camp t.v. or candid staff/s transf	airtime and producted contributions aign workers' sala cable airtime and date travel, lodging pouse travel, lodging	ction costs ries production costs and meals ing, and meals ittees of the sar	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	ON OF PA	YMENT		AMOUNT PAID
C & S Sales 12947 Chadron Ave. Hawthorne, CA 90250		CMP						1,500.0
City of Commerce 2535 Commerce Way Commerce, CA 90040		FIL						490.0
* Payments that are contributions or independent expenditures r	nust also be summ	arized on	Schedule D.				SUBTOTAL \$	1,990.0
Schedule E Summary	THE PROPERTY OF THE PROPERTY O							
1. Itemized payments made this period. (Include all Schedule	E subtotals.)			• • • • • • • • • • • • • • • • • • • •			\$	1,990.00
2. Unitemized payments made this period of under \$100							\$	50.00
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1, Columr	n (e).)				\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. E.	nter here and on th	ne Summ:	ary Page, Colu	mn A, Line 6	i.)	******************	TOTAL \$	2,040.00

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	Date Stamp	CALIFORNIA 46	PAGE
SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2015 through01/1 \$\mathcal{H}\$2015	02/02/2015	5 JAN 22 PM		
1. Type of Recipient Committee: All Committees - Com I Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	tinough	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Term Amendment (Explain belo	CITY CLE	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	_
J. GORBBER BROSSAROS	NUMBER 373951	Treasurer(s) NAME OF TREASURER Hugo Argumedo MAILING ADDRESS 2403 Cowlin Ave.			· ——
STREET ADDRESS (NO P.O. BOX) 2403 Cowlin Ave CITY STATE ZIP COC Commerce CA 90040 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	3102937808	CITY Commerce NAME OF ASSISTANT TREASURER MAILING ADDRESS	STATE CA R, IF ANY	ZIP CODE AREA CODE/PF 90040 3102937808	TONE
OPTIONAL: FAX / E-MAIL ADDRESS hugoargumedo@ngc.com	E AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRES	STATE	ZIP CODE AREA CODE/PH	HONE
1. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	BySignature of Con	Signature of Treasure of Assistant Trea	ssurer Lent or Responsible Officer of Measure Proponent		tify

5. Officeholder or Car	ndidate Controlled Co	ommittee			6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER	OR CANDIDATE	**************************************				NAME OF BALLOT MEASURE	·			
Hugo Argumedo										
OFFICE SOUGHT OR HELD	(INCLUDE LOCATION AND D	ISTRICT NUMBE	R IF APPLICAE	BLE)		BALLOT NO. OR LETTER	JURISDICT	ON		SUPPORT
Councilmember										OPPOSE
RESIDENTIAL/BUSINESS A	DDRESS (NO. AND STREET)	CITY	STATE	ZIP				***************************************	<u></u>	
2403 Cowlin Ave.	Co	mmerce,	CA	90040		Identify the controlling offi	ceholder, ca	ndidate, or st	ate measure	proponent, if any.
						NAME OF OFFICEHOLDER, CAN	DIDATE, OR PI	ROPONENT		
Related Committee	s Not Included in this ment that are controlled by	s Statement	t: Listany co	ommittees		OFFICE SOUGHT OR HELD				
contributions or make ex	penditures on behalf of yo	r you or are prii ur candidacy,	marily tormed	to receive		OF THE SOUGHT ON HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME		I.D. NUN	//BER						***************************************	
					7	Primarily Formed Cand	lidata/Offic	sahaldar Ca		
NAME OF TREASURER		1	OLLED COMMIT		••	officeholder(s) or candidate(s)	for which th	senoider Co is committee is	mmittee L primarily forn	ist names of ned.
COMMITTEE ADDRESS	STREET ADDRESS (NO	PO POY)	ES NO)		NAME OF OFFICEHOLDER OR C			SHT OR HELD	
OOMAN I LEADINEOU	STREET ADDRESS (NO	P.O. BOX)				WANTE OF OFFICE POLICE OF C	ANDIDATE	OFFICE SOOR	SHI OK HELD	SUPPORT OPPOSE
CITY	STATE	ZIP CODE	AREA CO	DE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOLIC	SHT OR HELD	
								011102.3000	on on held	SUPPORT
COMMITTEE NAME		I.D. NUN	/BER							OPPOSE
						NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER		ı	DLLED COMMIT			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	SHT OR HELD	
COMMITTEE ADDRESS		☐ YE	ES NO)					J	SUPPORT OPPOSE
COMMITTEE ADDRESS	STREET ADDRESS (NO I	P.O. BOX)					***************************************			
CITY	STATE	ZIP CODE	AREA COL	DE/PHONE						
	OWL	Zii GODE	ANEA CO	PERMUNE		Attac	h continuati	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink. Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA **FORM** 01/01/2015

from ... 01/17/2015 through ____ Page ____3 ___ of ___9 I.D. NUMBER-1373951

NAME OF FILER Friends of Hugo Argumedo for Council 2015 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE General Elections 1/1 through 6/30 7/1 to Date 2. Loans Received Schedule B. Line 3 1,000.00 11,100.00 20. Contributions 12,090.00 Received Nonmonetary Contributions Schedule C, Line 3 0.00 0.00 21. Expenditures TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ 1,990.00 Made 12,090.00 **Expenditures Made Expenditure Limit Summary for State** Candidates 0.00 22. Cumulative Expenditures Made* \$ 4,428.70 (If Subject to Voluntary Expenditure Limit) ____-1,293.70 Date of Election Total to Date (mm/dd/yv) 0.00 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ______3,096.12 To calculate Column B, add 13. Cash Receipts Column A, Line 3 above amounts in Column A to the 1,990.00 corresponding amounts *Amounts in this section may be different from amounts 0.00 from Column B of your last reported in Column B. report. Some amounts in 4,428.70 Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 657.42 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00 carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A **Monetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE A
Statement covers period	CALIFORNIA 460
from01/01/2015	FORM TOU
through _01/17/2015	Page4 of9
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Hugo Argumedo for Council 2015 1373951 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR IF AN INDIVIDUAL, ENTER **AMOUNT CUMULATIVE TO DATE** DATE PER ELECTION CONTRIBUTOR OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED THIS CALENDAR YEAR RECEIVED TO DATE CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 01/13/2015 Bulletin Displays, LLC 900.00 900.00 3127 E. South St., #B □COM Long Beach, CA 90805 X OTH □ PTY □ SCC □IND □сом Потн □ PTY SCC СОМ OTH PTY SCC □IND ПСОМ OTH PTY SCC ☐ IND COM OTH PTY SCC SUBTOTAL\$ 900.00 Schedule A Summary *Contributor Codes 1. Amount received this period – itemized monetary contributions. IND - Individual (Include all Schedule A subtotals.)\$ COM - Recipient Committee 900.00 (other than PTY or SCC)

2. Amount received this period – unitemized monetary contributions of less than \$100\$ 90.00

3. Total monetary contributions received this period. OTH - Other (e.g., business entity)

PTY -- Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

990.00

S	ch	ied	ule	B –	Part	1
L	oa	ns	Red	ceiv	ed	

Type or print in ink. Amounts may be rounded to whole dollars

SCHEDU	JLE	B-	PART
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Loans Received	to whole dollars.				from01/0	1/2015	CALIFORN FORM	^{IA} 460
SEE INSTRUCTIONS ON REVERSE					through01/1	7/2015	Page5	of <u>9</u>
NAME OF FILER							I.D. NUMBER	
Priends of Hugo Argumedo for Council 2	2015						1373951	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Hugo A. Argumedo 2403 Cowlin Ave. Commerce, CA 90040	Computer/Network Technician Northrop Grumman Corp.			PAID \$ 0.00	, ENOU	0.00% RATE	\$ <u>1,100.00</u>	CALENDAR YEAR \$ 1,000.00 PER ELECTION**
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		\$ 1,100.00	s0.00	\$0.00	12/31/2015 DATE DUE	\$0.00	12/01/2014 DATE INCURRED	\$
Hugo A. Argumedo 2403 Cowlin Ave. Commerce, CA 90040	Computer/Network Technician Northrop Grumman Corp.			PAID \$ 0.00 FORGIVEN	\$ 9,000.00	0.00%% RATE	\$ 9,000.00	CALENDAR YEAR \$ 1,000.00 PER ELECTION **
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$_9,000.00	\$0.00	\$ 0.00	12/31/2015 DATE DUE	\$0.00	12/08/2014 DATE INCURRED	\$
Hugo A. Argumedo 2403 Cowlin Ave. Commerce, CA 90040	Computer/Network Technician Northrop Grumman Corp.	0.00	500.00	PAID \$ 0.00 FORGIVEN	\$ 500.00	0.00% RATE	\$ 500.00	CALENDAR YEAR \$ 1,000.00 PER ELECTION **
TEND COM OTH PTY SCC		\$	\$500.00	\$ 0.00	12/31/2015 DATE DUE	\$0.00	01/08/2015 DATE INCURRED	\$
		SUBTOTALS \$	500.00\$	0.0	10,600.00			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans	s of less than \$100.)	***************************************	****************	\$	1,000.00		ontributor Codes	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that) paid or forgiven.)			\$	0.00	INI CC OT	D – Individual DM – Recipient Col (other than F TH – Other (e.g., I Y – Political Party	PTY or SCC) ousiness entity)
3. Net change this period. (Subtract Line Enter the net here and on the Summan	2 from Line 1.) / Page, Column A, Line 2.	-,,,,,,,,		NET \$	1,000.00 May be a negative number)		C – Small Contrib	
*Amounts forgiven or paid by another party also i ** If required.	must be reported on Schedule A.						FPPC Form	160 (January/05)

Schedule B – Part 1 (Continuation Sheet)

Type or print in ink. Amounts may be rounded

SCHED	HE	R-	PART	1	(CONT.)

Loans Received	tion Sneet) Am	Amounts may be rounded to whole dollars.			Statement cov	ers period	CALIFORN FORM	^A 460
SEE INSTRUCTIONS ON REVERSE					through01/1	7/2015	Page6	of9
NAME OF FILER							I.D. NUMBER	
Friends of Hugo Argumedo for Council	2015						1373951	
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 PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
Hugo A. Argumedo 2403 Cowlin Ave. Commerce, CA 90040	Computer/Network Technician Northrop Grumman Corp.			PAID S 0.01 FORGIVEN		0.00% RATE	\$ 500.00	CALENDAR YEAR \$ 1,000.00 PER ELECTION**
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$0.00	\$ 500.00	\$0.0	D 12/31/2015 DATE DUE	\$0.00	01/09/2015 DATE INCURRED	\$
				PAID \$ FORGIVEN	ss	% RATE	\$	CALENDAR YEAR \$ PER ELECTION **
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
				PAID FORGIVEN	\$	% RATE	s	CALENDAR YEAR \$ PER ELECTION **
IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID FORGIVEN	s		\$	CALENDAR YEAR \$ PER ELECTION **
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	500.00\$	0.0	00\$ 500.00\$	0.00		

†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	Type or print in ink. Amounts may be rounded to whole dollars.				Statement covers period from01/01/2015			SCHEDULE ORNIA 460 RM
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				thro	ugh0	1/17/2015	Page	7 of 9
Friends of Hugo Argumedo for Council 2015							I.D. NU	MBER
CODES: If one of the following codes accurately describes CMP campaign 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 com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	imunications d appearances ases lating s survey researc	h senger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtii returned o campaign t.v. or cab candidate staff/spou transfer b voter regi	me and producti contributions workers' salari- le airtime and p travel, lodging, se travel, lodging etween committ	on costs es roduction cost and meals g, and meals ees of the sar	s ne candidate/sponsc
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	₹	DESCRIPTION	OF PAYME	NT		AMOUNT PAID
Airwave Communications 2727 Supply Ave. Commerce, CA 90040		OFC						110.0
Airwave Communications 2727 Supply Ave. Commerce, CA 90040		OFC						165.0
C & S Sales 12947 Chadron Ave. Hawthorne, CA 90250		LIT						1,293.7
* Payments that are contributions or independent expenditures m	ust also be summ	arized on ScI	nedule D.				SUBTOTAL \$	1,568.
Schedule E Summary								
1. Itemized payments made this period. (Include all Schedule I	E subtotals.)						\$	4,393.70

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

0.00

Schedule E (Continuation Sheet) Payments Made

Type or print in ink. Amounts may be rounded to whole dollars.

SCF	HEDL	JLE	Ε	(CONT.)	١

Statement covers period

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.		Statement covers period from 01/01/2015	CALIFO FOR	LIFORNIA 460 FORM	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through 01/17/2015	Page	8 of 9
Friends of Hugo Argumedo for Council 2015					1373951	
CODES: If one of the following codes accurately des CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain) legal defense campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	emunications d appearance eses lating survey resear every and me	es ch	RAD radio airtime and producti returned contributions SAL campaign workers' salarit t.v. or cable airtime and p Candidate travel, lodging, staff/spouse travel, lodging TSF voter registration web reductions the payment returned contributions campaign workers' salarit t.v. or cable airtime and p Candidate travel, lodging transfer between committ voter registration information technology co	es con costs es roduction costs and meals g, and meals ees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
CampaignLA 15518 S. Broadway St. Gardena, CA 90248		CMP			1	2,055.00
Pro Tech LLC 4311 Wilshire Blvd., #602 Los Angeles, CA 90010		OFC				500.00
Rosio Saravia		CNS				225.00
Rosio Saravia		CNS				45.00
Payments that are contributions or independent expenditures mu	st also be summarized on S	Schedule D.		s	UBTOTAL \$	2,825.00
						•

Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 01/01/2015	schedule CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Hugo Argumedo for Council 2015		through 01/17/2015	Page 9 of 9 LD. NUMBER 1373951
CODES: If one of the following codes accurately describ CMP campaign 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	es the payment, you may enter the code. Other MBR member communications meetings and appearances office expenses PET petition circulating PHO phone banks polling and survey research postage, delivery and messenger services PRO professional services (legal, accounting) print ads	RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the candidate travel, lodging, and traces.	osts ction costs meals nd meals of the same 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
C & S Sales 12947 Chadron Ave. Hawthorne, CA 90250	LIT	1,293.70	0.00	1,293.70	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	1,293.70	0.00\$	1,293.70	0.00

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.)	TOTALS \$ 0.00
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.)	
Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	