

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

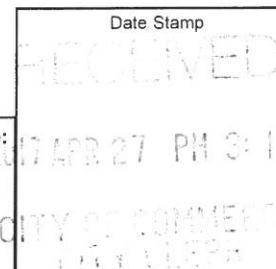
**CALIFORNIA
FORM 460**

Page 1 of 13

For Official Use Only

Statement covers period
from 1/1/17
through 4/22/16

Date of election if applicable:
(Month, Day, Year)
6-6-17



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
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ 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 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1252350

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

Tina Baca Del Rio for City Council 2017

STREET ADDRESS (NO P.O. BOX)

4903 Astor Ave.

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------------|-----------|--------------|---------------------|
| <u>Commerce</u> | <u>CA</u> | <u>90040</u> | <u>323-707-5684</u> |

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

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
| | | | |

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Tina Baca Del Rio

MAILING ADDRESS

4903 Astor Ave.

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------------|-----------|--------------|---------------------|
| <u>Commerce</u> | <u>CA</u> | <u>90040</u> | <u>323-707-5684</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
| | | | |

OPTIONAL: FAX / E-MAIL ADDRESS

tinadelrio@gmail.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 4/27/17
Date

Executed on 4/27/17
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Treasurer or Assistant Treasurer

By _____
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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 13

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Tina Baca Del Rio for City Council 2017

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

Member of City of Commerce City Council

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

4903 Astor Ave. Commerce, CA 90040

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

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

SUMMARY PAGE

| | |
|---|--|
| Statement covers period from 1/1/17 through 4/22/16 | CALIFORNIA FORM 460 Page 3 of 13 I.D. NUMBER 1252350 |
|---|--|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tina Baca Del Rio for City Council 2017

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ 14,000.00 | \$ 14,000.00 |
| 2. Loans Received Schedule B, Line 3 | 0 | 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 14,000.00 | \$ 14,000.00 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | 0 | 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 14,000.00 | \$ 14,000.00 |

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 | \$ 13,925.82 | \$ 13,925.82 |
| 7. Loans Made Schedule H, Line 3 | 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 13,925.82 | \$ 13,925.82 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | 0 | 0 |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | 0 | 0 |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 13,925.82 | \$ 13,925.82 |

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 | \$ 21.32 |
| 13. Cash Receipts Column A, Line 3 above | 14,000.00 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 40.00 |
| 15. Cash Payments Column A, Line 8 above | 13,925.82 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 135.50 |

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

| | |
|---|------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ 0 |
|---|------|

Cash Equivalents and Outstanding Debts

| | |
|---|------|
| 18. Cash Equivalents See instructions on reverse | \$ 0 |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ 0 |

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

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

SCHEDULE A

| | |
|---|----------------------------|
| Statement covers period from 1/1/17 through 4/22/16 | CALIFORNIA FORM 460 |
| | Page 4 of 13 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tina Baca Del Rio for City Council 2017

I.D. NUMBER

1252350

| 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) |
|--------------------|---|---|---|-----------------------------------|---|--|
| 3/8/17 | Altamed Action Fund Sate PAC 777 S Figueroa St., Suite 4050 Los Angeles, CA 90017 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000 | \$1,000 | \$1,000 |
| 3/8/17 | Martin Fierro 4800 S Main St LOs Angeles, CA 90037 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Investor and Sales and Merchandise | \$1,000 | \$1,000 | \$1,000 |
| 3/13/17 | Tanas Fashon 10545 La Tuna Cyn Rd. Sun Valley, CA 91352 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Agent Century Realty & Loans | \$1,000 | \$1,000 | \$1,000 |
| 3/13/17 | El Carburador Auto Repair 1214 Atlantic Ave Lynwood, CA 90262 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1000 | \$1000 | \$1000 |
| 3/13/17 | Calmet Services Inc. PO Box 2137 Paramount, CA 90723 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000 | \$1,000 | \$1,000 |
| SUBTOTAL \$ | | | | 5,000 | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 14,000
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 14,000

*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 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

| | | |
|---|--|----------------------------|
| Statement covers period from <u>1/1/17</u> through <u>4/22/16</u> | | CALIFORNIA FORM 460 |
| | | Page <u>5</u> of <u>13</u> |
| NAME OF FILER Tina Baca Del Rio for City Council 2017 | | I.D. NUMBER 1252350 |

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 3/20/17 | Amvac Chemical Corp 2110 Davie Ave. Commerce, CA 90040 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1000 | \$1000 | \$1000 |
| 3/20/17 | Rubigon, Inc. 8733 Avenida Costa Sur San Diego, CA 92154-6258 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000 | \$1,000 | \$1,000 |
| 3/20/17 | CAFA Homes, Inc. 10401 S Avalon Blvd. Los Angeles, CA 90003 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000 | \$1,000 | \$1,000 |
| 3/20/17 | Triple P Transportation, Inc. 15507 S Normandie Ave Suite 431 Gardena, CA 90247 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000 | \$1,000 | \$1,000 |
| 3/22/17 | Daniel Cano PO Box 647 Whittier, CA 90068 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Broker Bright Lending Group | \$1,000 | \$1,000 | \$1,000 |
| SUBTOTAL \$ | | | | 5000.00 | | |

*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

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

SCHEDULE A (CONT.)

| | | |
|---|--|----------------------------|
| Statement covers period from <u>1/1/17</u> through <u>4/22/16</u> | | CALIFORNIA FORM 460 |
| Page <u>6</u> of <u>13</u> | | |
| NAME OF FILER Tina Baca Del Rio fro City Council 2013 | | I.D. NUMBER 1252350 |

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 2/7/17 | Zorina Ramos 10545 La Tuna Cyn Rd, Sun Valley, CA 91352 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Agent Century Realty & Loans | \$1000 | \$1000 | \$1000 |
| 2/17/17 | California Commerce Club, Inc. 6131 E. Telegraph Road Commerce, CA 90040 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000 | \$1,000 | \$1,000 |
| 2/8/17 | Pizarro Design USA, Inc. 5722 Union Pacific Ave Unit B Commerce, CA 90022 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000 | \$1,000 | \$1,000 |
| 12/29/16 | Patrick Mahoney 2200 East Via Burton Anaheim, CA 92806 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CEO West Coast Arborists | \$1,000 | \$1,000 | \$1,000 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 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 E Payments Made

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

SCHEDULE E

| | | |
|---|--|-------------------------------|
| Statement covers period from 1/1/17 through 4/22/16 | | CALIFORNIA FORM 460 |
| Page 7 of 13 | | |
| NAME OF FILER Tina Baca Del Rio for City Council 2017 | | I.D. NUMBER 1252350 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tina Baca Del Rio for City Council 2017

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 |
|---|---------|------------------------|-------------|
| Secretary of State Sacramento, CA | FIL | | \$50.00 |
| Walmart 8500 Washington Blvd. Pico Rivera, CA | CMP | | \$176.64 |
| Walmart 8500 Washington Blvd. Pico Rivera, CA | CMP | | \$118.71 |

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

SUBTOTAL \$ 345.35

Schedule E Summary

| | |
|--|---------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 12,709.06 |
| 2. Unitemized payments made this period of under \$100 | \$ 1,216.76 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 13,925.82 |

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

| | | |
|---|---------|---|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/17 | |
| through | 4/22/16 | Page <u>8</u> of <u>13</u> |
| NAME OF FILER | | I.D. NUMBER |
| Tina Baca Del Rio for City Council 2017 | | 1252350 |

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 |
|---|---------|---|-------------|
| Walmart 8500 Washington Blvd. Pico Rivera, CA | CMP | Campaign kick off, raffle items. | \$519.36 |
| Steven's Steak House 5332 Steven's Place Commerce, CA 90040 | TRS | | \$114.18 |
| Walmart 8500 Washington Blvd. Pico Rivera, CA | CMP | Donation of raffle items City of Commerce United Families of Bristow Park | \$382.20 |
| Steven's Steak House 5332 Steven's Place Commerce, CA 90040 | TRS | 1/3 of cost for team campaign kick off event. | \$500.00 |
| City of Commerce 2535 Commerce Way Commerce, CA 90040 | FIL | Campaign filing fee | \$500.00 |

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

SUBTOTAL \$ 2,015.74

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

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

SCHEDULE E (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 1/1/17 | | |
| through 4/22/16 | | Page 9 of 13 |
| NAME OF FILER Tina Baca Del Rio fro City Council 2013 | | I.D. NUMBER 1252350 |

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 |
|--|---------|--|-------------|
| Luis Alvarrado 12501 Philadelphia Street, Suite 115 Whittier, CA | TRC | | \$5,000.00 |
| Friends of Lilia Leon 5617 Mission Way Commerce, CA 90040 | | 1/3 City Commissioners' pre-election dinner event | \$469.62 |
| Friends of Lilia Leon 5617 Mission Way Commerce, CA 90040 | | 1/3 Entertainment campaign kickoff event | \$116.00 |
| Friends of Lilia Leon 5617 Mission Way Commerce, CA 90040 | | 1/3 security campaign kickoff event | \$166.67 |
| Friends of Lilia Leon 5617 Mission Way Commerce, CA 90040 | | 1/3 Jessica Cruz services for campaign kickoff event | 100.00 |

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

SUBTOTAL \$ 5,852.29

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

| | | |
|---|--|--------------------------------|
| Statement covers period from <u>1/1/17</u> through <u>4/22/16</u> | | CALIFORNIA FORM 460 |
| Page <u>10</u> of <u>13</u> | | |
| NAME OF FILER Tina Baca Del Rio fro City Council 2013 | | I.D. NUMBER 1252350 |

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 |
|---|---------|--|-------------|
| Bishop Amat 14301 Fairgrove Ave La Puente, CA 91746 | CVC | Contribution to resident re high school scholarship dinner | \$200.00 |
| City of Commerce 2535 Commerce Way Commerce, CA 90040 | CVC | Donation City Adventure Club | \$200.00 |
| City of Commerce 2535 Commerce Way Commerce, CA 90040 | CVC | Donation City Adventure Club fundraiser | \$200.00 |
| Luis Alvarado 12501 Philadelphia Street, Suite 115 Whittier, CA | CNS | | \$3,000.00 |
| Sees Candy 203 Stonewood St. Downey, CA 90241 | CMP | Easter Raffle | \$147.70 |

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

SUBTOTAL \$ 3,747.70

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

| | | |
|---|---------|---|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/17 | |
| through | 4/22/16 | Page 11 of 13 |
| NAME OF FILER | | I.D. NUMBER |
| Tina Baca Del Rio fro City Council 2013 | | 1252350 |

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 |
|---|---------|---|-------------|
| Walmart 8500 Washington Blvd Commerce, CA 90040 | CVC | City of Commerce Student Govt Day items | \$140.57 |
| Doubletree 5757 Telegraph Rd. Commerce, CA 90040 | TRC | Campaign tem meal. | \$130.79 |
| Walmart 8500 Washington Blvd Commerce, CA 90040 | CVC | Donation City of Commerce seniors' raffles. | \$132.63 |
| Walmart 8500 Washington Blvd Commerce, CA 90040 | CVC | Donation City of Commerce seniors' raffles - Easter. | \$199.31 |
| Walmart 8500 Washington Blvd Commerce, CA 90040 | CVC | Aguas Calientes City of Commerce Sister City Breakfast. | \$144.68 |

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

SUBTOTAL \$ 747.98

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

SCHEDULE G

| | |
|---|----------------------------|
| Statement covers period from <u>1/1/17</u> | CALIFORNIA FORM 460 |
| through <u>4/22/16</u> | |
| Page <u>12</u> of <u>13</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tina Baca Del Rio for City Council 2017

I.D. NUMBER

1252350

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|---|-------------|
| Drew Yanez 12501 Philadelphia St. Whittier, CA 90601 | PRT | Media Buy (1/3 share of \$4,000 cost) | \$1,333.34 |
| Dunixi Guerica 3201 Gibson Place Redondo Beach, CA 90278 | CNS | Campaign Manager (1/3 share) | \$778.00 |
| Luis Alvarado Public Affairs Consulting 12501 Philadelphia Street, Suite 115 Whittier, CA | CNS | Campaign Consultant (1/3 share of \$4600) | \$1,533.00 |
| Yardsign Wholesale.com 1813 E. Colonial Dr. Orlando, FL 32803 | PRT | Lawn signs (1/3 share of \$2,488.00) | \$829.33 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 4,473.67

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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

Schedule I

Miscellaneous Increases to Cash

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

SCHEDULE I

| | |
|---|-----------------------------|
| Statement covers period from <u>1/1/17</u> through <u>4/22/16</u> | CALIFORNIA FORM 460 |
| | Page <u>13</u> of <u>13</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tina Baca Del Rio for City Council 2017

I.D. NUMBER

1252350

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

| | |
|--|------------------------------|
| 1. Itemized increases to cash this period. | \$ <u>0</u> |
| 2. Unitemized increases to cash of under \$100 this period. | \$ <u>40.00</u> |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | \$ <u>0</u> |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | TOTAL \$ <u>40.00</u> |