

Recipient Committee  
Campaign Statement  
Cover Page

COVER PAGE

CALIFORNIA FORM 460

Page \_\_\_\_\_ of \_\_\_\_\_

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Date Stamp

RECEIVED

SEP 28 2022

Statement covers period

from 7/21/2022

through 9/23/2022

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

11/08/2022

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

3. Committee Information

I.D. NUMBER

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

Yurema Arvizu for City Council 2022

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Coachella CA 92236

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

Juan Ponce

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Coachella

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 09/19/2022  
Date

Executed on 09/19/2022  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
Signature of 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

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Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA  
FORM 460

Page \_\_\_\_\_ of \_\_\_\_\_

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Yurema Arvizu

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

City of Coachella City Council

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

Coachella CA 92236

**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 7/21/2022  
through 9/23/2022

CALIFORNIA  
FORM **460**

Page \_\_\_\_\_ of \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

## Contributions Received

|                                      |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--------------------------------------|--------------------|--|--|
| 1. Monetary Contributions.....       | Schedule A, Line 3 | \$ 1,346.38  | \$ _____                                   |
| 2. Loans Received.....               | Schedule B, Line 3 | -750   | -750                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS.....  | Add Lines 1 + 2    | \$ 596.38  | \$ _____                                   |
| 4. Nonmonetary Contributions.....    | Schedule C, Line 3 | 0  | _____                                      |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4    | \$ 596.38  | \$ _____                                   |

## 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   | \$ 25.72     | \$ _____  |
| 7. Loans Made.....                      | Schedule H, Line 3   | 0            | 0         |
| 8. SUBTOTAL CASH PAYMENTS.....          | Add Lines 6 + 7      | \$ 25.72     | \$ _____  |
| 9. Accrued Expenses (Unpaid Bills)..... | Schedule F, Line 3   | -2,024.97    | -2,024.97 |
| 10. Nonmonetary Adjustment.....         | Schedule C, Line 3   | 0            | _____     |
| 11. TOTAL EXPENDITURES MADE.....        | Add Lines 8 + 9 + 10 | \$ -1,999.25 | \$ _____  |

## Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made*<br>(If Subject to Voluntary Expenditure Limit) |               |
|--|---------------|
| Date of Election<br>(mm/dd/yy)   | Total to Date |
| ____/____/____   | \$ _____      |
| ____/____/____   | \$ _____      |

## Current Cash Statement

|  |   |           |
|--|---|-----------|
| 12. Beginning Cash Balance.....          | Previous Summary Page, Line 16                | \$ 0      |
| 13. Cash Receipts.....                   | Column A, Line 3 above                        | 596.38    |
| 14. Miscellaneous Increases to Cash..... | Schedule I, Line 4                            | 0         |
| 15. Cash Payments.....                   | Column A, Line 8 above                        | 25.72     |
| 16. ENDING CASH BALANCE.....             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 570.66 |

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

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).

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

## 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 | \$ 1,274.97 |

\*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 7-21-2022  
through 9-23-2022

**CALIFORNIA**  
**FORM** **460**

Page \_\_\_\_\_ of \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

| DATE<br>RECEIVED          | FULL NAME, STREET ADDRESS AND ZIP CODE OF<br>CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE *   | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|---------------------------|--|---|---|-----------------------------------|---|--|
| 08/18/2022                | Frank Figueroa   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 108.31                            |   |  |
| 08/24/2022                | Jessalea Corbin  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 104.15                            |   |  |
| 08/24/2022                | Yaosmin Nunez  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 26.27                             |   |  |
| 08/24/2022                | Juan Ponce   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 104.15                            |   |  |
| 08/26/2022                | Suzette Aboite   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 26.27                             |   |  |
| <b>SUBTOTAL \$ 369.15</b> |  |   |   |                                   |   |  |

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1,346.38
- 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 \$** 1,346.38

\*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

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>7-21-2022</u><br>through <u>9-23-2022</u> | <b>CALIFORNIA FORM 460</b> |
| Page _____ of _____  | I.D. NUMBER _____          |

NAME OF FILER \_\_\_\_\_

| DATE RECEIVED   | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|--|---------------------------------------|
| 08/28/2022      | Jen Martens   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 25                          |  |                                       |
| 09/01/2022      | Dianeth Alvarez   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 250                         |  |                                       |
| 09/09/2022      | Yolanda Gomez   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 50                          |  |                                       |
| 09/11/2022      | Esmeralda Cortez  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 400                         |  |                                       |
| 09/12/2022      | Claudia Lua Alvarado  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 200                         |  |                                       |
| SUBTOTAL \$ 925 |   |   |  |                             |  |                                       |

\*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 7-21-2022  
through 9-23-2022

**CALIFORNIA**  
**FORM 460**

Page \_\_\_\_\_ of \_\_\_\_\_

NAME OF FILER

I.D. NUMBER

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/14/2022    | Veronica Alvarez de Alvarado  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 52.23                       |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |

**SUBTOTAL \$ 52.23**

\*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.

SCHEDULE B - PART 1

Statement covers period  
from 7/21/2022  
through 9/23/2022

CALIFORNIA **460**  
FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Page \_\_\_\_\_ of \_\_\_\_\_

I.D. NUMBER

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN        | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                 |
|---|---|--|------------------------------------|--|--|----------------------------------|---------------------------------------|---|
| Yurema Arvizu<br>[REDACTED]<br>Coachella CA, 92236<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Campaign Communications Manager, Emily's List   | \$ 0   | \$ 750                             | <input type="checkbox"/> PAID<br>\$ 0<br><input type="checkbox"/> FORGIVEN<br>\$ 0         | \$ 150<br><br>N/A<br>DATE DUE                      | 0 %<br>RATE<br>0                 | \$ 150<br><br>8/4/22<br>DATE INCURRED | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| <br><br>† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br><br>DATE DUE                           | _____%<br>RATE                   | \$ _____<br><br>DATE INCURRED         | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| <br><br>† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br><br>DATE DUE                           | _____%<br>RATE                   | \$ _____<br><br>DATE INCURRED         | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| <b>SUBTOTALS \$ 750 \$ \$ \$</b>  |   |  |                                    |  |  |                                  |                                       |   |

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

## Schedule B Summary

- Loans received this period ..... \$ 750  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(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 \$ -750**  
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.

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# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period  
from 7/21/2022  
through 9/23/2022

CALIFORNIA  
FORM **460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Page \_\_\_\_\_ of \_\_\_\_\_

I.D. NUMBER

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Amazon  | CMP     | Screen Printing Ink    | 12.68       |
| Amazon  | CMP     | Screen Printing Ink    | 13.04       |
|   |         |                        |             |

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

**SUBTOTAL \$ 25.72**

## Schedule E Summary

|  |                       |
|--|-----------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ 25.72              |
| 2. Unitemized payments made this period of under \$100   | \$ 0                  |
| 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.) | <b>TOTAL \$ 25.72</b> |



# Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 7/21/2022  
through 9/23/2022

CALIFORNIA  
FORM **460**

Page \_\_\_\_\_ of \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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 communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Mechanics Cards, Business Card<br>1491 6th St, Coachella, CA 92236     | CMP                               | 1,274.97  |                                       |   | 1,274.97   |
| Yurema Arvizu<br>[REDACTED] Coachella, CA 9226                         | CMP                               | 750   |                                       |   | 750  |
|  |                                   |   |                                       |   |  |
| <b>SUBTOTALS</b>   |                                   | \$ 2,024.97   | \$                                    | \$  | \$ 2,024.97  |

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

## 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 \$** 2,024.97
- 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
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** -2,024.97

May be a negative number

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