Campaign Statement Cover Page Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2023 through06/30/2023	Date of election if applicable: (Month, Day, Year)	CEIVED SY CLERK PICO RIVERA 18 AM 10: 07	Page 1 of 16 For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure Committee Controlled Consored Complete Part 6) Crimarily Formed Candidate/ Officeholder Committee Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	☐ Spe ☐ Sup ermination) Stat	arterly Statement ecial Odd-Year Report oplemental Preelection lement - Attach Form 495
3 Committee Information	0. NUMBER 1446251	Treasurer(s) NAME OF TREASURER Gustavo Camacho MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP	CODE AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	00/25/200	NAME OF ASSISTANT TREASUR David Gould MAILING ADDRESS	RER, IF ANY	
CITY STATE ZIP CC	DDE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
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	a that the foregoing is true and correct.	ntrolling Officeholder, Candidate, State Measure Pro	reasurer oponent or Responsible Officer of Sponso	
Date Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	8% 	
Date		Signature of Controlling Officeholder, Candidate, 5	tate measure Proponent	EDDC Form 460 (Jan/201)

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

COVER PAGE

Officeholder or Candidate Controlle	ed Committee	6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Gustavo Camacho							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
City Council Member Pico Rivera Pic	o Rivera						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND ST	REET) CITY STATE ZIP		Identify the controlling of	ficeholder, ca	ndidate, or stat	e measure p	proponent, if any
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PE	ROPONENT		
Related Committees Not Included in not included in this statement that are control contributions or make expenditures on behalf	led by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		D	DISTRICT NO. I	F ANY
COMMITTEE NAME	I.D. NUMBER						
Camacho for Council 2018	1319557						
		7	Primarily Formed Car	ndidate/Offic	eholder Con	nmittee <i>Lis</i>	st names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(
David Gould			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	1_
COMMITTEE ADDRESS STREET ADDRESS	S (NO P.O. BOX)		NAME OF OTTOLINGEDER OR	O/MOID/ME	0.11020000		SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT
							OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT
							OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT
	☐ YES ☐ NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	S (NO P.O. BOX)		3 x				
CITY STATE	ZIP CODE AREA CODE/PHONE		Atta	ach continuati	on sheets if ne	cessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMIMAR I PAGI
State	ment covers period	CALIFORNIA 160
from	01/01/2023	FORM TOO
through	06/30/2023	Page3 of16
		I.D. NUMBER

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1446251 Camacho for City Council 2022 Calendar Year Summary for Candidates Column B Column A Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE (FROM ATTACHED SCHEDULES) **General Elections** 22,999.00 1. Monetary Contributions Schedule A, Line 3 \$ _____ 1/1 through 6/30 7/1 to Date 0.00 2. Loans Received Schedule B. Line 3 20. Contributions 22,999.00 22,999.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 0.00 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 22,999,00 Made 22,999.00 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ **Expenditure Limit Summary for State Expenditures Made** 6. Payments Made Schedule E, Line 4 \$ 28,885.23 **Candidates** \$ 28,885.23 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 28,885.23 28,885.23 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 -23,746.06 3,265.02 Total to Date 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election (mm/dd/vv) 0.00 10. Nonmonetary Adjustment Schedule C, Line 3 32, 150, 25 **Current Cash Statement** 6,226.18 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ____ To calculate Column B, add 22,999.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 28,885.23 15. Cash Payments Column A, Line 8 above Column A may be negative 339.95 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. 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). 0.00 18. Cash Equivalents See instructions on reverse \$ _____ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 3,265.02 FPPC Form 460 (Jan/2016)

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule	Α							SCHEDULE A
Monetary	Contributions Received		ts may be rounded whole dollars.	Statement cov			IFORNI <i>I</i> FORM	460
SEE INSTRUCTIO	ONS ON REVERSE			through06/30/2	023	Page	44	of <u>16</u>
NAME OF FILER	THE ON REVERSE					I.D. N	UMBER	
Camacho for	City Council 2022					1446	251	
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 CALENDAR (JAN. 1 - DE	YEAR	Т	ELECTION TO DATE REQUIRED)
02/03/2023	Nasa Services	□IND □COM ☑OTH □PTY □SCC		1,400.00	1	, 400.00	G2022	\$4,900.00
02/03/2023	Old Republic National Tittle Insurance Co.	☐IND ☐COM ☑OTH ☐ PTY ☐SCC		500.00		500.00	G2022	\$500.00
04/11/2023	Olivarez Madruqa Law Organization, LLP	☐IND ☐COM ☑OTH ☐PTY ☐SCC		1,500.00 Received through inter eFundraising Connection 2831 G Street Ste. 126 Sacramento, CA 95814	mediary:	, 500.00	G2022	\$2,000.00
04/14/2023	Juan Garza	□ IND □ COM □ OTH □ PTY □ SCC	Public Affairs Six Heron, LLC	249.00 Received through inter eFundraising Connection 2831 G Street Ste. 126 Sacramento, CA 95814	mediary: ns	249.00	G2022	\$749.00
04/17/2023	John Caro	XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner UDM	250.00 Received through inter eFundraising Connectize 2831 G Street Ste. 126 Sacramento, CA 95814	mediary: ns	250.00	G2022	\$250.00
			SUBTOTAL	\$ 3,899.00				
1. Amount re- (Include all 2. Amount re- 3. Total mone	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.) ceived this period – unitemized monetary contributions etary contributions received this period.	of less than s	\$100\$	22,969.00	INE CO OT PT	other) H – Other Y – Politica	ual ient Comm r than PTY (e.g., bus al Party	
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Colur	mn A, Line 1.)	TOTAL \$	22,999.00				

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)

CALIFORNIA AGO

Statement covers period

		-3		from01/01/	/2023	F	ORM		,UU
				through06/30/	/2023	Page_	5	_ of	16
NAME OF FILER						I.D. NU	MBER		
Camacho for (City Council 2022					14462	51		
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 (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	31)	(IF	R ELEC TO DAT REQUII	E RED)
04/20/2023	Del Terra Group	□IND □COM ☑OTH □PTY □SCC		2,500.00 Received through inte eFundraising Connecti 2831 G Street Ste. 12 Sacramento, CA 95814	rmediary: ons		G2022	\$	5,000.00
04/21/2023	Ricardo Ceballos	☑IND □COM □OTH □PTY □SCC	Realtor RAZA Golf	500.00 Received through inte eFundraising Connecti 2831 G Street Ste. 12 Sacramento, CA 95814	rmediary:	00.00	G2022		\$500.00
04/21/2023	John Contreras	□IND □COM □OTH □PTY □SCC	Socal Gas John Contreras	250.00 Received through inte eFundraising Connecti 2831 G Street Ste. 12 Sacramento, CA 95814		50.00	G2022		\$250.00
04/21/2023	Oscar Hernandez	☑IND □COM □OTH □PTY □SCC	Executive BGCW	250.00 Received through inte eFundraising Connecti 2831 G Street Ste. 12 Sacramento, CA 95814	mediary: ons		G2022		\$270.00
04/21/2023	Oscar Hernandez	☑IND □COM □OTH □PTY □SCC	Executive BGCW	20.00 Received through inte eFundraising Connecti 2831 G Street Ste. 12 Sacramento, CA 95814	rmediary:	70.00	G2022		\$270.00
			SUBTOTAL	\$ 3,520.00			211		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CC	DNT.
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CALIFORNIA

Statement covers period

				from01/01/	2023	F	ORM	700
				through 06/30/	2023	Page _	6	of16
NAME OF FILER						I.D. NU	MBER	
Camacho for C	ity Council 2022					14462	51	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR . 31)	(IF I	RELECTION FO DATE REQUIRED)
04/21/2023	Murad M. Minasian	☑IND □COM □OTH □PTY □SCC	Business Consultant AMM Management Inc.	500.00 Received through inter eFundraising Connection 2831 G Street Ste. 120 Sacramento, CA 95814	mediary: ns	00.00		\$1,000.00
04/27/2023	David Briano Insurance Agency Inc.	□IND □COM ☑OTH □PTY □SCC		500.00	5	00.00	G2022	\$1,100.00
04/27/2023	Jose R. Gonzalez	☑IND ☐COM ☐OTH ☐PTY ☐SCC	CTO Los Angeles County Office of Education	300.00	3	00.00	G2022	\$300.00
04/27/2023	John's Sweeper Repairs, Inc.	□IND □COM ☑OTH □PTY □SCC		2,500.00		00.00		\$3,500.00
04/27/2023	Mariposa Landscapes, Înc.	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,0	00.00	G2022	\$1,000.00
			SUBTOTAL	4,800.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded

SCHEDUL	EA (CONT.)
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Statement covers period

Monetary	Contributions Received	to whole	dollars.	from 01/01/ through 06/39/		Page _	7	460 of 16
NAME OF FILER						I.D. NU	MBER	
Camacho for	City Council 2022		Y			14462	51	
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 CALENDAR YE (JAN. 1 - DEC.	YEAR TO DA		ELECTION O DATE EQUIRED)
04/27/2023	Dorian H Silva	IND COM OTH PTY	Business Owner El Pedregal	1,500.00	,	90.00		\$4,500.00
04/27/2023	Voter Rights Alliance (ID# 142899)	□IND ©COM □OTH □PTY □SCC		2,500.00	2,50	90.00	G2022	\$2,500.00
05/01/2023	John Ek	☑IND □COM □OTH □PTY □SCC	Consultant Actum, LLC	2,500.00 Received through inte eFundraising Connecti 2831 G Street Ste. 12 Sacramento, CA 95814	rmediary:	90.00	G2022	\$2,500.00
05/12/2023	Edison International and Affialiates	□IND □COM ☑OTH □PTY □SCC		250.00	25	50.00	G2022	\$1,250.00
05/30/2023	Culichitown Bell, Inc.	□IND □COM ☑OTH □PTY □SCC		2,500.00	2,50	90.09	G2022	\$2,500.00
			SUBTOTAL	\$ 9,250.00	THE PROPERTY.		E	

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet)

SCHEDULE A (C

Monetary	Contributions Received	Amounts may to whole o		Statement covers period		california 46		
			Þ	through 06/30/	2023	Page_	of	16
NAME OF FILER						I.D. NUN	MBER	
Camacho for	City Council 2022					14462	51	
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 CALENDAR Y (JAN. 1 - DEC	YEAR TO		LECTION DATE QUIRED)
05/30/2023	Eiesta Taxi Co-On Inc.	□IND □COM ☑OTH □PTY □SCC		1,500.00	1,5	500.00	G2022	\$5,500.00
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐ PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTALS	1,500.00		5.51	345	

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH - Other (e.g., business entity)

PTY - Political Party

Schedule E	
Payments Made	

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from01/01/2023	FORM TOO
through06/30/2023	Page 9 of 16
	I.D. NUMBER
	1446251

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Camacho for City Council 2022

campaign literature and mailings

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

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. MTG meetings and appearances RFD returned contributions campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* t.v. or cable airtime and production costs petition circulating CVC civic donations candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks

TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services

VOT voter registration PRO professional services (legal, accounting) LEG legal defense 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	AN	MOUNT PAID
Gould & Orellana. IIC	PRO			150.00
Bank of America	СМР	Credit Card Payment		2,000.00
Gould & Orellana. IIC	PRO			150.00
Payments that are contributions or independent expenditures must a	so be summarized on	Schedule D. SU	BTOTAL\$	2,300.0

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) 28,835.23 2. Unitemized payments made this period of under \$100\$_____\$ 50.00 0.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ ____ 28,885.23

Schedule E	
(Continuation Shee	t)
Payments Made	-

Amounts may be rounded

Statement covers period CALIFORNIA 460

Payments Made	to whole do	llars.		from_	01/01/2023	FOR	IN IOO
				throug	h 06/30/2023	Page	10 of16
SEE INSTRUCTIONS ON REVERSE				unoug			
NAME OF FILER						I.D. NUMB	ER
Camacho for City Council 2022						144625	1
CODES: If one of the following codes accurately describes			ter the code. Othe				
CMP campaign paraphernalia/misc.	MBR member com		•		radio airtime and production returned contributions	costs	
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and OFC office expen		5	SAL (campaign workers' salaries		
CVC civic donations	PET petition circu	lating		TEL t	t.v. or cable airtime and prod	duction costs	3
FIL candidate filing/ballot fees	PHO phone banks POL polling and s	i	ah.		candidate travel, lodging, an staff/spouse travel, lodging,		
FND fundraising events IND independent expenditure supporting/opposing others (explain)*			ssenger services		ransfer between committee		ne candidate/sponsor
LEG legal defense	PRO professional	services (leg	al, accounting)	VOT V	voter registration		115
LIT campaign literature and mailings	PRT print ads	+		WEB i	nformation technology costs	s (internet, e	-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DES	CRIPTION	OF PAYMENT		AMOUNT PAID
Bank of America		CMP	Credit Card Payme	ent			2,000 .00
Demetrius Harris		PR0					125.00
Gould & Orellana, LLC		PR0					150.00
Gould & Orellana, LLC		PR0					150.00
Bank of America		СМР	Credit Card Payme	ent			3,000.00
* Payments that are contributions or independent expenditures must also	be summarized on	Schedule D.			SL	JBTOTAL S	5,425.00

Schedule E (Continuation Sheet)

SCHEDULE E (CONT.)

Statement covers period

(Continuation Sheet) Payments Made	Amounts may be to whole do			Statement covers period from 01/01/2023	CALIFOR FORM	460
SEE INSTRUCTIONS ON REVERSE JAME OF FILER Camacho for City Council 2022				through <u>06/30/2023</u>	Page1 I.D. NUMBEI 1446251	of 16
CODES: If one of the following codes accurately descrete campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CRL candidate filing/ballot fees CND fundraising events CND independent expenditure supporting/opposing others (explain)* CRE legal defense CRT campaign literature and mailings	MBR member com MTG meetings and OFC office expen: PET petition circul PHO phone banks POL polling and s POS postage, deli	munications I appearances ses ating urvey researd very and mes	s	rwise, describe the payment RAD radio airtime and productio RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a TRS staff/spouse travel, lodging TSF transfer between committe VOT voter registration WEB information technology cos	n costs s oduction costs nd meals n, and meals es of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Fundraising Connections		СМР	Credit Card Proce	ssing Fee		68.00
Fundraising Connections		CMP	Credit Card Proce	ssing Fee		11.7
Fundraising Connections		СМР	Credit Card Proce	ssing Fee		11.7
Fundraising Connections		СМР	Credit Card Proce	ssing Fee		163.2
Fundraising Connections		СМР	Credit Card Donat	ions Processing Fee		23.00
Payments that are contributions or independent expenditures must	t also be summarized on	Schedule D.		S	UBTOTAL \$	277.7

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from01/01/2023	FORM 400
through 06/30/2023	Page 12 of 16

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 1446251 Camacho for City Council 2022 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PHO phone banks TRC candidate travel, lodging, and meals candidate filing/ballot fees FIL TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* PRO professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads LIT NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 150.00 Gould & Orellana, LLC PR₀ CMP Credit Card Processing Fee 113.00 eFundraising Connections Bank of America CMP Credit Card Payment 1,333.70 Bank of America 2,025.82 CMP Credit Card Charges 11,700.00 Bank of America CMP Credit Card Charges

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

SUBTOTAL \$ 15,322.52

Schedule E	
(Continuation Sheet)	
Pavments Made	

SCHEDULE E (CONT.)

Statement covers period

(Continuation Sheet) Payments Made	Amounts may be to whole do			Statement covers period from 01/01/2023	d CALIFO FOR	RNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Camacho for City Council 2022				through <u>06/30/2023</u>	Page I.D. NUMB 144625:	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	MBR member coming meetings and office expensions petition circul phone banks polling and sepostage, deliverselves.	munications I appearance ses ating urvey researd very and mes	s	RAD radio airtime and proc RFD returned contributions SAL campaign workers' sa TEL t.v. or cable airtime at TRC candidate travel, lodgi TRS staff/spouse travel, lo TSF transfer between com VOT voter registration WEB information technolog	duction costs s alaries nd production costs ing, and meals odging, and meals nmittees of the sar	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Gould & Orellana, LLC		PRO				150.06
Bank of America		СМР	Credit Card Charg	es		5,000.00
Payments that are contributions or independent expenditures must a	also be summarized on	Schedule D.			SUBTOTAL	5,510.00

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

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** 01/01/2023 from 06/30/2023 through_ Page 14 of 16 I.D. NUMBER

1446251

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Camacho for City Council 2022

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

RAD radio airtime and production costs campaign paraphernalia/misc. MBR member communications campaign consultants MTG meetings and appearances RFD returned contributions contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries PET petition circulating t.v. or cable airtime and production costs CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees POL polling and survey research TRS staff/spouse travel, lodging, and meals fundraising events

transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services voter registration professional services (legal, accounting) VOT LEG legal defense

WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

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
Bank of America	CMP Credit Card Payment	8,333.70	0.00	8,333.70	0.00
Rank of America	CMP Credit Card Charges	18,677.38	0.00	16,700.00	1,977.38
Bank of America	CMP Credit Card Payment	0.00	1,287.64	0.00	1,287.64
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 27,011.08\$	1,287.64	25,033.70	3,265.02

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for

2. 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 \$ _____

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

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

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA ACO
from 01/01/2023	FORM 400
through <u>06/30/2023</u>	Page 15 of 16
,	1.D. NUMBER
	1446251

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Camacho for City Council 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bank of America

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

candidate filing/ballot fees FIL FND fundraising events

independent expenditure supporting/opposing others (explain)*

LEG legal defense

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)

^{*} 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
United Airlines	TRC		197.0
Amazon	СМР		220.2
Costco	OFC		243.4
Pico Liquor	OFC		951.1
Attach additional information on appropriately labeled continuation sheets.			TOTAL* \$ 1,611.7

Attach additional information on appropriately labeled continuation sheets.

* 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.

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

LEG

legal defense

campaign literature and mailings

Amounts may be rounded to whole dollars.

	SCHEDULE G (CONT
Statement covers period	CALIFORNIA 460
om01/01/2023	FORM 400

VOT voter registration

WEB information technology costs (internet, e-mail)

,			
SEE INSTRUCTIONS ON REVERSE		through <u>06/30/2023</u>	Page 16 of 16
NAME OF FILER			I.D. NUMBER
Camacho for City Council 2022			1446251
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
Bank of America			
CODES: If one of the following codes accurately describ	es the payment, you may enter the code. Other	nerwise, 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	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research	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 the staff/spouse travel, lodging, and	uction costs meals
IND independent expenditure supporting/opposing others (explain)*	POS nostage delivery and messenger services	TSE transfer between committees	

PRO professional services (legal, accounting)

print ads

^{*} 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
Westin Hotel	TRC	Lodging to attended Educational Event with NALEO	266.27
Pico Rivera Municipal Golpico	FND		379.04

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

645.31

^{*} 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.