

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

RECEIVED CITY CLERK CITY OF PICO RIVERA 2024 JAN 31 PM 2:27	CALIFORNIA FORM 460
	Page <u>1</u> of <u>11</u> For Official Use Only

Statement covers period from <u>07/01/2023</u> through <u>12/31/2023</u>	Date of election if applicable: (Month, Day, Year) <u>11/03/2020</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4. <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall (Also Complete Part 5) <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored (Also Complete Part 6) <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)	2. Type of Statement: <input type="checkbox"/> Preelection Statement <input checked="" type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement (Also file a Form 410 Termination) <input type="checkbox"/> Amendment (Explain below) <input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495
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3. Committee Information I.D. NUMBER 1429490 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Andrew C. Lara for Pico Rivera City Council 2020 STREET ADDRESS (NO P.O. BOX) _____ CITY STATE ZIP CODE AREA CODE/PHONE _____ 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 Vona Copp MAILING ADDRESS _____ CITY STATE ZIP CODE AREA CODE/PHONE _____ NAME OF ASSISTANT TREASURER, IF ANY Logan Copp MAILING ADDRESS 10093 Davis Road CITY STATE ZIP CODE AREA CODE/PHONE _____ OPTIONAL: FAX / E-MAIL ADDRESS _____
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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 <u>01/19/2024</u> Date	By _____ Signature of Treasurer or Assistant Treasurer
Executed on <u>01/15/2024</u> Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Andrew Lara

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

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

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page <u>3</u> of <u>11</u>
		I.D. NUMBER 1429490

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Andrew C. Lara for Pico Rivera City Council 2020

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received Schedule B, Line 3	0.00	18,000.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0.00	\$ 18,000.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0.00	\$ 18,000.00

**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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ 60.00	\$ 170.00
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 60.00	\$ 170.00
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	202.60	3,780.98
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 262.60	\$ 3,950.98

**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	\$ 477.17
13. Cash Receipts Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	60.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 417.17

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).

*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 21,780.98

**Schedule B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2023
through 12/31/2023

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Andrew C. Lara for Pico Rivera City Council 2020

1429490

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Andrew C. Lara [REDACTED]	Nurse PIH Health	\$ 10,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 10,000.00 12/31/2020 DATE DUE	0.00% RATE \$ 0.00	\$ 10,000.00 08/20/2020 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$2020 18,000.00
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Andrew C. Lara [REDACTED]	Nurse PIH Health	\$ 5,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00 12/31/2020 DATE DUE	0.00% RATE \$ 0.00	\$ 5,000.00 09/15/2020 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$2020 18,000.00
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Andrew C. Lara [REDACTED]	Nurse PIH Health	\$ 3,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 3,000.00 12/31/2020 DATE DUE	0.00% RATE \$ 0.00	\$ 3,000.00 10/21/2020 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$2020 18,000.00
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS \$		0.00	\$ 0.00	0.00	\$ 18,000.00	\$ 0.00		

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

Schedule B Summary

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

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 5 of 11
I.D. NUMBER		1429490

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Andrew C. Lara for Pico Rivera City Council 2020

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
California Bank & Trust [REDACTED]	OFC			10.00
California Bank & Trust [REDACTED]	OFC			10.00
California Bank & Trust [REDACTED]	OFC			10.00

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

SUBTOTAL \$ 30.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	60.00
2. Unitemized payments made this period of under \$100	\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	60.00

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2023</u> through <u>12/31/2023</u>	CALIFORNIA FORM 460
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	I.D. NUMBER 1429490

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Andrew C. Lara for Pico Rivera City Council 2020

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
California Bank & Trust [REDACTED]	OFC			10.00
California Bank & Trust [REDACTED]	OFC			10.00
California Bank & Trust [REDACTED]	OFC			10.00

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

SUBTOTAL \$ 30.00

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

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page <u>7</u> of <u>11</u>
I.D. NUMBER		1429490

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Andrew C. Lara for Pico Rivera City Council 2020

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 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
Vona Copp [REDACTED]	PRO	315.16	0.00	0.00	315.16
Vona Copp [REDACTED]	PRO	618.69	0.00	0.00	618.69
Vona Copp [REDACTED]	PRO	100.00	0.00	0.00	100.00
SUBTOTALS \$		1,033.85\$	0.00\$	0.00\$	1,033.85

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

Schedule F Summary

1. 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 \$	202.60
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 \$	0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$	202.60

May be a negative number

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

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
Andrew C. Lara for Pico Rivera City Council 2020		1429490

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 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
Vona Copp [REDACTED]	PRO	526.27	0.00	0.00	526.27
Vona Copp [REDACTED]	PRO	204.74	0.00	0.00	204.74
Vona Copp [REDACTED]	PRO	235.62	0.00	0.00	235.62
Vona Copp [REDACTED]	PRO	100.00	0.00	0.00	100.00
SUBTOTALS \$		1,066.63 \$	0.00 \$	0.00 \$	1,066.63

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

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 9 of 11
NAME OF FILER		I.D. NUMBER
Andrew C. Lara for Pico Rivera City Council 2020		1429490

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

- | | | |
|---|---|---|
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| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
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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
Vona Copp [REDACTED]	PRO	129.19	0.00	0.00	129.19
Vona Copp [REDACTED]	PRO	150.10	0.00	0.00	150.10
Vona Copp [REDACTED]	PRO	157.45	0.00	0.00	157.45
Vona Copp [REDACTED]	PRO	208.66	0.00	0.00	208.66
SUBTOTALS \$		645.40 \$	0.00 \$	0.00 \$	645.40

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

SCHEDULE F (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 10 of 11
NAME OF FILER		I.D. NUMBER
Andrew C. Lara for Pico Rivera City Council 2020		1429490

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

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
Logan Conn [REDACTED]	PRO	51.60	0.00	0.00	51.60
Logan Conn [REDACTED]	PRO	75.30	0.00	0.00	75.30
Logan Conn [REDACTED]	PRO	100.20	0.00	0.00	100.20
Logan Conn [REDACTED]	PRO	203.00	0.00	0.00	203.00
SUBTOTALS \$		430.10 \$	0.00 \$	0.00 \$	430.10

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

SCHEDULE F (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2023</u> through <u>12/31/2023</u>	CALIFORNIA FORM 460
	Page <u>11</u> of <u>11</u>
	I.D. NUMBER 1429490

NAME OF FILER

Andrew C. Lara for Pico Rivera City Council 2020

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 |
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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
Logan Copp [REDACTED]	PRO	100.00	0.00	0.00	100.00
Logan Copp [REDACTED]	PRO	101.50	0.00	0.00	101.50
Logan Copp [REDACTED]	PRO	0.00	50.00	0.00	50.00
Logan Copp [REDACTED]	PRO	0.00	152.60	0.00	152.60
SUBTOTALS \$		201.50\$	202.60\$	0.00 \$	404.10