Recipient Committee Campaign Statement Cover Page

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COVER PAGE
CALIFORNIA FORM **460**
Page 1 of 7
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Statement covers period
from 01/01/2020
through 06/30/2020

Date of Election if applicable
(Month, Day, Year)

1. Type of Recipient Committee

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored
- [ ] Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement

- [ ] Pre-election Statement
- [x] Semi-Annual Statement
- [ ] Termination Statement
- [ ] Amendment
- [ ] Quarterly Statement
- [ ] Special Odd-Year Statement
- [ ] Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 1426330

COMMITTTEE NAME
Perez for Tustin City Council 2020

[redacted]

CITY Tustin | STATE CA | ZIP CODE 92780 | AREA CODE/PHONE [redacted]

MAILING ADDRESS (IF DIFFERENT)

CITY | STATE | ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS
[redacted] / James@perezfortustin.com

Treasurer(s)

NAME OF TREASURER
Dana Hopkins, CPA

STREET ADDRESS
11750 Sterling Ave Ste C

CITY Riverside | STATE CA | ZIP CODE 92503 | AREA CODE/PHONE 951/406-1838

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
(951)602-6663 / danahopkinscpa@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 is true and complete. I certify under penalty of perjury un[redacted]rrect.

Executed on 7/30/2020 By [redacted]

Executed on 7/30/2020 By [redacted]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee Campaign Statement Cover Page - Part 2

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Page 2 of 7

Statement covers period

from 01/01/2020

through 06/30/2020

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Mr. Jaime Perez

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

City Council Member, City of Tustin

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[redacted]	Tustin	CA	92780

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 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 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 OR 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

Campaign Disclosure Statement
Summary Page

Statement covers period
from 01/01/2020
through 06/30/2020

CALIFORNIA FORM **460**

NAME OF FILER Perez for Tustin City Council 2020

I.D. NUMBER 1426330

Contributions Received

		Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 700.00	$ 700.00
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1+ 2*	$ 700.00	$ 700.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 700.00	$ 700.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 34.38	$ 34.38
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 34.38	$ 34.38
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 34.38	$ 34.38

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 0.00
13. Cash Receipts	*Column A, Line 3 above*	700.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.01
15. Cash Payments	*Column A, Line 8 above*	34.38
16. ENDING CASH BALANCE	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 665.63
17. LOAN GUARANTEES RECEIVED	*Schedule B, Part 2*	$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents		$ 0.00
19. Outstanding Debts	*Add Lines 2 + Line 9 in Column B above*	$ 0.00

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	$	$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made *
(If Subject to Voluntary Expenditure Limits)

_____ $_____

_____ $_____

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

Schedule A
Monetary Contributions Received

Statement covers period
from 01/01/2020
through 06/30/2020

CALIFORNIA FORM 460

NAME OF FILER Perez for Tustin City Council 2020

I.D. NUMBER 1426330

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/10/2020	Patricia Machado [redacted]	IND	Retired N.A.	100.00	100.00	
05/31/2020	Ericka Maravilla [redacted]	IND	Sr. Processor New American Funding	100.00	100.00	
04/29/2020	Manuel Perez [redacted]	IND	Retired N.A.	100.00	100.00	
06/29/2020	Frostee Rucker [redacted]	IND	Retired N.A.	100.00	100.00	
			SUBTOTAL $	400.00		

Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals) . . . . . $ 500.00
2. Amount received this period - unitemized . . . . . $ 200.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1) . . . . . **TOTAL $** 700.00

** Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

SCHEDULE A

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period	CALIFORNIA FORM 460
from 01/01/2020	
through 06/30/2020	Page 5 of 7

NAME OF FILER Perez for Tustin City Council 2020

I.D. NUMBER 1426330

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/09/2020	Wilcox Manor [redacted]	OTH		100.00	100.00	

SUBTOTAL $ 100.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

SCHEDULE E

Schedule E
Payments Made

Statement covers period	CALIFORNIA FORM 460
from 01/01/2020	
through 06/30/2020	Page 6 of 7

NAME OF FILER Perez for Tustin City Council 2020

I.D. NUMBER 1426330

CODES: If one of the following 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 production costs
FIL	candidate filing / ballot fees	PHO	phone banks	TRC	candidate travel, lodging and meals
FND	fundraising expenses	POL	polling and survey research	TRS	staff/spouse travel, lodging and meals
IND	independent expenditures supporting/opposing others	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	CODE or DESCRIPTION OF PAYMENT	AMOUNTPAID

SUBTOTAL $ 0.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	$	0.00
2. Unitemized payments made this period of under $100	$	34.38
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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL**	$	34.38

Schedule I
Miscellaneous Increases to Cash

Statement covers period
from 01/01/2020
through 06/30/2020

CALIFORNIA FORM **460**

NAME OF FILER Perez for Tustin City Council 2020

I.D. NUMBER 1426330

DATE RECEIVED	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

SUBTOTAL $

Schedule I Summary

1. Itemized increases to cash this period . . . . . $ 0.00
2. Unitemized payments made this period of under $100 . . . . . $ 0.01
3. Total interest received this period on loans made to others. (Schedule H, Column (e).) . . . . . $ 0.00
4. Total miscellaneous increases to cash this period. Total to Summary Page, Line 14 . . . . . **TOTAL $** 0.01

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 8

For Official Use Only

Date Stamp

Emailed received Sept. 24, 2020. Postmark will be updated when received.

Statement covers period
from 07/01/2020
through 09/19/2020

Date of Election if applicable
09/19/2020
(Month, Day, Year)

1. Type of Recipient Committee

- [■] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored
- [ ] Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement

- [■] Pre-election Statement
- [ ] Semi-Annual Statement
- [ ] Termination Statement
- [ ] Amendment
- [ ] Quarterly Statement
- [ ] Special Odd-Year Statement
- [ ] Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 1426330

COMMITTTEE NAME
Perez for Tustin City Council 2020

STREET ADDRESS (NO PO BOX)
[redacted]

CITY: Tustin | STATE: CA | ZIP CODE: 92780 | AREA CODE/PHONE: [redacted]

MAILING ADDRESS (IF DIFFERENT)

CITY | STATE | ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS
(951) 602-6663 / James@perezfortustin.com

Treasurer(s)

NAME OF TREASURER
Dana Hopkins, CPA

STREET ADDRESS
11750 Sterling Ave Ste C

CITY: Riverside | STATE: CA | ZIP CODE: 92503 | AREA CODE/PHONE: 951/406-1838

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
(951)602-6663 / danahopkinscpa@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 is true and complete. I certify under penalty of perjury u[redacted]

Executed on 9-23-2020 By [redacted]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on 9-19-2020 By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee Campaign Statement Cover Page - Part 2

COVER PAGE - PART 2

CALIFORNIA FORM 460

Statement covers period

from 07/01/2020

through 09/19/2020

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Mr. Jaime Perez

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

City Council Member, City of Tustin

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[redacted]	Tustin	CA	92780

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 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 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 OR 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

Campaign Disclosure Statement
Summary Page

SUMMARY PAGE

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA FORM **460**

NAME OF FILER Perez for Tustin City Council 2020

I.D. NUMBER 1426330

Contributions Received

		Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 2,600.00	$ 3,300.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1+ 2	$ 2,600.00	$ 3,300.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 2,600.00	$ 3,300.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 1,544.98	$ 1,579.36
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 1,544.98	$ 1,579.36
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 1,544.98	$ 1,579.36

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 665.63
13. Cash Receipts	Column A, Line 3 above	2,600.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	1,544.98
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 1,720.65
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents		$ 0.00
19. Outstanding Debts	Add Lines 2 + Line 9 in Column B above	$ 0.00

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	$	$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made *
(If Subject to Voluntary Expenditure Limits)

_____ $_____

_____ $_____

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

Schedule A
Monetary Contributions Received

SCHEDULE A

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA FORM **460**

NAME OF FILER Perez for Tustin City Council 2020

I.D. NUMBER 1426330

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/03/2020	Laurie Abelove [redacted]	IND	Retired N.A.	250.00	250.00	
09/13/2020	Christian Barajas [redacted]	IND	Sales RR Donnelley	100.00	100.00	
07/30/2020	FHC Inc - Fritz Howser [redacted]	OTH		500.00	500.00	
08/13/2020	Briguitte Nielsen [redacted]	IND	Corporate Paralegal Rimon Law	250.00	250.00	
			SUBTOTAL $	1,100.00		

Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals) . . . . . $ 2,475.00
2. Amount received this period - unitemized . . . . . $ 125.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1) . . . . . **TOTAL $** 2,600.00

** Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA FORM 460

NAME OF FILER Perez for Tustin City Council 2020

I.D. NUMBER 1426330

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/01/2020	OmniPrint International 1672 Reynolds Ave Irvine, CA 92614	OTH		1,000.00	1,000.00	
07/31/2020	Manuel Perez [redacted]	IND	Retired N.A.	100.00	200.00	
08/04/2020	Sterling Collision Center LLC 1111 Bell Ave Tustin, CA 92780	OTH		175.00	175.00	
07/16/2020	Wilcox Manor [redacted]	OTH		100.00	200.00	

SUBTOTAL $ 1,375.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

Schedule E
Payments Made

SCHEDULE E

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA FORM **460**

NAME OF FILER Perez for Tustin City Council 2020

I.D. NUMBER 1426330

CODES: If one of the following 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 expenses
IND independent expenditures supporting/opposing others
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 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 PAYEE	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Tustin 300 Centennial Way Tustin, CA 92780	FIL		649.20
eFundraising Connections 2831 G Street Ste 200 Sacramento, CA 95816		Credit card processing fee	9.13
eFundraising Connections 2831 G Street Ste 200 Sacramento, CA 95816		Credit card processing fee	65.50

SUBTOTAL $ 723.83

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 1,419.25
2. Unitemized payments made this period of under $100 ..... $ 125.73
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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 1,544.98

Schedule E (Continuation Sheet)
Payments Made

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from 07/01/2020	
through 09/19/2020	Page 7 of 8

NAME OF FILER Perez for Tustin City Council 2020

I.D. NUMBER 1426330

CODES: If one of the following 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 expenses
IND independent expenditures supporting/opposing others
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 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 PAYEE	CODE or	DESCRIPTION OF PAYMENT	AMOUNTPAID
eFundraising Connections 2831 G Street Ste 200 Sacramento, CA 95816		Credit card processing fee	2.13
eFundraising Connections 2831 G Street Ste 200 Sacramento, CA 95816		Credit card processing fee	40.50
eFundraising Connections 2831 G Street Ste 200 Sacramento, CA 95816		Credit card processing fee	7.00
eFundraising Connections 2831 G Street Ste 200 Sacramento, CA 95816		Credit card processing fee	16.75
eFundraising Connections 2831 G Street Ste 200 Sacramento, CA 95816		Credit card processing fee	16.75
		SUBTOTAL $	83.13

Schedule E (Continuation Sheet)
Payments Made

SCHEDULE E

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA FORM 460

NAME OF FILER Perez for Tustin City Council 2020

I.D. NUMBER 1426330

CODES: If one of the following 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 expenses
IND independent expenditures supporting/opposing others
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 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 PAYEE	CODE or	DESCRIPTION OF PAYMENT	AMOUNTPAID
eFundraising Connections 2831 G Street Ste 200 Sacramento, CA 95816		Credit card processing fee	7.00
Inbox Graphx 2140 S Main St #E Santa Ana, CA 92707	CMP		170.43
Mary Kay Cosmetics 13332 Chirping Sparrow Way Tustin, CA 92780		Nurse Care Packages/Marketing	300.00
Office Depot/OfficeMax 13728 Jamboree Rd Irvine, CA 92602	OFC		134.86

SUBTOTAL $ 612.29