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Recipient Committee Campaign Statement Cover Page			Date Stamp RECEIVED	CALIFORNIA 460
	Statement covers period from 01/01/2020	Date of election if applicable: (Month, Day, Year)	SEP 2 4 2020	Page of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 09/19/2020	11/03/2020	CITY OF LOMPOC	
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee Officeholder, Candidate Election Committee Officeholder, Candidate Election Committee Officeholder, Candidate Election Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	rmination)	Quarterly Statement Special Odd-Year Report
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)			
3. Committee Information	1.D. NUMBER 1430146	Treasurer(s)		
Cordova For City Council District 1, 2020	<u> </u>	Ernesto Espinosa		
		MAILING ADDRESS 1101 Archer St.		
STREET ADDRESS (NO P.O. BOX) 2327 Maravilla		Lompoc	STATE ZIP CODE CA 93436	36 AREA CODE/PHONE 213-282-7555
CITY STATE ZIP LOMPOC CA 93	ZIP CODE AREA CODE/PHONE 93436 805-588-3341	NAME OF ASSISTANT TREASURER, IF ANY Gilda A Cordova	ER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 1101 Archer St.	30X	MAILING ADDRESS 2327 Maravilla		
OPTIONAL: FAX / E-MAIL ADDRESS	ZIP CODE AREA CODE/PHONE	CITY Lompoc Optional: fax/e-mail address	STATE ZIP CODE CA 93436 ESS	36 805-588-3341
cordovafordistrict1@gmail.com		cordovafordistrict1@gmail.com	il.com	

4. Verification

certify under penalty of perjuly under the laws of the State of California that the foregoing is true and correct, 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

Executed on	Executed onDate	Executed on 9/23/20 Date	Executed on $\frac{q}{23}/20$
BySignature of Controlling	BySignature of Controlling	By Signature of Controlling Office fields, Co	By Emedias to

g Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

g Officeholder, Candidate, State Measure Proponent FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2 ALIFORNIA 460 FORM
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ı				Page	of
Ċī	Officeholder or Candidate Controlled Committee	ttee	6. Primarily Formed Ballot Measure Committee	sure Committee	
	NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		
	Gilda A Cordova				
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	(ICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURIS	JURISDICTION	SUPPORT
	City Council, District 1, City of Lompoc				OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	TY STATE ZIP		-	:
	2327 Maravilla	Lompoc CA 93436	Identify the controlling officeholder,	the controlling officeholder, candidate, or state measure proponent, if any	onent, if any.
			NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	E, OR PROPONENT	
	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.	tement: List any committees are primarily formed to receive idacy.	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	IFANY
	COMMITTEE NAME	I.D. NUMBER		_	
			7. Primarily Formed Candidate	rily Formed Candidate/Officeholder Committee List names of	st names of
		☐ YES ☐ NO	omcenoider(s) or candidate(s) for whi	ider(s) or candidate(s) for which this committee is primarily formed.	Ÿ.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE	ATE OFFICE SOUGHT OR HELD	SUPPORT
	0.1.4.1.0				OPPOSE
	CITY STATE ZIP CODE	OUE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	ATE OFFICE SOUGHT OR HELD	SUPPORT
	COMMITTEE NAME	I D NIMBER			OPPOSE
			NAME OF OFFICEHOLDER OR CANDIDATE	ATE OFFICE SOUGHT OR HELD	SUPPORT
					OPPOSE
	NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	ATE OFFICE SOUGHT OR HELD	-
		☐ YES ☐ NO			OPPOSE
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	30X)			[
	CITY STATE ZIP CODE	ODE AREA CODE/PHONE	Attach con	Attach continuation sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

from 01/01/2020

Statement covers period

CALIFORNIA 460 SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE		through.	09/19/2020	Page of
NAME OF FILER Cordova For City Council District 1, 2020				1.D. NUMBER 1430146
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and	mary for Candidates State Primary and
1. Monetary Contributions Schedule A, Line 3	\$\frac{1377.00}{0}	\$ \frac{1377.00}{0}	General Elections	ns 1/1 through 6/30 7/1 to Date
	\$ 1377.00	\$ 1377.00	20. Contributions Received \$	\$ 1377.00
4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$ 1377.00	\$ 1377.00	21. Expenditures Made \$	\$ 3,275.08
Expenditures Made 6. Payments MadeSchedule E, Line 4	\$ <u>0</u>	\$ 0	Expenditure Limit Summary for State Candidates	ummary for State
	\$ 3,275.08	3,275.08	22. Cumulativ (If Subject to) Date of Election (mm/dd/yy)	Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) lection Total to Date l/yy)
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$ 3,213.00	\$ 0,270.00		⇔
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 0	To calculate Column B,		⇔
13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4	13/7:00	add amounts in Column A to the corresponding amounts from Column B	*Amounts in this section mreported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$ 1377.00	of your last report. Some amounts in Column A may be negative figures that should be subtracted from		
If this is a termination statement, Line 16 must be zero.				
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	filed for this calendar year, only carry over the amounts		
44		from Lines 2, 7, and 9 (if any).		
Cash Equivalents	\$			100 Farm 400 Hay 2004
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 3,2/3.08		FPPC Advice: advi	FPPC Form 460 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-37

Monetary Co Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	vionetary Contributions Received			from 01/01/2020	3000	FORM 460	C
SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			through 09/19/2020	20	Page of	1
NAME OF FILER Cordova For	AME OF FILER Cordova For City Council District 1, 2020					I.D. NUMBER 1430146	
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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	D DATE PER ELECTION EAR TO DATE (IF REQUIRED)	l
08/24/2020	Lucy Marie Thomas-Harrington 3168 Manley Drive Lompoc, CA 93436	□ COM □ PTY □ SCC	Lucy Marie Thomas-Harrington	70.00	70.00		
08/25/2020	Gilda Cordova 2327 Maravilla Lompoc, CA 93436	COM SCC	Gilda Cordova	105.00	105.00		
09/09/2020	Gilda Cordova 2327 Maravilla Lompoc, CA 93436	□ COM □ COM □ PTY □ SCC	Gilda Cordova	100.00	105.00		
09/14/2020	Lompoc Valley Hotels, LLC 16212 North H Street Lompoc, CA 93436	□ IND □ COM □ PTY □ SCC	Hotel Company	501.00	501.00		
09/18.2020	Preyesh A. Patel 512 Canfield CT Lompoc. CA 93436-3490	D IND	Preyesh A. Patel	101.00	101.00		
			\$ SUBTOTAL	\$ 877.00			
Schedule A Summary 1. Amount received this per (Include all Schedule A s	chedule A Summary Amount received this period — itemized monetary contributions (Include all Schedule A subtotals.)	·	\$ 13	1377.00	*Con IND - COM	*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC)	
2. Amount red	2. Amount received this period – unitemized monetary contributions of less than \$100	ns of less thar	1\$100\$ <u></u>		SCC PTY	OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee	<u> </u>

Sche

- 1. Amo
- 2. Amount received this period unitemized monetary contributions of less than \$100\$

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

Schedule A (Continuation Sheet) **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

				from 01/01/2020		FORM 40U
				through 09/19/2020		Page of
NAME OF FILER						I.D. NUMBER
Cordova For	Cordova For City Council District 1, 2020					1430146
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE TO DATE	DATE PER ELECTION AR TO DATE
00/16/2020	Joseph Colo	ND	Toronk Colo	500 00	500.00	
	Counselor-At-Law PO Box 5476	D PTY SCC	Par			
		DPTY H				
		D CON IN				
		□ PTY				
		OTH SCC				
		□ IND □ COM □ PTY □ SCC				
			SUBTOTAL \$ 500.00	500.00		

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

SCC - Small Contributor Committee

Sch

Amounts may be rounded

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7

SEE INSTRUCTIONS ON REVERSE through 09/19/2020 Page
NAME OF FILER I.D. NUMBER
Cordova For City Council District 1, 2020
FULL NAME, STREET ADDRESS AND ZIP CODE OCCUPATION AND EMPLOYER BALANCE BEGINNING THIS PERIOD OCCUPATION OCCUPATION AND OCCUPATION AMOUNT OF BALANCE AT PAID THIS PERIOD PERIOD PERIOD OCCUPATION
☐ PAID
\$
TO IND COM OTH OPTY OSCC S
\$
☐ FORGIVEN
TO IND COM OTH PTY SCC S- S- DATE DUE S- DATE INCURRED
☐ PAID
\$
FORGIVEN
†□ IND □ COM □ OTH □ PTY □ SCC □ OATE INCURRED
SUBTOTALS \$ \$ \$

Schedule B Summary

ω ы Loans received this period\$ Loans paid or forgiven this period......\$ Enter the net here and on the Summary Page, Column A, Line 2. (Total Column (c) plus loans under \$100 paid or forgiven.) (Total Column (b) plus unitemized loans of less than \$100.) (Include loans paid by a third party that are also itemized on Schedule A.) 49

> COM - Recipient Committee IND - Individual †Contributor Codes

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

OTH – Other (e.g., business entity)
PTY – Political Party

(other than PTY or SCC)

SCC - Small Contributor Committee

(May be a negative number)

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

** If required.

Schedule B Loan Guara

				SCHEDU	SCHEDULE B - PART 2
Loan Guarantors		Amounts may be rounded to whole dollars.	Statement covers period 01/01/2020	CALIFORNIA 460	460
			from CI OI NOW		
SEE INSTRUCTIONS ON REVERSE			through 09/19/2020	Page of _	of
NAME OF FILER			- Ambient	I.D. NUMBER	
Cordova For City Council District 1, 2020				1430146	
FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	CONTRIBUTOR OCCUBATION AND EARLY OVER	AMOUNT	CLIMI II ATIVE	BALANCE

																FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	000	7 P S	COM D	□scc	D PTY H	COM	קאַ פֿאַ	٥٥٥	T P P	COM	□ iv d	LSCC	D D OT	COM		CONTRIBUTOR
																IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
SUBTOTAL		DATE	LENDER		DATE		LENDER		DATE		LENDER		DATE		LENDER	LOAN
\$																AMOUNT GUARANTEED THIS PERIOD
Enter on Summary Page, Line 17 only,		PER ELECTION (IF REQUIRED)	CALENDAR YEAR	\$	PER ELECTION (IF REQUIRED)		CALENDAR YEAR	\$	PER ELECTION (IF REQUIRED)	5	CALENDAR YEAR	5	PER ELECTION (IF REQUIRED)	S	CALENDAR YEAR	CUMULATIVE TO DATE
																BALANCE OUTSTANDING TO DATE

Schedule C Nonmonetar

Amounts may be rounded to whole dollars.

SCHEDULE C

Nonmonetary Contributions Received				Statement covers period from 01/01/2020		CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE				through 09/19/2020		Page of
NAME OF FILER						I.D. NUMBER
Cordova For City Council District 1, 2020						1430146
DATE ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR C	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	E TO PER ELECTION TO DATE TO DATE (IF REQUIRED)
	OTH SCC					
	□ IND □ COM □ PTY □ SCC					
	□ IND □ COM □ PTY □ SCC					
	□ IND □ COM □ OTH □ SCC					
Attach additional information on appropriately labeled continuation sheets	continuation sh	neets.	SUBTOTAL \$	VT \$		
Schedule C Summary 1. Amount received this period – itemized nonmonetary contributions (Include all Schedule C subtotals.)	y contributions.			\$	*Contri IND - I COM -	*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC)
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	ary contribution	ns of less than \$100		6		OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee
 Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) 	l. / Page, Columr	า A, Lines 4 and 10.)	TOTAL \$	S	ا	

Sup Sup Car Schedule D

SCHEDULE D

Supportin Candidate	Supporting/Opposing Other Candidates Measures and Committees	Amounts may be rounded to whole dollars.	lars.	Statement covers period 01/01/2020 from		ALIFORN FORM	CALIFORNIA 460
SEE INSTRUCTION)NS ON REVERSE			through 09/19/2020	 	Page	9
NAME OF FILER						I.D. NUMBER	
Cordova For C	Cordova For City Council District 1, 2020					1430146	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
		☐ Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		☐ Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		☐ Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose						
			SUBTOTAL	49			

Schedule D Summary

- 2. Unitemized contributions and independent expenditures made this period of under \$100......\$ 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)......

Schedule D (Continuation Summary of Supporting/C Candidates,

(Continuation Sheet) Amounts may be rounded		SCHEDULE D (CONT.)
Summary of Expenditures to whole dollars.	Statement covers period	CALIFORNIA A CO
Supporting/Opposing Other	from 01/01/2020	FORM 400
Candidates, Measures and Committees		
	through 09/19/2020	Page of
NAME OF FILER		I.D. NUMBER
Cordova For City Council District 1, 2020		1430146

												DATE
	Support			☐ Support			☐ Support		☐ Support			NAME OF CANDIDATE, C MEASURE NUMBER OR L OR CO
	Oppose			☐ Oppose			☐ Oppose		☐ Oppose			NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE
	Independent Expenditure	Nonmonetary Contribution	Monetary Contribution	Expenditure	Contribution	Contribution	Expenditure	Monetary Contribution	Independent Expenditure	Nonmonetary Contribution	Monetary Contribution	TYPE OF PAYMENT
\$ SUBTOTAL												DESCRIPTION (IF REQUIRED)
												AMOUNT THIS PERIOD
												CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
												PER ELECTION TO DATE (IF REQUIRED)

Schedule E Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E

	through <u>09/19/2020</u>	Statement covers period from 01/01/2020
I.D. NUMBER	Page of	CALIFORNIA 460 FORM

	TOTAL \$ _0		n (e).) ary Page, Column	t 1, Columi	here and on	amount from Sc 1, 2, and 3. Enter	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	. 4.
						ler \$100	2. Unitemized payments made this period of under \$100\$100	
	\$				ubtotals.)	all Schedule E s	1. Itemized payments made this period. (Include all Schedule E subtotals.)	<u>-</u>
							Schedule E Summary	Sc
<i>•••</i>	SUBTOTAL \$	SI		dule D.	narized on Sche	es must also be sum	Payments that are contributions or independent expenditures must also be summarized on Schedule D	*
AMOUNT PAID		DESCRIPTION OF PAYMENT	OR DE	CODE		YEE MBER)	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	
e candidate/sponsor -mail)	costs luction costs Id meals and meals s of the same	Otherwise, describe the payment. RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime 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)	the code. Jer services	ou may en: munications appearances es ating arrey researci very and mes: services (lega	ן ס	accurately describes the MBR MTG OFC PET PHO POL POS PRO PRO PRO	DES: If one of the following codes campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposilegal defense campaign literature and mailings	CONS CONS CONS CONS CONS CONS CONS CONS
6	1430146						AME OF FILER Cordova For City Council District 1, 2020	Co
of	Page	through 09/19/2020					SEE INSTRUCTIONS ON REVERSE	SEE

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

Schedule E Payments Made (Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period 01/01/2020

SCHEDULE E (CONT.)

through 09/19/2020

from

CALIFORNIA FORM

Page ___ I.D. NUMBER 잌

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, NAME OF FILER Cordova For City Council District 1, 2020 describe the payment. 1430146

* Payı	!			LIT G FN C CNS
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings
be summa				MBR OFC PET PHO POS PRO
arized on Sche				member communications meetings and appearance office expenses petition circulating phone banks polling and survey resear postage, delivery and me professional services (leg print ads
dule D.			CODE (member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal, print ads
			OR	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads
			DESCRIPT	RAD SAL TEL TRC TRS TSR VOT WEB
\$UBTOTAL			DESCRIPTION OF PAYMENT	returned contributions returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals rtransfer between committees of the same candidate/sponsor r voter registration B information technology costs (internet, e-mail)
L\$			AMOUNT PAID	sts s ame candidate/sponsor , e-mail)

SCHEDULE F

Accrued Expenses (Unpaid Bills) Schedule F

Amounts may be rounded to whole dollars.

Statement covers period

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cordova For City Council District 1, 2020

	through 09/19/2020	from 01/01/2020
I.D. NUMBER	Page	FORM

1430146

					Schedule F Summary
\$ 2058.28	0	\$ 2058.28 \$	0	SUBTOTALS \$	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
125.00	0	125.00		CMP	Bottle Branding P.O. Box 2905, Lompoc, CA 93438
600.00	0	600.00	0	CMP	Bottle Branding P.O. Box 2905, Lompoc, CA 93438
1333.28	0	1333.28	0	CMP	Inklings Printing Co. 403 North G St., Lompoc, CA 93436
(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(b) AMOUNT INCURRED THIS PERIOD	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	CODE OR DESCRIPTION OF PAYMENT	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
; e candidate/sponsor -mail)	describe the payment. radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)	erwise, describe the paymen RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, at TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology cost	enter the code. Othns nces nces arch nessenger services egal, accounting)	es the payment, you may enter the code. 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	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 MED radio airtime and production office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) WEB information technology costs

May be a negative number

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

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

Amounts may be rounded to whole dollars.

from 07/01/2020

Statement covers period

through 09/19/2020

Page ___

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CALIFORNIA 460 SCHEDULE F (CONT.)

NAME OF FILER Cordova For City Council District 1, 2020				1 =	I.D. NUMBER 1430146
CODES: If one of the following codes accurately describes the	s the payment, you may enter the cod	enter the code. Otherwise,	rwise, describe the payment	payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks	ns 10es	_	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals	। costs
FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	_	arch nessenger services egal, accounting)	••	staff/spouse travel, lodging, and meals transfer between committees of the same can voter registration information technology costs (internet, e-mail)	staff/spouse travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)
* Payments that are contributions or independent expenditures must also be summarized on Schedule D	also be summarized on Schedu	ule 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)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Gilda Cordova 2327 Maravilla, Lompoc, CA 93436	FIL		825.00		825.00
Gilda Cordova 2327 Maravilla, Lompoc, CA 93436	PRT		236.81		236.81
Gilda Cordova 2327 Maravilla, Lompoc, CA 93436	WEB		154.99		154.99
	\$ \$\$TOTALS		\$ 1,216.80	\$	\$ 1,216.80

SUBTOTALS \$

\$ 1,216.80

Payments Made by an Schedule G Contractor (on Behalf

SCHEDULE G

			0011100
Payments Made by an Agent or Independent	Amounts may be rounded	Statement covers period	CALIFORNIA ACO
Contractor (on Behalf of This Committee)	to whole dollars.	from 07/01/2020	FORM 400
		-	
		through 09/19/2020	
SEE INSTRUCTIONS ON REVERSE		Ó	rage or
NAME OF FILER			I.D. NUMBER
Cordova For City Council District 1, 2020			1430146
NAME OF AGENT OR INDEPENDENT CONTRACTOR			

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

LEG	N E	; ⊒	CVC	СТВ	CNS	CMP	
legal defense campaign literature and mailings	independent expenditure supporting/opposing others (explain)*				campaign consultants	campaign paraphernalia/misc.	
PRO	POS	몽	PET	OFC.	MTG	MBR	
professional services (legal, accounting) print ads				office expenses	meetings and appearances	MBR member communications	
WEB	TSF R	I RC	뒫	SAL	RFD	RAD	
VOT voter registration WEB information technology costs (internet, e-mail)	staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor	candidate travel, lodging, and meals	t.v. or cable airtime and production costs	campaign workers' salaries	returned contributions	RAD radio airtime and production costs	

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

^{*} 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 H Loans Made to Others*

m 07/01/2020	Statement covers period
FORM 40	CALIFORNIA / C

SCHEDULE H

SEE INSTRUCTIONS ON REVERSE 1. Loans made this period......\$ Schedule H Summary Cordova For City Council District 1, 2020 NAME OF FILER reported on Schedule E also be summarized on Schedule D. Loans forgiven must also be *Loans that are contributions to another candidate or committee must FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT Net change this period. (Subtract Line 2 from Line 1.)......NET Payments received on loans..... (Enter the net here and on the Summary Page, Column A, Line 7.) (Total Column (c) plus unitemized payments of less than \$100.) (Total Column (b) plus unitemized loans of less than \$100.) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OUTSTANDING
BALANCE
BEGINNING THIS **SUBTOTALS** Amounts may be rounded to whole dollars. AMOUNT LOANED THIS PERIOD REPAYMENT OR FORGIVENESS THIS PERIOD* ☐ PAID ☐ PAID FORGIVEN FORGIVEN ₹ through OUTSTANDING
BALANCE AT
CLOSE OF THIS
PERIOD 4 DATE DUE DATE DUE 09/19/2020 (May be a negative number) RECEIVED Schedule I, Line 3) (Enter (e) on RATE RATE ORIGINAL AMOUNT OF Page. DATE INCURRED DATE INCURRED I.D. NUMBER 1430146 LOAN **If Required CALENDAR YEAR CUMULATIVE LOANS CALENDAR YEAR PER ELECTION** 잌 PER ELECTION** TO DATE

ω

2

Schedule I Miscellaned

Amounts may be rounded

	Attach additional information on appropriately labeled continuation sheets.		1. Itemized increases to cash this period\$\$
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