

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

RECEIVED

CALIFORNIA FORM 460

COVER PAGE

2015 SEP 28

Page 13 of 19

For Official Use Only

CITY OF WEST COVINA
CITY CLERK'S OFFICE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 07/01/2015 through 09/19/2015

Date of election if applicable: (Month, Day, Year) 11/03/2015

1. Type of Recipient Committee: All committees - Complete Parts 1, 2, 3, and 4.

- Offholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall *(Also Complete Part 5)*
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored *(Also Complete Part 6)*
- Primarily Formed Candidate/Offholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement *(Also file a Form 410 Termination)*
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATES NAME IF NO COMMITTEE)
Caceres for City Council 2015

I.D. NUMBER
1377595

Treasurer(s)

NAME OF TREASURER
Yolanda Miranda

MAILING ADDRESS
728 W. Edna Place

CITY
Covina

STATE
CA

ZIP CODE
91722

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY
STATE

ZIP CODE

AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)
1102 E. Grovescenter Street

CITY
West Covina

STATE
CA

ZIP CODE
91790

AREA CODE/PHONE
(626) 347-5485

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

OPTIONAL: FAX / E-MAIL ADDRESS
(626) 915-6626 / kcaceres2@yahoo.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 and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/24/2015

By

Yolanda Miranda
Signature of Treasurer or Assistant Treasurer

Executed on 09/24/2015

By

Yolanda Miranda
Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____

By

Signature of Controlling Officer/Candidate, State Measure Proponent

Executed on _____

By

Signature of Controlling Officer/Candidate, State Measure Proponent

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
 Kimberly Caceres
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 City Council Member: West Covina
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 1102 E. Grovescenter Street West Covina CA 91790

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

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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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

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2015 through 09/19/2015

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CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
 Caceres for City Council 2015

I.D. NUMBER
 1377595

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 7,292.00	\$ 12,215.35
2. Loans Received	Schedule B, Line 3 \$ 8,500.00	\$ 8,500.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 15,792.00	\$ 20,715.35
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 81.00	\$ 81.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 15,873.00	\$ 20,796.35

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 \$ _____ \$ _____

	Schedule E, Line 4	Schedule H, Line 3	Add Lines 6 + 7	Schedule F, Line 3	Schedule G, Line 3	Add Lines 8 + 9 + 10
6. Payments Made	\$ 9,247.12	\$ 0.00	\$ 9,247.12	\$ 4,150.08	\$ 81.00	\$ 13,478.20
7. Loans Made	\$ 0.00	\$ 0.00	\$ 0.00	\$ 81.00	\$ 81.00	\$ 162.00
8. SUBTOTAL CASH PAYMENTS	\$ 9,247.12	\$ 0.00	\$ 9,247.12	\$ 4,150.08	\$ 81.00	\$ 13,478.20
9. Accrued Expenses (Unpaid Bills)	\$ 4,150.08	\$ 81.00	\$ 4,150.08	\$ 81.00	\$ 81.00	\$ 5,193.16
10. Nonmonetary Adjustment	\$ 81.00	\$ 81.00	\$ 81.00	\$ 81.00	\$ 81.00	\$ 324.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 13,478.20	\$ 162.00	\$ 13,640.20	\$ 5,193.16	\$ 162.00	\$ 19,057.36

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

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

	Previous Summary Page, Line 16	Column A, Line 3 above	Schedule I, Line 4	Column A, Line 8 above	Add Lines 12 + 13 + 14, then subtract Line 15
12. Beginning Cash Balance	\$ 4,873.87	\$ 15,792.00	\$ 0.01	\$ 9,247.12	\$ 11,418.76
13. Cash Receipts	\$ 15,792.00	\$ 0.01	\$ 9,247.12	\$ 11,418.76	\$ 0.00
14. Miscellaneous Increases to Cash	\$ 0.01	\$ 9,247.12	\$ 11,418.76	\$ 0.00	\$ 0.00
15. Cash Payments	\$ 9,247.12	\$ 11,418.76	\$ 0.00	\$ 0.00	\$ 0.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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

	Schedule B, Part 2	See instructions on reverse
17. LOAN GUARANTEES RECEIVED	\$ 0.00	\$ 0.00
18. Cash Equivalents	\$ 0.00	\$ 12,550.08
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 12,550.08	\$ 12,550.08

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).

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A
CALIFORNIA
FORM
460

Statement covers period
from 07/01/2015
through 09/19/2015

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Caceres for City Council 2015

I.D. NUMBER
1377595

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TODAY (IF REQUIRED)
09/14/2015	Acetluno for City Council 2015 (ID# 1251595) 249 E. Ocean Blvd. Ste 685 Long Beach, CA 90802	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00 G2015	\$500.00
08/26/2015	David Argudo 1635 Bamboo Street La Puente, CA 91744	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Pacewest	250.00	500.00 G2015	\$500.00
09/04/2015	David Argudo 1635 Bamboo Street La Puente, CA 91744	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Pacewest	150.00	500.00 G2015	\$500.00
09/15/2015	Stephanie Cabrera 745 Keenan Ave Los Angeles, CA 90022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associate Urban Associates	100.00	100.00 G2015	\$100.00
07/01/2015	Maria Caceres 1102 E Grovescenter St. West Covina, CA 91790-1336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator Ontario Montclair School District	250.00	500.00 G2015	\$500.00
SUBTOTAL \$				1,250.00		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 6,524.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 768.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 7,292.00

*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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2015
through 09/19/2015

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**CALIFORNIA
FORM 460**

SCHEDULE A (CONT.)

NAME OF FILER: Caceres for City Council 2015 I.D. NUMBER: 1377595

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTERED, 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/16/2015	Pedro Garrillo 460 S Evergreen Ave. Los Angeles, CA 90033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder and President Urban Associates, Inc.	500.00	500.00	G2015 \$500.00
07/01/2015	Joaquin Castaneda 317 Acacia Ave. Carlsbad, CA 92008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Government Affairs Genentech	100.00	100.00	G2015 \$100.00
09/04/2015	Committee to Re-Elect Blanca E. Rubio for School Board 2015 (ID# 1379123) 1787 Tribute Rd., Ste. K Sacramento, CA 95815	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lobbyist Gonzalez, Quintana & Hunter	250.00	250.00	G2015 \$250.00
07/01/2015	Steve Cruz 7718 Los Rancho Way Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
09/02/2015	Lupe De La Cruz 700 Meyer Ln, Unit 14 Redondo Beach, CA 90278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sr. Director PPSICO	250.00	250.00	G2015 \$250.00
SUBTOTAL \$				1,600.00		

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT)

**CALIFORNIA
FORM 460**

Statement covers period
from 07/01/2015
through 09/19/2015

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NAME OF FILER

Caceres for City Council 2015

I.D. NUMBER

1377595

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/22/2015	DRK Plumbing & Piping, Inc. 2105 W. San Bernardino Rd. West Covina, CA 91790	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G2015 \$250.00
09/02/2015	GiI Anthony Duarte 403 Cadbrook Dr. La Puente, CA 91744	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	School Board Member Board of Education, Hacienda-La Puente	100.00	100.00	G2015 \$100.00
08/27/2015	Duarte for School Board 2017 (ID# 1349421) 728 W Edna Place Covina, CA 91722	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	G2015 \$100.00
08/26/2015	Michael F. Eng 1055 W. Seventh St., Unit 1780 Los Angeles, CA 90017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Board of Trustee Los Angeles Community College Board	150.00	150.00	G2015 \$150.00
09/10/2015	Jim Gomez 10985 Daylilly Street Fontana, CA 92337	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant California Assembly	100.00	200.00	G2015 \$200.00
SUBTOTAL \$				700.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT)
CALIFORNIA
FORM
460

Statement covers period
from 07/01/2015
through 09/19/2015

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NAME OF FILER

Caceres for City Council 2015

I.D. NUMBER

1377595

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/05/2015	Samantha Gonzales 625 Creekside Way Apt 1737 New Braunfels, TX 78130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Certified Clinical Hemodialysis Technician Satellite Healthcare	250.00	250.00	G2015 \$250.00
08/26/2015	Amy M. Guerrero 4026 N. Nora Covina, CA 91722-3820	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Admitting Clerk Kaiser Permanente	100.00	100.00	G2015 \$100.00
08/27/2015	Robert Hidalgo 2604 E. Highcastle Street West Covina, CA 91792	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	School Administrator Hacienda-La Puente USD	50.00	150.00	G2015 \$150.00
09/17/2015	Fulgencia C. Lopez 1021 E. Merced Ave. West Covina, CA 91790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	200.00	200.00	G2015 \$200.00
08/26/2015	Veronica Lopez 3783 Mayland Ave. Baldwin Park, CA 91706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	100.00	100.00	G2015 \$100.00
SUBTOTAL \$				700.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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Statement covers period
from 07/01/2015
through 09/19/2015

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**CALIFORNIA
FORM 460**

SCHEDULE A (CONT.)

NAME OF FILER

Caceres for City Council 2015

I.D. NUMBER
1377595

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/01/2015	Eileen Miranda 1307 S. Willow Drive West Covina, CA 91790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trustee West Covina USD	100.00	150.00	G2015 \$150.00
09/19/2015	Eileen Miranda 1307 S. Willow Drive West Covina, CA 91790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trustee West Covina USD	50.00	150.00	G2015 \$150.00
08/26/2015	Jesus Murillo 16738 E. Brookport St. Covina, CA 91722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Radiologic Technologist City of Hope	200.00	200.00	G2015 \$200.00
09/16/2015	Erika Ramirez 2023 Milan Ave. South Pasadena, CA 91030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Urban Associates, Inc.	150.00	150.00	G2015 \$150.00
08/31/2015	Lazaro Reyes 233 N Angeleno Ave Azusa, CA 91702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Child Support Officer LA County	100.00	100.00	G2015 \$100.00
SUBTOTAL \$				600.00		

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

Type or print in ink.
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Statement covers period
from 07/01/2015
through 09/19/2015
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NAME OF FILER
Caceres For City Council 2015
I.D. NUMBER
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/01/2015	Paul Solano 1037 Edarruth Ave. La Puente, CA 91746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President/CEO Del Sol Solutions, LLC	99.00	199.00	G2015 \$199.00
08/28/2015	Paul Solano 1037 Edarruth Ave. La Puente, CA 91746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President/CEO Del Sol Solutions, LLC	100.00	199.00	G2015 \$199.00
09/11/2015	James Toma 2533 E. Evergreen Ave. West Covina, CA 91791	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney State of CA Dept. of Justice	250.00	250.00	G2015 \$250.00
09/04/2015	Urban Associates, Inc. 5800 S. Eastern Ave., Ste. 260 Los Angeles, CA 90040	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2015 \$500.00
09/19/2015	Bryan Urias 1946 Buena Vista St. Duarte, CA 91010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Upper SGV MWD	500.00	500.00	G2015 \$500.00
SUBTOTAL \$				1,449.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT)
CALIFORNIA FORM 460

Statement covers period
from 07/01/2015
through 09/19/2015

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NAME OF FILER
Caceres for City Council 2015
I.D. NUMBER
1377595

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/12/2015	John Vargas 11963 Ramona Ave Unit C Hawthorne, CA 90250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Education Consultant John Vargas	100.00	100.00	G2015 \$100.00
07/03/2015	Albert Vanzor 1454 Grove Ave Upland, CA 91786	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warehouse Manager Cal Panel	125.00	125.00	G2015 \$125.00
SUBTOTAL \$				225.00		

*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

Schedule B - Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2015
through 09/19/2015

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Caceres for City Council 2015

FULL NAME, STREET ADDRESS AND ZIP CODE
OF LENDER
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Kimberly Caceres
1102 E Grovescenter Street
West Covina, CA 91790

IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER
NAME OF BUSINESS)

Public Affairs Director
Urban Associates, Inc.

<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	(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	(Enter (e) on Schedule E, Line 3)	
								DATE DUE	DATE INCURRED
<input checked="" type="checkbox"/> IND	\$ 0.00	\$ 8,500.00	\$ 0.00	\$ 8,500.00	0.00	\$ 8,500.00	\$ 8,500.00	09/18/2015	2015 8,500.00
<input type="checkbox"/> IND	\$	\$	\$	\$	%	\$	\$	CALENDAR YEAR	PER ELECTION **
<input type="checkbox"/> IND	\$	\$	\$	\$	%	\$	\$	CALENDAR YEAR	PER ELECTION **
SUBTOTALS \$		8,500.00 \$	0.00 \$	8,500.00 \$	0.00				

Schedule B Summary

- Loans received this period \$ 8,500.00
(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 \$ 8,500.00**
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

TContributor Codes
IND - Individual
COM - Recipient Committee
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 C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C
CALIFORNIA 460
FORM

Statement covers period
from 07/01/2015
through 09/19/2015

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Candidates for City Council 2015

I.D. NUMBER
1377595

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
SUBTOTAL \$							

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 0.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 81.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 81.00

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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2015
through 09/19/2015

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**CALIFORNIA
FORM
460**

I.D. NUMBER
1377595

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Caceres for City Council 2015

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Denise Caceres 1102 E. Grovecenter Street West Covina, CA 91790	MTG		08/26/15 Fundraiser event for 18 persons including candidate.	283.50
Campaign IA 15518 S. Broadway Street Gardena, CA 90248	CMP			1,900.00
Robert Charles 2641 Saddle Ridge Drive Covina, CA 91724	CNS			1,000.00
SUBTOTAL \$				3,183.50

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 9,108.53
2. Unitemized payments made this period of under \$100 \$ 138.59
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 \$** 9,247.12

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT)

CALIFORNIA
FORM 460

Statement covers period
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Caceres for City Council 2015

I.D. NUMBER

1377595

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
- MER 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 tv. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of West Covina 1444 West Garvey Ave., #317 West Covina, CA 91790	FIL			2,200.00
Political Data Inc. 12501 Imperial Highway, Suite 200 Norwalk, CA 90650	WEB		Online Software Subscription	1,250.00
Natalie Reyes 803 Tamar Dr. La Puente, CA 91746	OPC			130.72
The House of Printing, Inc. 3336 E. Colorado Blvd. Pasadena, CA 91107	LIT			2,244.31
Villa Tepeyac Restaurant 2200 E. Garvey Ave. South West Covina, CA 91791	MTG		Deposit for 8/26/15 event	100.00

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

SUBTOTAL \$ 5,925.03

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2015
through 09/19/2015

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CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Caceres for City Council 2015

I.D. NUMBER
1377595

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
 FL candidate filing/ballot fees
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LT 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
 RAD returned contributions
 SAL campaign workers' salaries
 TEL t.v. or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/spouse travel, lodging, and meals
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (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
Pacific Creative 419 S. Third Ave. Arcadia, CA 91006	LIT	0.00	1,150.00	0.00	1,150.00
Citizens for Good Government (ID# 599010) 728 W Edna Place Covina, CA 91722	LIT Slate	0.00	629.05	0.00	629.05
Democratic Voter Choice (ID# 595002) 728 W Edna Place Covina, CA 91722	LIT Slate	0.00	902.29	0.00	902.29
SUBTOTALS \$		0.00\$	2,681.34\$	0.00\$	2,681.34

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 4,150.08
- 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
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 4,150.08
May be a negative number.

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT)

**CALIFORNIA
FORM 460**

Statement covers period
from 07/01/2015
through 09/19/2015

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NAME OF FILER

Caceres for City Council 2015

I.D. NUMBER

1377595

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
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MER 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 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
Californians for Quality Education (ID# 1371954) 728 W Edna Place Covina, CA 91722	LIT	0.00	399.74	0.00	399.74
Andres Gasca 9801 Brockway Street South El Monte, CA 91733	SAL	0.00	238.00	0.00	238.00
Caroline Salinas 3338 E. Judee Drive West Covina, CA 91791	SAL	0.00	66.00	0.00	66.00
Jonathan Heredia 1057 Avenida Landera San Dimas, CA 91773	SAL	0.00	96.00	0.00	96.00

SUBTOTALS \$ 0.00 \$ 799.74 \$ 0.00 \$ 799.74

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT)

**CALIFORNIA
FORM 460**

Statement covers period
from 07/01/2015
through 09/19/2015

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NAME OF FILER

Caceres for City Council 2015

I.D. NUMBER

1377595

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	RPD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	tv. or cable airtime and production costs
FL	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
LT	campaign literature and mailings	PRF	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
Marlon U Quintero 258 N. Westlake Ave. Los Angeles, CA 90026	SAL	0.00	261.00	0.00	261.00
Melody Perez 830 N. Orangeblissom Ave. La Puente, CA 91746	SAL	0.00	48.00	0.00	48.00
Mirtha Lopez 3727 Rosemead Blvd., Apt. 2 Rosemead, CA 91770	SAL	0.00	99.00	0.00	99.00
Nicolas Reyes 802 Tamar Drive La Puente, CA 91746	SAL	0.00	261.00	0.00	261.00
SUBTOTALS \$		0.00 \$	669.00 \$	0.00 \$	669.00

