COVER PAGE

Recipient Committee Campaign Statement Cover Page

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CALIFORNIA FORM **460**

Page 1 of 1

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 07-01-2016
through 09-24-2016

Date of election if applicable: (Month, Day, Year)
11/08/2016

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, 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/ Officeholder 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

3. Committee Information

I.D. NUMBER: 1382337

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Andy Carrizales for rialto city council

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY: Rialto | STATE: CA | ZIP CODE: 92376 | AREA CODE/PHONE: [redacted]

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
Alicia Carrizales

MAILING ADDRESS
[redacted]

CITY: Rialto | STATE: CA | ZIP CODE: 92376 | AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 9-29-16 (Date) [redacted] e of Treasurer or Assistant Treasurer

Executed on 9-29-16 (Date) [redacted] ndidate, 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

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COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Andy Carrizales

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

Rialto City Council

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

[redacted] Rialto CA 92376

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
Andy Carrizales for Rialto City Council	1382337
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ 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? ☐ YES ☐ 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	☐ SUPPORT ☐ OPPOSE

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	☐ 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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 07-01-2016 through 09-24-2016

CALIFORNIA FORM 460

Page 1 of X3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Andy Carrizales for Rialto city council

I.D. NUMBER: 1382337

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 8920	$ 12290.39
2. Loans Received	*Schedule B, Line 3*		
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 8920	$ 12290.30
4. Nonmonetary Contributions	*Schedule C, Line 3*		
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 8920	$ 12290.30

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

6. Payments Made	*Schedule E, Line 4*	$ 6711.51	$ 6951.97
7. Loans Made	*Schedule H, Line 3*		
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 6711.51	$ 6951.97
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*		
10. Nonmonetary Adjustment	*Schedule C, Line 3*		
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 6711.51	$ 6951.97

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
/ /	$
/ /	$

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

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 3129.93
13. Cash Receipts	*Column A, Line 3 above*	8920.0
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	
15. Cash Payments	*Column A, Line 8 above*	6711.51
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 5563.42

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

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SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 07-01-2016
through 09-24-2016

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Andy Carrizales for Rialto city council

I.D. NUMBER
1382337

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)
7-8-2016	John Estrada [redacted] Redlands CA 92373	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Colton Medical School	$200		
8-1-2016	E Cole Burr [redacted] Temeula CA 92592	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business owner Burrtec	$500		
8-1-2016	Tracey Burr [redacted] Temecula CA 92592	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business owner Burrtec	$500		
8-10-2016	Luvina Beckly [redacted] Riverside CA 92503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Grant writter	$250		
8-22-2016	Connie Leyva For Senate 2018 ID#1374053 [redacted] Los Angeles CA 90017	☐ IND ☐ COM ☐ OTH ☐ PTY ☑ SCC		$500		
			SUBTOTAL $	1950		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 8650.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 270.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 8920.00

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

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SCHEDULE A (CONT.)

Statement covers period
from 07-01-2016
through 09-24-2016

CALIFORNIA FORM 460

NAME OF FILER
Andy Carrizales for Rialto city council

I.D. NUMBER
1382337

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)
8-25-2016	FH II, LLC [redacted] Rancho Cucamonga CA 91730	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$500		
9-13-2016	Lighting Efficiency & Designs INC [redacted] Valencia CA 91355	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$750		
9-15-2016	PG Cutting Services [redacted] Lake Elsinore CA 92531	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$500		
9-15-2016	Mission Drive-In Theatre Company [redacted] Montclair CA 91763	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$250		
9-15-2016	Jaser Operating Company Van Buren Drive in Theater [redacted] Montclair CA 91763	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$200		
			SUBTOTAL $	2200		

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

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SCHEDULE A (CONT.)

Statement covers period
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through 09-21-2016

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NAME OF FILER

I.D. NUMBER

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)
09-21-2016	Rialto Professional Firefighters LOCAL 3688 PAC FUND [redacted] RIALTO CA 92377	☐ IND ☐ COM ☐ OTH ☐ PTY ☑ SCC		$4000		
09-23-2016	Fernando Acosta RE INC [redacted] Rialto CA 92376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business owner	$200		
09-23-2016	Rosa Olmos [redacted] Norco CA 92860	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Insurance claims	$100		
09-24-2016	Rick Nguyen [redacted] Corona CA 92860	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Computer Tech	$100		
09-24-2016	Miguel and Karla Samperio [redacted] Yucipa CA 92399	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business owers	$100		
			SUBTOTAL $	4500		

*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 E
Payments Made

Amounts may be rounded to whole dollars.

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CALIFORNIA FORM **460**

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NAME OF FILER
Andy Carrizales for Rialto city council

I.D. NUMBER
1382337

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
Aria Print and Design [redacted] ColtonCA 92324	CMP	Banners,yard signs,flyers	$3621.78
Landslide	CMP	Mail house	$1650
City of Rialto	Fil	Candiate filing	$1208.00

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

SUBTOTAL $ 6479.78

Schedule E Summary

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

Schedule E (Continuation Sheet) Payments Made

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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
Sams Club [redacted] San Bernardino CA 92408	FND			$149.68
Costco [redacted] Fontana CA 92336	FND			$82.05

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

SUBTOTAL $ 231.73