

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVERPAGE

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>		Date of election if applicable: (Month, Day, Year) <u>11/03/2020</u>	Date Stamp RECEIVED 2020 SEP 23 10 36 AM CITY CLERK DEPARTMENT
Page <u>1</u> of <u>12</u> For Official Use Only			CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

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

- 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
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
I.D. NUMBER
1426865

Alexandre Monteiro For Mayor 2020

Treasurer(s)

NAME OF TREASURER
Demann Crawford

MAILING ADDRESS
[REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE
Hawthorne CA 90250 [REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE
Covina CA 91722 [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Covina CA 91722 [REDACTED]

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 09/22/2020
Date

Executed on 09/22/2020
Date

Executed on _____
Date

Executed on _____
Date

By [REDACTED]
Signature of Controlling Officer/Candidate, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officer/Candidate, Candidate, State Measure Proponent

By _____
Signature of Controlling Officer/Candidate, Candidate, State Measure Proponent

By _____
Signature of Controlling Officer/Candidate, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
 Alexandre Monteiro
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 Mayor
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 Hawthorne CA 90250

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	
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	
CITY STATE ZIP CODE AREA CODE/PHONE	

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

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

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

CALIFORNIA
FORM **460**

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

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Alexandre Monteiro For Mayor 2020

I.D. NUMBER
1426865

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 18,370.00	\$ 18,370.00
2. Loans Received	Schedule B, Line 3 32,000.00	32,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 50,370.00	\$ 50,370.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 50,370.00	\$ 50,370.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 21,924.66	\$ 21,924.66
7. Loans Made	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 21,924.66	\$ 21,924.66
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 2,700.00	2,700.00
10. Nonmonetary Adjustment	Schedule C, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 24,624.66	\$ 24,624.66

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 0.00	
13. Cash Receipts	Column A, Line 3 above 50,370.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0.00	
15. Cash Payments	Column A, Line 8 above 21,924.66	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 28,445.34	

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

17. LOAN GUARANTEES RECEIVED

18. Cash Equivalents

19. Outstanding Debts

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	1/1 through 6/30 \$ _____	7/1 to Date \$ _____
21. Expenditures Made	\$ _____	\$ _____

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.

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

Amounts may be rounded
to whole dollars.

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

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CALLIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

Alexandre Monteiro For Mayor 2020

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. 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)
09/10/2020	Daniel Alvarez	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Welder Danz Genuine Fabrication	1,000.00	1,000.00	
08/17/2020	Manuel Balboa	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	250.00	250.00	
09/04/2020	Antonieta Camara	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse Practitioner Boston University	100.00	100.00	
09/06/2020	Hector Diaz	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Operator Marathon Petroleum	350.00	350.00	
09/17/2020	Saeed Ehsani	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Rite Product, Inc.	6,100.00	6,100.00	
SUBTOTAL \$				7,800.00		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 18,150.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 220.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 18,370.00**

*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.

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

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FORM
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NAME OF FILER

Alexandre Monteiro For Mayor 2020

I.D. NUMBER
1426865

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)
08/19/2020	Don Harris [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Broker Don Harris	100.00	100.00	
09/18/2020	Hawthorne Police Officers Assoc. PAC (ID# 1320711) [REDACTED]	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
09/14/2020	IQI Management, LLC (William Mohammed) [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	
09/11/2020	David Mallchok [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coordinator H.S.D.	250.00	250.00	
09/10/2020	Jose Medrano [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Graphic Design Computer Design	2,000.00	2,000.00	
SUBTOTAL \$				5,350.00		

*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.

SCHEDULE A (CONT.)
CALIFORNIA
FORM
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Statement covers period
from 01/01/2020
through 09/19/2020

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NAME OF FILER

Alexandre Monteiro For Mayor 2020

ID NUMBER
1426865

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
07/30/2020	Eddie Peng [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA/MBA Eddie Peng, CPA	1,500.00	1,500.00	
08/03/2020	[REDACTED] Morales Services Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	
09/19/2020	Dan Zaharoni [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Zaharoni Industries	500.00	500.00	
SUBTOTAL \$				5,000.00		

*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

Amounts may be rounded to whole dollars.

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

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I.D. NUMBER
1426865

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

Alexandre Monteiro For Mayor 2020

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE ALSO ENTER ID NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Alexandre T. Monteiro [REDACTED]	CEO/President Moneta Gardens Improvement Inc.	\$ 0.00	\$ 7,000.00	\$ 0.00 <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 7,000.00 DATE DUE	0.00 % RATE	\$ 7,000.00 08/03/2020 DATE INCURRED	\$ 32,000.00 PER ELECTION** CALENDAR YEAR
Alexandre T. Monteiro [REDACTED]	CEO/President Moneta Gardens Improvement Inc.	\$ 0.00	\$ 25,000.00	\$ 0.00 <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 25,000.00 DATE DUE	0.00 % RATE	\$ 25,000.00 09/05/2020 DATE INCURRED	\$ 32,000.00 PER ELECTION** CALENDAR YEAR
SUBTOTALS \$		\$ 0.00	\$ 32,000.00	\$ 0.00	\$ 32,000.00	0.00		

Schedule B Summary

- Loans received this period \$ 32,000.00
(Total Column (b) plus unitized 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 \$ 32,000.00**
(May be a negative number)

(Enter (g) on Schedule E Line 3)

†Contributor Codes

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

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

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

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SCHEDULE E

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Alexandre Monteiro For Mayor 2020

I.D. NUMBER
1426865

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	city donations	FET	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
ND	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	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CITY OF	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
[REDACTED]	Hawthorne	FND		Permits for events	710.00
[REDACTED]					
Double Edge Graphics		CNS		Design	1,000.00
[REDACTED]					
Local Campaign Pros				Distribution of fliers	1,000.00
[REDACTED]					
SUBTOTAL \$					2,710.00

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 21,837.96
- Unitemized payments made this period of under \$100 \$ 86.70
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 21,924.66**

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT)

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

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**CALIFORNIA
FORM 460**

I.D. NUMBER
1426865

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Alexandre Monteiro For Mayor 2020

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

- CAP 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
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- FEL 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
- RPD 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
Mitchell Publishing Inc. [REDACTED]	LIT			295.65
Universal Mailworks [REDACTED]	LIT			8,917.34
Universal Mailworks [REDACTED]	LIT			2,000.00
War Dawg LLC [REDACTED]	LIT			7,614.97
Yolanda Miranda & Assoc. 728 West Edna Place Covina, CA 91722	PRO			300.00

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

SUBTOTAL \$ 19,127.96

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

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Alexandre Monteiro For Mayor 2020

Statement covers period from 01/01/2020 through 09/19/2020	CALIFORNIA FORM 460
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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
- 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
- RPD 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 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
Yolanda Miranda & Assoc.	PRO	0.00	300.00	0.00	300.00
Alexandre T. Monteiro	FIL	0.00	2,400.00	0.00	2,400.00
SUBTOTALS \$		0.00\$	2,700.00\$	0.00\$	2,700.00

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 2,700.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 2,700.00
May be a negative number.

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded
to whole dollars.

SCHEDULE G

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

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CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

I.D. NUMBER
1426865

Alexandre Monteiro For Mayor 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Alexandre T. Monteiro

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| AMP | 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 | PEI | 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 |
| LIT | 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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Hawthorne [REDACTED]	FIL			2,400.00
TOTAL * \$				2,400.00

Attach additional information on appropriately labeled continuation sheets.

* 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 G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

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

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 I.D. NUMBER 1426865

Alexandre Montelero For Mayor 2020
 NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Universal Mailworks

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

OMP campaign paraphernalia/misc.	MER 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
FL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
RND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
ND 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	PRI 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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postal Services [REDACTED]	POS			8,166.34
TOTAL * \$				8,166.34

Attach additional information on appropriately labeled continuation sheets.

* 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.