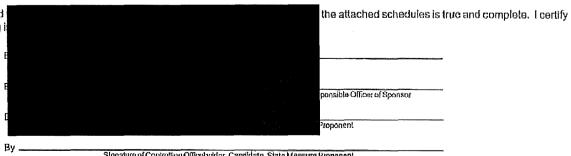
B. duiter (Ocurrentities					COVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Date Stamp		FORNIA 460
	Statement covers period from01/01/2022	Date of election if applicable: (Month, Day, Year)		Page -	of5 or Official Use Only
SEE INSTRUCTIONS ON REVERSE	through06/30/2022	11/0B/2022	2022	P 2: 5 ⁻⁷	
State Candidate Election Committee C Recall C (Also Complete Part 5) C General Purpose Committee C Sponsored P Small Contributor Committee O Political Party/Central Committee C Generation Image: Committee Small Contributor Committee O O Small Contributor Committee C O Rotifical Party/Central Committee C A Committee Information Image: C	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure committee) Controlled) Sponsored Jso Complete Part 6) rimarily Formed Candidate/ officeholder Committee Jso Complete Part 7) 1. NUMBER 1435329	2. Type of Statement: Preelection Statement Somi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain b Treasurer(s) NAME OF TREASURER Demann Crawford MAILING ADDRESS	•	Quarterly State Special Odd-Y Supplemental Statement - Al	ear Report
STREET ADDRESS (NO P.O. BOX)		CITY Hawthorne	STATE CA	ZIP CODE 90650	AREA CODE/PHONE
CITY STATE ZIP CO Ilawthorne CA 9025 MAILING ADDRESS (IF DIFFERENT) NO, AND STREET OR P.O. B	0	NAME OF ASSISTANT TREASU Yolanda Miranda MAILING ADDRESS	RER, IF ANY		
N/A CITY STATE ZIP CO OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE	CITY Covina OPTIONAL: FAX / E-MAIL ADDI	STATE Сл RESS	ZIF CODE 91722	AREA CODE/PHONE

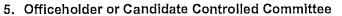
4. Verification I have used all reasonable diligence in preparing and reviewing this statement and

under penally of perjury	y under the laws of the Slate of Cali	ifornia that the foregoing i
Executed on	07/19/2022	
	Date	•
Executed on	07/19/2022	
	Date	-
Executed on		,
	Dale	
Executed on		
	Dete	



Signature of Controlling Officultuidar, Candidata, Stata Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2



NAME OF OFFICEHOLDER OR CANDIDATE			
Alexandre T. Monteiro			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IN	APPLICABL	E)
City Council Member City of Hawthorne			
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.

COMMITTEENAME			I.D. NUMBE	R
NAME OF TREASURER			CONTROLLE	D COMMITTEE?
	,		🗌 YES	D NO
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BO	X)	
CITY	STATE	ZIP CC	DE	AREA CODE/PHONE
COMMITTEE NAME			I.D. NUMBE	R
· · · · · · · · · · · · · · · · · · ·				
NAME OF TREASURER			CONTROLLE	ED COMMITTEE?
			🗌 YES	
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BO	X)	
CITY	STATE	ZIP CC	DDE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLO	TMEASURE
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PALLOT NO OD LETTED	JURISDICTION	
BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
		OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

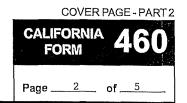
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT

Attach continuation sheets if necessary



Campaign Disclosure Statement Summary Page	Amounts may be round to whole dollars.	led	Statement covers period from01/01/2022		CALIFORNIA FORM 460	
SEE INSTRUCTIONS ON REVERSE			through _	06/30/2022	Page of	
NAME OF FILER					I.D. NUMBER	
Alex Monteiro for City Council 2022					1435329	
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column CALENDAR Y TOTALTO D	/EAR	Running in Both th	nmary for Candidates ne State Primary and	
1. Monetary Contributions Schedule A, Line 3	\$5,525.00	\$5,	525.00	General Elections		
2. Loans Received Schedule B, Line 3	0.00	·	0.00	1/1	through 6/30 7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$5,525.00	\$5,	525,00	20. Contributions Received \$		
4. Nonmonetary Contributions Schedule C, Line 3	0.00		0.00	21. Expenditures	Ψ	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$5,525.00	\$5,	525.00	Made \$		
Expenditures Made		······		Expenditure Limit	Summary for State	
6. Payments Made Schedule E, Line 4	\$899.31	\$	899.31	Candidates	2	
7. Loans Made Schedule H, Line 3	0.00		0.00	22 Cumulati	ve Expenditures Made*	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$899.31	\$	899.31	(if Subject	to Voluntary Expenditure Limit)	
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	0.00	· · · · · · · · · · · · · · · · · · ·	0.00	Date of Election	Total to Date	
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	· · · · · · · · · · · · · · · · · · ·	0.00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$899.31	\$	899.31	//		
Current Cash Statement			,			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$27,160.02	To calculate Colu	mn B, add			
13. Cash Receipts Column A, Line 3 above	5,525.00	amounts in Colun corresponding ar				
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	from Column B o	f your last	*Amounts in this section reported in Column B.	may be different from amounts	
15. Cash Payments Column A, Line 8 above	899,31	report. Some am Column A may be		,		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$31,785.71	figures that shou subtracted from	ld be			
If this is a termination statement, Line 16 must be zero.		period amounts.	If this is			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	for this calendar carry over the ar	year, only			
Cash Equivalents and Outstanding Debts		from Lines 2, 7, any).				
18. Cash Equivalents See instructions on reverse	\$0.00					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$0.00	Į				

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Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement covers period from01/01/2022		california 460		SCHEDULE A
SEE INSTRUCTIO	NS ON REVERSE			through06/30/2	022	Page	4	of
NAME OF FILER						I.D. NU	JMBER	
Alex Monteir	to for City Council 2022					1435	329	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR (JAN. 1 - DE	YEAR	T	ELECTION D DATE EQUIRED)
03/25/2022	Apartment Association of Greater Los Angeles PAC (ID# 811735) Los Angeles, CA 90071	☐ IND IX COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	1,	,000.00	G2022	\$1,000.00
06/30/2022	Antonio Garcia San Fernando, CA 91342	IND □COM □OTH □PTY □SCC	Personal Trainer Antonio Garcia	3,000.00	3,	,000.00	G2022	\$3,000.00
06/30/2022	Griselda Serrano Sun Valley, CA 91352	∑IND □COM □OTH □PTY □SCC	Owner Serrano Cleaner's	1,500.00	1.	,500.00	G2022	\$3,000.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	.\$ 5,500.00				
1. Amount re (Include al	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.) eceived this period – unitemized monetary contribution			5,500.00	INE CO OT	(othe	ual ient Comm r than PTY r (e.g., bus	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1	.)	5,525.00		C – Small	Contributo	r Committee

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Schedule E	Amounts may be rounded	Statement covers period	SCHEDULE E
Payments Made	to whole dollars.	from01/01/2022	FORM 40U
SEE INSTRUCTIONS ON REVERSE		through06/30/2022	Page5 of5
NAME OF FILER	,		I.D. NUMBER
Alex Monteiro for City Council 2022			1435329
CODES: If one of the following codes accurate	ly describes the payment, you may enter the code. Other	wise, 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		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)

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Mitchell Publishing, Inc. Los Angeles, CA 90033	LIT				147.68
Netfile Mariposa, CA 95338	PRO				250.00
Yolanda Miranda & Assoc. Covina, CA 91722	PRO				500.00
* Payments that are contributions or independent expenditures must also be sumr	narized on	Schedule D). SU	IBTOTAL\$	897.68
Schedule E Summary				· · · · · · · · · · · · · · · · · · ·	
1. Itemized payments made this period. (Include all Schedule E subtotals.)	• • • • • • • • • • • • • • • • • • • •	•••••••••••••••		\$	897.68

1. nem	ized payments made this period. (include all Schedule E subtotals.)	097.08
2. Unite	emized payments made this period of under \$100 \ldots \$.	1.63
3. Total	l interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00
4. Total	I payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	899,31

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