De airie na Committa a		_		COVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Date Stamp	CALIFORNIA 460 FORM
(Costoninion) Costo Costonio Cinado Cinado	Statement covers period from01/01/2024	Date of election if applicable: (Month, Day, Year)		Page 1 of 1.7 _
SEE INSTRUCTIONS ON REVERSE	through09/21/2024	11/05/2024 REC	EIVED	j
1. Type of Recipient Committee: All Committees – C  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)	Z. Type of Statement     ☐ Preelection Statement     ☐ Semi-annual Statement     ☐ Termination Statement     ☐ (Also file a Form 410 Te	OLERK D	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE LUCIANO AGUILAR FOR MAYOR 2024	1.D. NUMBER 1469396 E)	Treasurer(s)  NAME OF TREASURER  Samahndi Cunningham  MAILING ADDRESS	,	
STREET ADDRESS (NO P.O. BOX)	-	CITY Inglewood	STATE Z CA	P CODE AREA CODE/PHONE 90301
<b></b>	CODE AREA CODE/PHONE 301	NAME OF ASSISTANT TREASUF Cine D. Ivery MAILING ADDRESS	ER, IF ANY	
CITY STATE ZIP (	CODE AREA CODE/PHONE	CITY Inglewood	STATE Z CA	P CODE AREA CODE/PHONE 90301
OPTIONAL: FAX / E-MAIL ADDRESS (310)672-6679 / samabndi@politicalreporting	plus.com	OPTIONAL: FAX / E-MAIL ADDR	ESS	
4. Verification  I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califor  SEP 2 5 2024  Executed on	ing this statement and to the nia that the foregoing is the By -	ontrefling Officefolder Candidate, State Measure Pro		rue and complete. I certify
Date	•	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent	EPPC Form 460 ( lan/2016

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

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

COVER PAGE - PART 2

CALIFORNIA 460

FORM 2 of 17

CITY STATE ZIP CODE AREA CODE/PHONE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE  COMMITTEE NAME  I.D. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE  NAME OF TREASURER  CONTROLLED COMMITTEE?	Officeholder or Candidate Controlled Co	ommittee	6.	6. Primarily Formed Ballot Measure Committee					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  Mayor City of Hawthorne  RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  Inglevood CA 90301  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  COMMITTEE ADDRESS STREET ADDRESS (NO. P.O. BOX)  COMMITTEE NAME  I.D. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
Mayor City of Barthorne  RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  Inglewood CA 90301  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 candidatey.  COMMITTEE NAME  I.D. NUMBER  COMMITTEE ADDRESS STREET ADDRESS (NO. P.O. BOX)  COMMITTEE NAME  I.D. NUMBER  I.D	Luciano Aguilar				***************************************				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  Inglewood Cx 90301  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.  NAME OF TREASURER    I.D. NUMBER	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND D	STRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION			
Related Committees Not Included in this Statement: List any 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     I.D. NUMBER   I.D. NUMBER     I.D. NUMBER   I.D.	Mayor City of Hawthorne						_	J OPPOSE	
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  TOMMITTEE ADDRESS  STREET ADDRESS (NO P.O. BOX)  NAME OF OFFICEHOLDER OR CANDIDATE  I.D. NUMBER  TOMMITTEE NAME  I.D. NUMBER  TOMMITTEE ADDRESS  STREET ADDRESS (NO P.O. BOX)  TOMMITTEE NAME  I.D. NUMBER  I.D. NUMBER  I.D. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE  I.D. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR OPPOSE  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR OPPOSE	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)			Identify the controlling of	ficeholder, ca	ındīdate, or state	e measure	proponent, if any	
OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  DISTRICT NO. IF ANY  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD		Inglewood CA 90301		NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT			
NAME OF TREASURER  CONTROLLED COMMITTEE? YES NO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  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 SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE	not included in this statement that are controlled by	you or are primarily formed to receive		OFFICE SOUGHT OR HELD		אַם	STRICT NO.	IF ANY	
OFFICE SOUGHT OR HELD SUPPORE  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  COMMITTEE NAME  I.D. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD SUPPORE OPPOSE  OPPOSE  COMMITTEE ADDRESS (NO P.O. BOX)	COMMITTEE NAME	I.D. NUMBER		-		<b>i</b>			
AAME OF TREASURER  CONTROLLED COMMITTE!  YES NO  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD SUPPOR OPPOSE  CITY  STATE  ZIP CODE  AREA CODE/PHONE  LD. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD SUPPOR OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD SUPPOR OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD SUPPOR OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD SUPPOR OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD SUPPOR OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD OPPOSE  OPPOSE  OPPOSE  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)									
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE	NAME OF TOTACHOED	CONTROLLED COMMITTEE?	7.						
COMMITTEE ADDRESS (NO P.O. BOX)    SUPPOR	MAINE OF TREASURER			officeholder(s) or candidate(	s) for which th	is committee is pr	imarily forn	red.	
COMMITTEE NAME  I.D. NUMBER  I.D. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICE SOUGHT OR HELD  SUPPOR OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR OPPOSE  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OPPOSE  OPPOSE  OPPOSE  OPPOSE	COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	T OR HELD	SUPPORT OPPOSE	
NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR  OPPOSE  COMMITTEE ADDRESS  STREET ADDRESS (NO P.O. BOX)	CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER  CONTROLLED COMMITTEE?  YES NO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OPPOSE	COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEROLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD		
☐ YES ☐ NO ☐ SUPPOR ☐ OPPOSE				NAME OF OFFICEROLDER OR	QANDIDAI E	011102 303611	Oscinedo	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF TREASURER	}		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT	
CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary	COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)							
CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary									
	CITY STATE	ZIP CODE AREA CODE/PHONE		Atta	ich continuat	ion sheets if nec	essary		

### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statem	ent covers period	CALIFORNIA 160
from	07/01/2024	FORM TOU
through _	09/21/2024	Page3 of17
.il		I.D. NUMBER
		1469396

LUCIANO AGUILAR FOR MAYOR 2024 Calendar Year Summary for Candidates Column B Column A Contributions Received TOTALTHIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 20,424.00 20,424.00 1. Monetary Contributions ...... Schedule A, Line 3 \$ \_\_\_\_ 7/1 to Date 1/1 through 6/30 1,600.00 1,500.00 20. Contributions 21,924.00 22,024.00 Received 14,515.00 14,515.00 4. Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures Made 36,539.00 Expenditure Limit Summary for State Expenditures Made 11,199.15 Candidates 7. Loans Made ...... Schedule H, Line 3 22. Cumulative Expenditures Made\* 11,192.65 11,199.15 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6+7 \$ 2,633.29 2,633.29 Total to Date Date of Election (mm/dd/vv) 14,515.00 14,515.00 28,347.44 **Current Cash Statement** 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ To calculate Column B. add 21,924.00 amounts in Column A to the 13. Cash Receipts ...... Column A, Line 3 above corresponding amounts \*Amounts in this section may be different from amounts 0.00 from Column B of your last reported in Column B. report. Some amounts in 11,192.65 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 10,824.85 figures that should be 16. ENDING CASH BALANCE .......... Add Lines 12 + 13 + 14, then subtract Line 15 \$ \_\_\_\_ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17 I OAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_\_ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). FPPC Form 460 (Jan/2016)

Schedule	Δ			SCI			
	Contributions Received		ts may be rounded whole dollars.	Statement coverage from07/01/2	-	CALIFO FOR	DRNIA 460
SEE INSTRUCTION	DNS ON REVERSE			through _09/21/2	024	Page	4 of 17
NAME OF FILER					:	I.D. NUME	BER
LUCIANO AGU	ILAR FOR MAYOR 2024					1469396	5
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
07/01/2024	Leticia Aguilar	<b>⊠</b> IND	Business Owner War Dawg LLC	25.00		40.00	
	Hawthorne, CA 90250	□сом Потн	India bung abo	Received through inter	ermediary:		
		□PTY □scc		San Prancisco, CA 9415	đ		
07/12/2024	Phil Maloof	⊠IND	Business Owner	500.00		500.00	
	Albuquerque, NM 87102	□сом Потн	Maloof	Received through inter	mediary:		
		PTY		Wix.com San Francisco, CA 9415	3 7 7 7 7	-	
		□scc		700 00			
07/16/2024	Angel Colon	⊠IND □COM	Veteran None	100.00		100.00	
	San Diego, CA 92122	□отн		Received through inter Wix.com	mediary:		
		□ PTY □ SCC		San Francisco, CA 9415	5	<del></del>	
07/17/2024	Adam Katz	⊠IND	Chief Executive Officer Browning Direct, Inc	100.00	,	100.00	,
	Las Vegas, NV 89107	□сом □отн	browning bireco, inc	Received through inter	mediary:		
		PTY		San Francisco, CA 9415	β		
	Laura Barajas	scc	Retired	100.00		100.00	
07/18/2024	San Diego, CA 92131	∏IND   □COM	None				
	ban 22030, at 3223	HTO H		Received through inter Wix.com			
		scc		San Francisco, CA 9415	В		
			SUBTOTAL	\$ 825.00			
Schedule	A Summary				*Con	tributor Cod	ies
	eceived this period – itemized monetary contributions.			`	I	-Individual	
(Include a	Il Schedule A subtotals.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	20,275.00	COM		Committee an PTY or SCC)
2. Amount re	eceived this period - unitemized monetary contributions	of less than	\$100\$	149.00		- Other (e. - Political P	g., business entity)
3. Total mon	etary contributions received this period.						ntributor Committee
(Add Line	s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.	)TOTAL \$_	20,424.00			

SCHEDULE A	CONT
SUMMEDULE A	CONT.

Monetary Contributions Received		Amounts may to whole o		Statement cover from 07/01/	2023	CALIFORNIA 460 FORM of 17		
NAME OF FILER	and the same of th					I.D. NUMBER		
						1469396		
LUCIANO AGUI	LAR FOR MAYOR 2024		ı			1409390		
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 OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. S	AR TO DATE 31) (IF REQUIRED)		
07/19/2024	Sonia Martinez Chino Valley, AZ 86323	⊠IND □COM □OTH □PTY □SCC	Manager Aldaco LLC	Received through inte Wix.com 500 Terry A. Francois San Francisco, CA 941	rmediary: Boulevard, 6th Flo 8			
07/19/2024	Jon Peters Woodland Hills, CA 91364	⊠IND □COM □OTH □PTY □SCC	Business Owner Boulevard Management	5,000.00	10,00	0.00		
07/23/2024	Jaclyn Cruz Hawthorne, CA 90250	⊠IND □COM □OTH □PTY □SCC	Speech Pathologist Jaclyn Cruz Speech Language Therapy	Received through inte- Wix.com 500 Terry A. Francois San Francisco, CA 941	mediary: Boulevard, 6th Flo	0.00 ior		
07/30/2024	Scott Burns Santa Monica, CA 90402	⊠IND □ COM □ OTH □ PTY □ SCC	President Wandering Jew Productions	500.00  Received through inte Wix,com 500 Terry A. Francois San Francisco, CA 941	mediary:	0.00 oor		
07/30/2024	Julio C. Hernandez Hawthorne, CA 90250	IND COM	Business Owner SouthBay Tires	500.00	50	0.00		
			SUBTOTAL	\$ 6,200.00	Supplemental Control			

\*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

Amounto moutho rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole		from07/01/2024		FORM 460		
				through 09/21/		Page 6 of 17		
NAME OF FILER						I.D. NUMBER		
LUCIANO AGUII	LAR FOR MAYOR 2024					1469396		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR TODATE		
07/31/2024	Veronica Pech Hawthorne, CA 90250	IND COM	Consultant Self-Employed, No Separate Business Name	100,00 Received through inter Wix.com San Francisco, CA 9419	rmediary:	0.00		
08/08/2024	The BuddyGuard Northridge, CA 91325	□IND □COM ☑OTH □PTY □SCC		150.00  Received through interwix.com  San Francisco, CA 941	mediary:	7.00 -		
08/12/2024	Alex Monteiro Hawthorne, CA 90250	⊠IND □COM □OTH □PTY □SCC	Executive Director South Bay Universal Child Development Center	500.00	500	0.00		
08/12/2024	Jon Peters Woodland Hills, CA 91364	⊠IND □COM □OTH □PTY □SCC	Business Owner Boulevard Management	5,000.00	10,000	0.00		
~~08/15/2024 ~~	John Macaraeg Gainesville, VA 20155	IND COM OTH PTY	Retired None	Received through interwise.com San Prancisco, CA 941:	mediary:	0.00		
			SUBTOTALS	5,900.00				

\*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 (CONT.)

Monetary Contributions Received		Amounts may to whole		Statement covers period from07/01/2024		FORM 460	
				through 09/21/	/2024		7 of <u>17</u>
NAME OF FILER						LD. NUN	MBER
LUCIANO AGUI	LAR FOR MAYOR 2024					14693	96
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR 31)	PER ELECTION TO DATE (IF REQUIRED)
09/08/2024	Aneska Kekula Bellflower, CA 90706	IND COM OTH PTY	Purchasing Director Hawthorne School District	Received through inte eFundralsing Connecti Sacramento, CA 95816	mediary:	00.00	
09/11/2024	Ernest Engineering Inc Hacienda Heights, CA 91745	□IND □COM ②OTH □PTY □SCC		3,000.00	3,00	00.00	
09/11/2024	T & J Tires  Hawthorne, CA 90250	□IND □COM ☑OTH □PTY □SCC		200.00	21	00.00	
09/12/2024	Antonia Martinez Littlerock, CA 93543	⊠IND □COM □OTH □PTY □SCC	Retired None	3,000.00 Received through inte eFundraising Connecti Sacramento, CA 95816		00.00	
09/16/2024	Savex Inc Hawthorne, CA 90250	□IND □COM ☑OTH □PTY □SCC		500.00	5	00.00	
William Willia	1		SUBTOTAL	\$ 6,800.00			

\*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 (CONT.)

Monetary	Monetary Contributions Received		be rounded dollars.	Statement cover	CALIFORNIA 460				
				through 09/21/	2024	Page	8 of	17	
NAME OF FILER						I.D. NUM	IBER		
LUCIANO AGUI	LAR FOR MAYOR 2024					146939	16		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE. ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR . 31)	TO	LECTION DATE QUIRED)	
09/16/2024	U-Wash Car Wash Inc Los Angeles, CA 90049	□IND □COM ☑OTH □PTY □SCC		100.00		00.00			
09/18/2024	Roberto De Leon Signal Hill, CA 90755	IND COM OTH PTY	Manager World Class Freight, Inc	250.00 Received through interestundraising Connection		50.00			
09/20/2024	Vincent Felder Inglewood, CA 90305	IND COM OTH PTY	Business Owner Low Riders & Lowrods	200.00 Received through interesting Connection Sacramento, CA 95816		200.00			
		□IND □COM □OTH □PTY □SCC				The state of the s			·
		□IND □COM □OTH □PTY □SCC							
			SUBTOTAL	\$ 550.00					

\*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

Sched	ule	B-	<b>Part</b>	1
Loans	Red	eiv	ed	

Amounts may be rounded to whole dollars.

		SUMEDULE D'FART
Statem	ent covers period	CALIFORNIA / CO
from	07/01/2024	FORM 400
through :	09/21/2024	Page9 of17
		I.D. NUMBER
		1

						,		
SEE INSTRUCTIONS ON REVERSE					through09/23	1/2024	Page9	of <u>17</u>
NAME OF FILER						- 1	I.D. NUMBER	
LUCIANO AGUILAR FOR MAYOR 2024							1469396	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE.ALSO ENTER LD. 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	(¢) AMOUNT PAII OR FORGIVE THIS PERIOI	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
Luciano Aguilar Hawthorne, CA 90250	Business Owner Presidential K9			PAID  \$ 0.00	0 \$ 100.00	0.00% RATE	\$100.00	CALENDAR YEAR \$ 1,600.00 PER ELECTION**
<sup>†</sup> ऌ IND □ COM □ OTH □ PTY □ SCC		s 100.00	\$0.00	\$	05/03/2025 DATE DUE	\$0.00	05/03/2024 DATE INCURRED	s
Luciano Aguilar Hawthorne, CA 90250	Business Owner Presidential K9			S 0.00	0 \$ 1,500.00	000% RATE	\$_1,500.00	CALENDAR YEAR \$ 1,600.00 PER ELECTION ***
TE IND □ COM □ OTH □ PTY □ SCC		\$0.00	\$ 1,500.00	\$0.01	07/09/2025 DATE DUE	\$0.00	07/09/2024 DATE INCURRED	s
				PAID  \$ FORGIVEN	. \$	RATE %	s	CALENDAR YEAR  S  PER ELECTION***
† IND COM OTH PTY SCC		s	\$	\$	DATEDUE	\$	DATE INCURRED	\$
	•	SUBTOTALS \$	\$ 1,500.00\$	\$ 0-	00\$ 1,600-00		ı	
Schedule B Summary					,	(Enter(e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loan     Loans paid or forgiven this period	ns of less than \$100.)				1,500.00	to IN	Contributor Codes  ID - Individual  OM - Recipient Co	
(Total Column (c) plus loans under \$10	00 paid or forgiven.)	-ll- A \		,				PTY or SCC)

(Include loans paid by a third party that are also itemized on Schedule A.) 3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 1,500.00 (May be a negative number) (May be a negative number)

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

PTY – Political Party SCC – Small Contributor Committee

Schedu	le C netary Contributions Received		Amounts may be rounded to whole dollars.	[	State	ment covers pe	erîod	ALIEC	SCHEDULE O
Itomino	ictary Communication (Cocieta		to whole dollars.		from	07/01/202		FOR	
OFF WOTEN	TIONS ON REVERSE				through	09/21/202	.4 P	age	10 of 17
NAME OF FILE							LI	). NUMBE	≣R
LUCIANO AG	GUILAR FOR MAYOR 2024						1.	469396	
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 O GOODS OR SERVIC		AMOUNT/ AIR MARKET VALUE	CUMULATIVE DATE CALENDAR Y (JAN 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
08/08/2024	Leticia Aguilar Hawthorne, CA 90250	₩IND  COM  OTH  PTY  SCC	Business Owner War Dawg LLC	Pastries for Fundraiser		275.00	5	40.00	
09/05/2024	Leticia Aguilar Hawthorne, CA 90250	©IND □COM □OTH □PTY □SCC	Business Owner War Dawg LLC	Pastries for Fundraiser		240.00	5	40.00	
09/11/2024	Jeff Boos Pasadena, CA 91101	\$∏IND  ☐COM ☐OTH ☐PTY ☐SCC	Creative Producer WCB Films LLC	Campaign Video Production		14,000.00	14,0	00.00	
		□IND □COM □OTH □PTY □SCC							
Attach ad	lditional information on appropriately lab	eled continuat	ion sheets.	SUBTO	TAL \$	14,515.00			
1 Amount	e C Summary received this period – itemized nonmonetal	ry contributions	S		ď	14,515.0	"Contribu	lividual	les Committee
•	all Schedule C subtotals.)						O OTH - C	other tha Other (e.	an PTY or SCC) g., business entity)
Z. AHUUHL	received this period — drinteringed northfolie	ter y continued	no or root triain to roo minn.		·- ¥		PTY-P	olitical Pa	arty

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

14,515.00

SCC-Small Contributor Committee

3. Total nonmonetary contributions received this period.

LUCIANO AGUILAR FOR MAYOR 2024 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 SAL campaign workers' salaries OFC office expenses contribution (explain nonmonetary)\* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees FIL TRS staff/spouse travel, lodging, and meals polling and survey research FND fundraising events TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services voter registration professional services (legal, accounting) VOT legal defense WEB information technology costs (internet, e-mail) print ads campaign literature and mailings NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER LD. NUMBER) 44.52 Flyers Gotprint.com Burbank, CA 91505 168.54 Remit Envelops Gotprint.com Burbank, CA 91505 1,239.90 Yard Signs & Banners Gotprint.com Burbank, CA 91505 SUBTOTAL \$ 1,452.96 \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. Schedule E Summary 10,882.74 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ 0.00 

> FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

CALIFORNIA 460

Statement covers period

Payments Made	to whole do	llars.		from.	07/01/2024	FOR	M TOO
				throu	gh 09/21/2024	Page	12 of 17
SEE INSTRUCTIONS ON REVERSE  JAME OF FILER				L		I.D. NUMBI	
NAME OF FILER						וסואנטאז בעבנ	=15
LUCIANO AGUILAR FOR MAYOR 2024						1469396	
CODES: If one of the following codes accurately describe	s the payment, y	ou may en	iter the code. Othe	rwise,	describe the payment.		
CMP campaign paraphernalia/misc.	MBR member com				radio airtime and production	costs	
NS campaign consultants	MTG meetings and		s	RFD SAL	returned contributions campaign workers' salaries		
CTB contribution (explain nonmonetary)*	OFC office expen- PET petition circul			TEL	t.v. or cable airtime and prod	uction costs	
CVC civic donations FIL candidate filing/ballot fees	PHO phone banks				candidate travel, lodging, and		ı
TND fundraising events	POL polling and s		ch	TRS			
ND independent expenditure supporting/opposing others (explain)*	POS postage, deli			TSF	transfer between committees		ne candidate/sponsor
EG legal defense	PRO professional	services (leg	al, accounting)		voter registration		
IT campaign literature and mailings	PRT print ads			WEB	information technology costs	(internet, e	-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE (	DR DES	CRIPTIO	N OF PAYMENT		AMOUNT PAID
otprint.com		LIT	Flyers				100.33
			1			-	
Burbank, CA 91505						ŀ	
						į	
Repeat		LIT	Step & Repeat Ban	ner			263.40
os Angeles, CA 90005							
100 11190100, 41 01000							
No. 1		CMP	Campaign Supplies		<del></del>		89.24
Costco Wholesale			campargir ouppasso				
Hawthorne, CA 90250							
Sotprint.com		LIT	Banners & Door Ha	ngers			788.36
Burbank, CA 91505							
Nine (\$\frac{1}{2}\)		FND	Fundraiser				855.32
Pizza Show		2,12					555.51
Hawthorne, CA 90250							
		1					
Payments that are contributions or independent expenditures must als	o be summarized on	Schedule D.			SU	BTOTAL \$	2,096.69

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA **FORM** 07/01/2024 09/21/2024 Page \_\_\_\_13 \_\_ of \_\_\_17 through. I.D. NUMBER

**Payments Made** SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1469396 LUCIANO AGUILAR FOR MAYOR 2024 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

RAD radio airtime and production costs MBR member communications CMP campaign paraphemalia/misc. MTG meetings and appearances returned contributions CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)\* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees staff/spouse travel, lodging, and meals polling and survey research TRS POL FND fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services POS IND independent expenditure supporting/opposing others (explain)\* VOT voter registration professional services (legal, accounting) PRO LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT 1,800.00 Candidate Ballot Statement Fee FIL City of Hawthorne Hawthorne, CA 90250 115.00 PRO Photography Services Nia Garnett Los Angeles, CA 90043 108.88 CMP Paper Check Fee Harland Clarke Co San Antonio, TX 78256 303.19 Catering for Fundraiser Mariscos El Chuy Hawthorne, CA 90250 325.00 Email Distribution Service Constant Contact Waltham, MA 02451

SUBTOTAL \$ 2,652.07 \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

#### Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA /60
from	07/01/2024	FORM TOO
through.	09/21/2024	Page 14 of 17
_		I.D. NUMBER
		1469396

LUCIANO AGUILAR FOR MAYOR 2024

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 RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* OFC office expenses TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events

and date filling/patiot fees prior before carbidate davel, logging, and frields

FND fundraising events POL polling and survey research POL polling and survey research TRS staff/spouse travel, logging, and frields

the carbidate davel, logg

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
Gotprint.com Burbank, CA 91505	LIT	Yard Signs & Banners	1,060.87
Luis Vanegas Gardena, CA 90249	CMP	Catering for Fundraiser	625.00
Costco Wholesale Hawthorne, CA 90250	CMP	Campaign Office Supplies	153.40
Gotprint.com Burbank, CA 91505	LIT	Yard Signs & Banners	1,060.87
Gotprint.com Burbank, CA 91505	LIT	Banner	28.74
* Payments that are contributions or independent expenditures must als	so be summarized on Schedule	D.	SUBTOTAL \$ 2,928.88

Schedule	E	
(Continua	tion	Sheet)
<b>Payments</b>	Mad	de

Amounts may be rounded to whole dollars.

		COLUEDOET T (COLL)	3
Statement covers period		CALIFORNIA 160	
from	07/01/2024	FORM TOO	
through	09/21/2024	Page 15 of 17	
1		I.D. NUMBER	
		1460306	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER LUCIANO AGUILAR FOR MAYOR 2024 1469396

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions CNS campaign consultants meetings and appearances SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* OFC office expenses TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations phone banks TRC candidate travel, lodging, and meals candidate filing/ballot fees POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events TSF transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* VOT voter registration professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads ЦT NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID 694.57 FND Catering & Event Expenses Mi California Restaurant Hawthorne, CA 90250 3.80 CMP Credit Card Processing Fees eFundraising Connections Sacramento, CA 95816 CMP Credit Card Processing Fee 105.30 eFundraising Connections Sacramento, CA 95816 932.16 CMP Campaign Expenses Leticia Aguilar Hawthorne, CA 90250 16.35 Credit Card Processing Pee eFundraising Connections Sacramento, CA 95816 SUBTOTAL \$ 1,752.18 \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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					SCHEDULE F
Schedule F Accrued Expenses (Unpaid Bills)  Amounts may be rounded to whole dollars.		Statement cove	777.0	ORNIA 460	
SEE INSTRUCTIONS ON REVERSE			through 09/21/	2024 Page	16of17
NAME OF FILER				I.D. NUM	/BER
LUCIANO AGUILAR FOR MAYOR 2024			•	14693	96
CODES: If one of the following codes accurately describ  CMP campaign paraphemalia/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 communication MTG meetings and appears OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ns ances search messenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse trave TSF transfer betwee VOT voter registratic	nd production costs butions (sers' salaries time and production costs), lodging, and meals avel, lodging, and meals are committees of the sa	me candidate/sponsor
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
Political Reporting Plus Inglewood, CA 90301	PRO Retainer & Set-Up Fee	0.00	1,250.00	0.00	1,250.00
Letícia Aguilar Hawthorne, CA 90250	CMP Campaign Expenses	0.00	1,383.29	0.00	1,383.29
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0.00\$	2,633.29\$	0.00\$	2,633.29
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized  2. Total accrued expenses paid this period. (Include all Schaccrued expenses of \$100 or more, plus total unitemized	accrued expenses under a edule F, Column (c) subto	\$100.)tals for payments on			2,633.29

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Schedule G		
Payments M	ade by an Agent or Independen	ıt
Contractor (	on Behalf of This Committee)	

Amounts may be rounded to whole dollars.

Statement covers period 07/01/2024 from

**CALIFORNIA FORM** 

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LD. NUMBER

1469396

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LUCIANO AGUILAR FOR MAYOR 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Leticia Aguilar

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

contribution (explain nonmonetary)\* CTB CVC civic donations

candidate filing/ballot fees FIL

fundraising events IND: independent expenditure supporting/opposing others (explain)\*

LEG legal defense

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) print ads

RAD radio airtime and production costs

09/21/2024

through\_

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)

<sup>\*</sup> 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
Gotprint.com	LIT	Flyers & Business Cards	533.29
Burbank, CA 91505			
Dino's Burgers	CMP	Fundraiser Catering	850.00
Hawthorne, CA 90250			
Gotprint.com	LIT	Banners & Yard Signs	932.16
Burbank, CA 91505			
	/		
Attach additional information on appropriately labeled continuation sheets.		TOTAL*	\$ 2,315.45

\* 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.