

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp <b>RECEIVED CITY CLERK CITY OF PICO RIVERA 2010 MAR 4 PM 3 21</b>	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>12</u>
	For Official Use Only

Statement covers period  
from Jan. 1, 2010  
through Feb. 27, 2010

Date of election if applicable:  
(Month, Day, Year)  
APR. 13, 2010

SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Preelection Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small><br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|--|---|

**3. Committee Information**

I.D. NUMBER 132 3313

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

BARBARA CONTRERAS RAPIZARDA FOR COUNCIL 2010

STREET ADDRESS (NO P.O. BOX)

933A WAMPLER ST. (562) 948-1058

CITY STATE ZIP CODE AREA CODE/PHONE

PICO RIVERA CA. 90660

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

\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE

\_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS

BARBARA4COUNCIL@YAHOO.COM

**Treasurer(s)**

NAME OF TREASURER

LILIA R. LEON

MAILING ADDRESS

5617 MISSION WAY

CITY STATE ZIP CODE AREA CODE/PHONE

Commerce CA 90040 (323) 722 9100

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 MARCH 4, 2010  
Date

By Lilia R. Leon  
Signature of Treasurer or Assistant Treasurer

Executed on MARCH 4, 2010  
Date

By Barbara Contreras Rapizarda  
Signature of Controlling Officeholder, Candidate, 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**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 12

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

BARBARA CONTRERAS RAPIARDA

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

PICO RIVERA CITY COUNCIL MEMBER

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

**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
----------------------	--------------	---

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**

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

SUMMARY PAGE

Statement covers period from <u>JAN. 1, 2010</u> through <u>Feb. 27, 2010</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>12</u>
	I.D. NUMBER <u>1323313</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BARBARA CONTRERAS RAPISARDA FOR COUNCIL 2010

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>10,532.00</u>	\$ <u>10,532.00</u>
2. Loans Received ..... Schedule B, Line 3	-	-
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>10,532.00</u>	\$ <u>10,532.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>1,267.70</u>	<u>1,267.70</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>11,799.70</u>	\$ <u>11,799.70</u>

**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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>9,163.63</u>	\$ <u>9,163.63</u>
7. Loans Made ..... Schedule H, Line 3	-	-
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>9,163.63</u>	\$ <u>9,163.63</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	-	-
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>1,267.70</u>	<u>1,267.70</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>10,431.33</u>	\$ <u>10,431.33</u>

**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
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>461.39</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>10,532.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	-
15. Cash Payments ..... Column A, Line 8 above	<u>9,163.63</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1,829.76</u>

\*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).

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

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ _____
---	----------

**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**

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

SCHEDULE A

Statement covers period  
from JAN. 1, 2010  
through Feb. 27, 2010

CALIFORNIA  
FORM **460**

Page 4 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BARBARA CONTRERAS RAPIBARDA FOR COUNCIL 2010

I.D. NUMBER

1323313

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)
<u>1/29/10</u>	<u>AMERICAN EMBLEMATIC, LLC 9537 MYRON ST. PICO RIVERA, CA 90660</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$100.00</u>		
<u>1/29/10</u>	<u>EXPRESS TRANSPORTATION SERVICES MID-VALLEY YELLOW CAB 1137 S. EASTERN AVE. LOS ANGELES, CA. 90022</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$500.00</u>		
<u>1/29/10</u>	<u>SANDRA ANN RODRIGUEZ 10808 GLENBRIAR AVE. WHITTIER, CA. 90604-2209</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>SCHOOL TEACHER EL RANCHO UNIFIED SCHOOL DISTRICT</u>	<u>\$100.00</u>		
<u>1/29/10</u>	<u>WESLEY A. KRUSE 1343 MARNE ELLEN AVE. WHITTIER, CA. 90603-1741</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>REAL ESTATE BROKER KRUSE PROPERTIES</u>	<u>\$200.00</u>		
<u>1/29/10</u>	<u>DIANE MARTINEZ 15132 VIRGINIA AVE. PARAMOUNT, CA. 90723</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>EDUCATOR EL RANCHO UNIFIED SCHOOL DISTRICT</u>	<u>\$250.00</u>		

SUBTOTAL \$ 1,150

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 9,600
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 932
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 10,532

\*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**

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

SCHEDULE A (CONT.)

Statement covers period from <u>JAN. 1, 2010</u> through <u>Feb. 27, 2010</u>	CALIFORNIA FORM <b>460</b>
Page <u>5</u> of <u>12</u>	I.D. NUMBER <u>1323313</u>

NAME OF FILER

BARBARA CONTRERAS RAPISARDA FORS COUNCIL 2010

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)
1/29/10	GOLDEN ENTERPRISES DEB PICO RIVERA GARDENS 6525 ROSEMead BLVD PICO RIVERA CA. 90660	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00		
1/29/10	JOHN B. MOOS 9601 PAR PL. PICO RIVERA, CA. 90660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECTOR I.T. EL RANCHO UNIFIED SCHOOL DISTRICT	\$250.00		
1/29/10	VON K. STROFF 9601 E STANSON AVE. PICO RIVERA, CA. 90660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESSMAN EXTRA SPACE	<del>250</del> \$250.00		
1/29/10	NATIONWIDE ENVIRONMENTAL SERV. 11914 FRONT STREET NORWALK, CA. 90650	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00		
1/29/10	JOSEPH PALOMBI 7070 CAMELLIA LANE PICO RIVERA, CA. 90660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SENIOR PARALEGAL LATHAM & WALKINS	\$200.00		
SUBTOTAL \$				<u>2,200</u>		

\*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**

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

SCHEDULE A (CONT.)

Statement covers period from <u>JAN. 1, 2010</u> through <u>FEB. 27, 2010</u>	<b>CALIFORNIA FORM 460</b>
Page <u>6</u> of <u>12</u>	I.D. NUMBER <u>1323313</u>

NAME OF FILER

BARBARA CONTRERAS BAPISARDA FOR COUNCIL 2010

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)
<u>1/12/10</u>	<u>RIO HONDO MEDICAL PLAZA, LLC 801 S. CHEVY CHASE DR., STE. 20 Glendale, CA. 91205</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$600.00</u>		
<u>1/12/10</u>	<u>DAVID E. KENNEY 3163 W. CASITAS AVE., #3 LOS ANGELES, CA. 90039</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>ATTORNEY Montebello Unified School District</u>	<u>\$600.00</u>		
<u>1/27/10</u>	<u>ROBERTA BUESCHER 112 MARINE PLACE MANHATTAN BEACH, CA. 90266</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>SELF EMPLOYED Interior Designer Robbi Buescher Designs</u>	<u>\$500.00</u>		
<u>1/27/10</u>	<u>ROBERT C. KUNKEL 481 SCHOONER WAY SEAL BEACH, CA. 90740</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED</u>	<u>\$500.00</u>		
<u>1/29/10</u>	<u>EL RODEO 8825 WASHINGTON BLVD. PICO RIVERA, CA. 90660</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$2,000.00</u>		
<b>SUBTOTAL \$</b>				<u>4,200</u>		

\*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**

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

SCHEDULE A (CONT.)

Statement covers period  
from JAN. 1, 2010  
through Feb. 27, 2010

CALIFORNIA  
FORM **460**

Page 7 of 12

NAME OF FILER

BARBARA CONTRERAS RAPIGARDA FOR COUNCIL 2010

I.D. NUMBER

1323313

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)
<u>1/29/10</u>	<u>DAVID E. KENNEY 3163 W. CASITAS AVE. #3 LDD ANGELES, CA. 90039</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>ATTORNEY MONTEBELLO UNITED SCHOOL DISTRICT</u>	<u>\$500.00</u>		
<u>2/4/10</u>	<u>MANHOLE ADJUSTING CONTRACTORS 9500 BEVERLY RD. PICO RIVERA, CA. 90660-2135</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$1,000.00</u>		
<u>2/11/10</u>	<u>STATE FARM INSURANCE CO. 9425 WHITTIER BLVD. PICO RIVERA, CA 90660</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$250.00</u>		
		<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				
<b>SUBTOTAL \$</b>				<u>2,050</u>		

\*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 JAN. 1, 2010  
through FEB. 27, 2010

CALIFORNIA FORM **460**

Page 8 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BARBARA CONTRERAS RAPISARDA FOR COUNCIL 2010

I.D. NUMBER

1323313

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. 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
<u>BARBARA CONTRERAS RAPISARDA</u> <u>9334 WAMPLER ST.</u> <u>PICO RIVERA, CA. 90660</u> † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>TEACHER</u>	<u>\$ 5,000<sup>00</sup></u>	<u>—</u>	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	<u>\$ 5,000<sup>00</sup></u> DATE DUE	<u>—</u> % RATE	<u>\$ 5,000<sup>00</sup></u> <u>12/16/09</u> DATE INCURRED	CALENDAR YEAR <u>\$ 5,000<sup>00</sup></u> PER ELECTION**
ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ _____ DATE DUE	_____ % RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ _____ DATE DUE	_____ % RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**
<b>SUBTOTALS \$</b>		\$ _____	\$ _____	\$ _____	\$ <u>5,000</u>	\$ _____	\$ _____	\$ _____

**Schedule B Summary**

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period ..... \$ \_\_\_\_\_  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ \_\_\_\_\_  
(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 \$** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†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 C**  
**Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>JAN. 1, 2010</u> through <u>FEB. 27, 2010</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>9</u> of <u>12</u>
I.D. NUMBER <u>1323313</u>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

BARBARA CONTRERAS RAPIGARDA FOR COUNCIL 2010

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)
<u>1/28/10</u>	<u>LA MI HACIENDA 9613 WHITTIER BLVD PICO RIVERA, CA 90660</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>EVENT: FOOD music services</u>	<u>\$ 1,267.70</u>	<u>\$ 1,267.70</u>	<u>-</u>
		<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					

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 1,267.70

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 1,267.70
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ -
- 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 \$** 1,267.70

\*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**

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

SCHEDULE E

Statement covers period from <u>JAN. 1, 2010</u> through <u>Feb. 27, 2010</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>10</u> of <u>12</u>
	I.D. NUMBER <u>1323313</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BARBARA CONTRERAS RAPIARDA FOR COUNCIL 2010

**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
HANG M HI 10822 Woodward Ave. SUNLAND, CA. 91040	CMP	LAWN SIGN ASSEMBLY, PLACEMENT/REMOVAL	\$1,125.00
FORD PRINTING + MAILING INC. 125 N. VINELAND AVE. CITY OF INDUSTRY, CA. 91746-2318	LIT	DESIGN/GRAPHICS/COPY/ LAYOUT PRINTING	\$1,300.00
DURA METRO 2 2334 S. ATLANTIC BLVD. MONTEREY PARK, CA. 91754	OFC	CELLULAR PHONES/SERVICE	\$496.42

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

SUBTOTAL \$ \$2,921.42

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$ <u>9,151.56</u>
2. Unitemized payments made this period of under \$100 .....	\$ <u>12.07</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$ <u>-</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$ <u>9,163.63</u></b>

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

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

Statement covers period  
from JAN. 1, 2010  
through FEB. 29, 2010

CALIFORNIA FORM **460**

Page 11 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BARBARA CONTRERAS RAPIBANDA FOR COUNCIL 2010

I.D. NUMBER  
1323313

**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
<u>QUANTUM MANAGEMENT SERVICES 5965 SOUTHSIDE DR. LOS ANGELES, CA. 90022</u>	<u>CNS</u>		<u>CONSULTANT</u>	<u>\$1,283.58</u>
<u>A MI HACIENDA 9613 WHITTIER BLVD. PICO RIVERA, CA. 90660</u>	<u>FND</u>		<u>EVENT COSTS</u>	<u>\$ 250.00</u>
<u>Lilia R. LEON 5617 MISSION WAY COMMERCE, CA. 90040</u>	<u>PRD</u>		<u>TREASURY SERVICES</u>	<u>\$ 500.00</u>
<u>CAMPAIGN LA 5130 E. CHARLESTON BL. #511A LAS VEGAS, NV 89142</u>	<u>CMP</u>		<u>LAWN SIGNS / WIRE HANGERS</u>	<u>\$1,970.00</u>
<u>FORD Printing &amp; MAILING INC. 125 N. VINELAND AVE. CITY OF INDUSTRY, CA. 91746-2318</u>	<u>LIT</u>		<u>DESIGN/GRAPHICS/COPY/LAYOUT PRINTING</u>	<u>\$ 451.56</u>

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

**SUBTOTAL \$ 4,455.14**

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>JAN. 1, 2010</u> through <u>FEB. 27, 2010</u>	CALIFORNIA FORM <b>460</b>
	Page <u>12</u> of <u>12</u>
	I.D. NUMBER <u>1323313</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

BARBARA CONTRERAS RAPISARDA FOR COUNCIL 2010

**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
QUANTUM MANAGEMENT SERVICES / Leading 5965 Southside Drive LOS ANGELES, CA. 90222	LIT	PRECINCT SORTING / MAPS EDGE DATA	\$400.00
BARBARA C. RAPISARDA 9334 WAMPLER ST. PICO RIVERA, CA. 90660	FIL	FILING CANDIDATES STATEMENT	\$1,375.00

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

SUBTOTAL \$ 1,775.00