

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

**COPY**

Type or print in ink.

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 9

For Official Use Only

Statement covers period  
from 7/1/2011  
through 9/24/2011

Date of election if applicable:  
(Month, Day, Year)  
11-8-2011

Date Stamp

RECEIVED  
CITY OF SACRAMENTO  
SEP 28 2011 4 25

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**

I.D. NUMBER 1323313

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
ELECT BARBARA CONTRERAS  
RAPISARDA FOR COUNCIL 2011

STREET ADDRESS (NO P.O. BOX)  
9334 WAMPLER STREET  
CITY STATE ZIP CODE AREA CODE/PHONE  
Pico Rivera CA. 90660 562 948 1058

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Lilia R. LEON  
MAILING ADDRESS  
5017 MISSION WAY  
CITY STATE ZIP CODE AREA CODE/PHONE  
Commerce CA 90040 323-7910166

NAME OF ASSISTANT TREASURER, IF ANY  
(N/A)  
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 Sept. 28, 2011

Executed on Sept. 28, 2011

Executed on \_\_\_\_\_

Executed on \_\_\_\_\_

By Lilia R. Leon  
Signature of Treasurer or Assistant Treasurer  
By Barbara Contreras Rapisarda  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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		<b>460</b>
Page	<u>2</u>	of <u>9</u>

**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

9374 WAMPLER ST., PICO RIVERA CA. 90060

**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
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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**

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

SUMMARY PAGE

Statement covers period from <u>7/1/2011</u> through <u>9/24/2011</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>9</u>	I.D. NUMBER <u>1323313</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELECT BARBARA CONTRERAS RAPIDARDA FOR COUNCIL 2011

**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>4,750.00</u>	\$ <u>12,250.00</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>6,750.00</u>	\$ <u>13,250.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>6,750.00</u>	\$ <u>13,250.00</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**

6. Payments Made ..... Schedule E, Line 4	\$ <u>12,209.17</u>	\$ <u>12,452.32</u>
7. Loans Made ..... Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>12,209.17</u>	\$ <u>12,452.32</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3		
10. Nonmonetary Adjustment ..... Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>12,209.17</u>	\$ <u>12,452.32</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
<u>  /  /  </u>	\$ _____
<u>  /  /  </u>	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>8,757.24</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>6,750.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	
15. Cash Payments ..... Column A, Line 8 above	\$ <u>12,209.17</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>3,298.07</u>

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

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.

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	\$ <u>2,000.00</u>

FPPC Form 460 (January 05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

ASK-F

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>7/1/2011</u> through <u>9/24/2011</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>9</u>
	I.D. NUMBER <u>1323313</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELECT BARBARA CONTRERAS FOR COUNCIL 2011

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>7/13/11</u>	<u>TRINI D JEWELRY DESIGN 3662 E. DEL MAR AVE. PASADENA, CA. 91107</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$1,000<sup>-</sup></u>		
<u>9/2/11</u>	<u>VON K. STROFF 9601 E. SLAUSON AVE 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>BUSINESSMAN EXTRA SPACE 9583 E. SLAUSON, P.R.</u>	<u>\$ 500<sup>-</sup></u>		
<u>9/6/11</u>	<u>e-Recycling of CALIFORNIA PO BOX 2137 PARAMOUNT, CA. 90723</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$1,000<sup>-</sup></u>		
<u>9/7/11</u>	<u>TIERRA VERDE INDUSTRIES PO BOX 279 IRVINE, CA. 92650-0279</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$ 750<sup>-</sup></u>		
<u>9/7/11</u>	<u>MEDICAL WASTE SERVICES, LLC 7202 PETERSON LANE PARAMOUNT, CA. 90723</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$ 750<sup>-</sup></u>		
<b>SUBTOTAL \$</b>				<u>4,000<sup>-</sup></u>		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 4,750<sup>-</sup>
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ -
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 4,750<sup>-</sup>

\*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		<b>CALIFORNIA FORM 460</b>
from	7/1/2011	
through	9/24/2011	Page 5 of 9
NAME OF FILER		I.D. NUMBER
ELECT BARBARA CONTRERAS RAPIGARDA FOR COUNCIL 2011'		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)
9/7/11	GOLDIN ENTERPRISES DBA PICO RIVERA GARDENS 6525 ROSEMOUNT Blvd, PICO RIVERA, CA. 90660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500-		
9/10/11	DAVID E. KENNEY, Esq. 8337 TELEGRAPH Rd., Ste 200 PICO RIVERA, CA. 90660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200-		
		<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				

**SUBTOTAL \$ 750.00**

**\*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**

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

SCHEDULE B - PART 1

Statement covers period from <u>7/1/2011</u>	<b>CALIFORNIA FORM 460</b>
through <u>9/24/2011</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELECT BARBARA CONTRERAS RAPIBARDA FOR COUNCIL 2011'

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
BARBARA CONTRERAS RAPIBARDA 9334 WAMPLER 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	TEACHER	\$ 4,000 <sup>00</sup>	\$ -	<input type="checkbox"/> PAID \$ - <input type="checkbox"/> FORGIVEN \$ -	\$ 4,000 <sup>00</sup>	- RATE %	\$ 5,000 <sup>00</sup> 12/16/09 DATE INCURRED	CALENDAR YEAR \$ - PER ELECTION** \$ -
BARBARA CONTRERAS RAPIBARDA 9334 WAMPLER 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	TEACHER	\$ -	\$ 2,000 <sup>00</sup>	<input type="checkbox"/> PAID \$ - <input type="checkbox"/> FORGIVEN \$ -	\$ 2,000 <sup>00</sup>	- RATE %	\$ 2,000 <sup>00</sup> 8/29/11 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 \$ -	\$ -	- RATE %	\$ - DATE INCURRED	CALENDAR YEAR \$ - PER ELECTION** \$ -
<b>SUBTOTALS</b>		\$ 2,000 <sup>00</sup>	\$ -	\$ -	\$ 6,000 <sup>00</sup>	\$ -		

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

**Schedule B Summary**

- Loans received this period ..... \$ 2,000.00  
(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 \$** 2,000.00  
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 E  
Payments Made**

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

Statement covers period		CALIFORNIA FORM <b>460</b>	
from	7/1/2011	Page	7 of 9
through	9/24/2011	I.D. NUMBER	1323313

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BARBARA CONTRERAS RAJINARDA FOR COUNCIL 2011

**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
CAMPAIN LA 17211 S. Broadway St. GARDENA, CA. 90248	CMP	LAWN SIGNS	\$1,000-
PRINT & MAIL 4916 SANTA ANITA AVENUE EL MONTE, CA 91731	CMP /LIT	Literature	\$ 200-

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

SUBTOTAL \$ 1,200-

**Schedule E Summary**

- |  |                           |
|--|---------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ 12,093.17              |
| 2. Unitemized payments made this period of under \$100   | \$ 116.00                 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ -                      |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$ 12,209.17</b> |

**Sched. E**  
**(Continuation Sheet)**  
**Payments Made**

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

SC JULY E (CONT.)

Statement covers period from <u>7/1/2011</u> through <u>9/30/2011</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

BARBARA CONTRERAS RAPISARDA For Council 2011

**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
JJ COMMUNICATIONS 451 VIA VAQUERO SUR SAN JUAN BAUTISTA, CA. 95045	CMP	envelopes, Letter head, Business cards, etc.	\$831.17
HANG M HI 10822 WOODWARD AVE. SUNLAND, CA. 91040	CMP	LAWN SIGN ASSEMBLY Placement / Removal	\$1,000-
CAMPAIGN LA 17211 S. Broadway St. Gardena, CA. 90248	CMP	LAWN SIGNS	\$612-
UNIVERSAL GRAPHICS SERVICES 212 E. Fernfield DR. MONTEREY PARK, CA. 91755	CMP	GRAPHIC DESIGN	\$550-
LILIA R LEON 5617 MISSION WAY COMMENCE CA 90040	PRO	TREASURY SERVICES	\$500-

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

TOTAL \$ 2,751.17

SUBTOTAL \$ 3,493.17



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

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	7/1/2011	
through	9/24/2011	Page 9 of 9
		I.D. NUMBER 1323313

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BARBARA CONTRERAS RAPIGARDA FOR COUNCIL 2011

**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
JJ COMMUNICATIONS 451 VIA VAQUERO SUR SAN JUAN BAUTISTA, CA. 95045	CNS	CONSULTANT	\$2,500
Lilia K LEON 5617 mission way Commerce CA. 90040	PRO	TREASURY SERVICES	\$ 500
JJ COMMUNICATIONS 451 VIA VAQUERO SUR SAN JUAN BAUTISTA, CA. 95045	CNS	CONSULTANT	\$2,500
Lilia LEON 5617 MISSION WAY Commerce, CA. 90040	PRO	TREASURY SERVICES	\$ 500
CITY OF PICO RIVERA 6615 PASSONS BLVD. PICO RIVERA, CA. 90660	FIL	CANDIDATES Filing Fees	\$1,400

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

SUBTOTAL \$ 7,400