				COVER PAGE
Recipient Committee Campaign Statement Cover Page			RECEIVED CITY CLERI	
	Statement covers period 9/25/2016	Date of election if applicable: (Month, Day, Year)		Page of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through10/22/2016	11/8/2016	CITY OF CARS	МО
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Complete Part 6) Crimarily Formed Candidate/ fficeholder Committee Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	nt	Quarterly Statement Special Odd-Year Report
	NUMBER 389370	Treasurer(s) NAME OF TREASURER Marina Woolem MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX) 21855 #4 Avalon Blvd.		9529 Heiner Street CITY Bellflower	CA 9	ZIP CODE AREA CODE/PHONE 90706 562 508-567
CATSON CA 90745 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		NAME OF ASSISTANT TREASURE	ER, IF ANY	
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE Z	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS	
4. Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of the Executed on 10/27/2018 Executed on 10/27/2018 Executed on Date Executed on Date	California that the foregoing is true and By Signature of Cont		nt Treasurer Proponent or Responsible Officer of	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ___

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
FORM 400
Page of

Officeholder or Candidate Controlled Committee	6	. Primarily Formed Ballo	t Measure Co	mmittee	
NAME OF OFFICEHOLDER OR CANDIDATE	-	NAME OF BALLOT MEASURE			
Ramona Pimentel For City Council					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	-	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
Coucil Member City of Carson	_		1	<u> </u>	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 21855 #4 Avalon Blvd. Carson CA 90745		Identify the controlling office	eholder, candidate	e, or state measure pro	ponent, if any.
21033 #4 Avaion Bivd. Gaison GA 30743	-	NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPO	NENT	
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.		OFFICE SOUGHT OR HELD		DISTRICT NO	IF ANY
COMMITTEE NAME I.D. NUMBER	-				
	- 7	. Primarily Formed Cand	didate/Officeho	older Committee 』	ist names of
NAME OF TREASURER CONTROLLED COMMITTEE?	_	officeholder(s) or candidate(s,) for which this con	nmittee is primarily form	ed.
☐ YES ☐ NO	_	NAME OF OFFICEHOLDER OR C	CANDIDATE O	FFICE SOUGHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SUPPORT OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE	_	NAME OF OFFICEHOLDER OR C	CANDIDATE O	FFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME I.D. NUMBER	_	NAME OF OFFICEHOLDER OR O	ANDIDATE O	FFICE SOUGHT OR HELD	
		NAME OF STREET OF STREET	SANDIDATE	THOE GOODIN ON NEED	SUPPORT OPPOSE
NAME OF TREASURER CONTROLLED COMMITTEE?	_	NAME OF OFFICEHOLDER OR C	CANDIDATE O	FFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	_				
CITY STATE ZIP CODE AREA CODE/PHONE		Atta	ach continuation s	sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SI	IM	MA	RY	PΑ	GE

ummary Page	to whole dollars.	Stateme	ent covers period 9/25/2016	CALIFORNIA FORM	460
E INSTRUCTIONS ON REVERSE		through	10/22/2016	Page 3 of	f <i> </i>
ME OF FILER				I.D. NUMBER	
Ramona Pimentel For City Council 2016				1389370	

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 2,000.00 13,945.00 1,000.00	\$ \$ \$	1/1 through 6/30
Expenditures Made 6. Payments Made	\$ 11,425.23 0 0	\$ \$ \$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$\$	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. FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cove	ers period	CAL	SCHEDULE
				from9/25/	/2016		FORM 460
SEE INSTRUCTION	NS ON REVERSE			through10/2	22/2016	Page	
NAME OF FILER	imentel For City Council 2016			L		1.D. NL	IMBER 370
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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)

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)			
9/26/2016	KL Fenix Corp	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		2,000					
9/27/2016	Lucinda Pueblos	☑IND □COM □OTH □PTY □SCC	Santa Ana School Dist Asst. Superintendent	100					
9/27/2016	Patti Newcombe	☑IND □COM □OTH □PTY □SCC	Arrow Bail Bonds Bail Agent Go Fund Me	100					
9/27/2016	Gilda Rubio	IND COM OTH PTY	No Carolina Comm Coll State Dir of Education Go Fund Me	100					
9/27/2016	Jesus Nares	☑IND □COM □OTH □PTY □SCC	ILWU Longshoreman Go Fund Me	150					
SUBTOTAL \$ 2.450									

S	ch	ed	ul	eΔ	Si	ım	ma	ar\
v	UI I	Gu	u	o ,-	\cdot	A I E 5	1116	aı y

2. Amount received this period – unitemized monetary contributions of less than \$100	1.	Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$_	8,850

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from.

9/25/2016

		through10/22	2/2016	Page _	5 of//_						
AME OF FILER I.D. NUMBER											
Ramona Pimentel For City Council 2016 1389370											
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)				
10/4/2016	Sandra Ponce	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100							
9/30/2016	Custom Goods	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		600							
10/6/2016	Sylvia Sabo	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	150							
10/12/2016	Rita Boggs	☑IND □COM □OTH □PTY □SCC	Retired	300							
10/12/2016	Price Transfer	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250							
SUBTOTAL \$ 1,400											

*Contributor Codes

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OTH – Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

Monetary Contributions Received		to whole o	dollars.	from 9/25/2016		california 460					
				through10/2	2/2016	Page .	of				
NAME OF FILER											
Ramona Pir	nentel For City Council 2016			,		13893	370				
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)				
10/12/2016	BNSF Railway	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000							
10/18/2016	BizFed PAC ID #1305594	☐IND ☐COM ☐OTH ☑PTY ☐SCC		500							
10/18/2016	Robert Ernenwein Atty	☑IND □COM □OTH □PTY □SCC	Attorney McGregor/Ernenwein	500							
10/19/2016	Sylvia Sabo	☑IND □COM □OTH □PTY □SCC	Retired	100	2	50					
10/24/2016	Al Graf Bail Bonds	☐IND ☐COM ☑OTH ☐PTY ☐SCC		100							
			SUBTOTAL S	\$ 2,200							

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

FORM

Statement covers period

from_

9/25/2016

NAME OF FILER Ramona Pin	nentel For City Council 2016	through 10/2	2/2016	Page			
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/24/2016	Blanca Rubio For Assembly ID #1374659	□IND □COM □OTH ☑PTY □SCC		500			
10/24/2016	Mark Payne	☑IND □COM □OTH □PTY □SCC	Panattoni	1,500			
10/24/2016	Sylvia Cardona	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	500			
10/24/16	Mitsubishi Cement Corp	□IND □COM ☑OTH □PTY □SCC		200			
10/24/2016	Carol Justiniano	☑ IND □ COM □ OTH □ PTY □ SCC	Exec Secretary L A City College	100			

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

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Amounts may be rounded to whole dollars.

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Statement covers period

Loans Received					from9/25	/2016	FORM	'^ 40U
SEE INSTRUCTIONS ON REVERSE					through10/2	22/2016	Page 8	of
NAME OF FILER							I.D. NUMBER	
Ramona Pimentel For City Council 2016							1389370	
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	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Carson Bail Bonds		. 0	2,000	PAID \$ FORGIVEN	\$	RATE	\$ 2,000	\$ PER ELECTION**
[†] □IND □ COM ☑ OTH □ PTY □ SCC		\$	\$	s0	2,000 DATE DUE	s0	10/14/16 DATE INCURRED	\$
		_		PAID \$ FORGIVEN	\$	% RATE	\$	SPER ELECTION **
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$0	\$	s	DATE DUE	\$	DATE INCURRED	s
				PAID \$ FORGIVEN	\$	% RATE	\$	\$ PER ELECTION**
† IND COM OTH PTY SCC		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	2,000	\$	\$ 3,912.20	\$		
Schedule B Summary 1. Loans received this period				\$	2,000	(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha	00 paid or forgiven.)			\$	0	IN CO	Contributor Codes ID – Individual OM – Recipient C (other than TH – Other (e.g., TY – Political Part	ommittee PTY or SCC) business entity)
3. Net change this period. (Subtract Line Enter the net here and on the Summar					2,000 May be a negative number)	So	CC – Small Contr	ibutor Committee

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

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

Schedule C Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

Ramona Pimentel For City Council 2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CUMULATIVE TO AMOUNT/ IF AN INDIVIDUAL, ENTER PER ELECTION **DESCRIPTION OF** FULL NAME, STREET ADDRESS AND CONTRIBUTOR DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE ZIP CODE OF CONTRIBUTOR CODE * GOODS OR SERVICES RECEIVED CALENDAR YEAR (IF SELF-EMPLOYED, ENTER VALUE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) **Z** IND Slate Card Vera Robles DeWitt **Bail Agent** □ COM 1,000 1,000 10/19/16 Carson Bail Bonds Contribution OTH □ PTY SCC COM Потн □ PTY SCC □ IND COM OTH ☐ PTY □ scc □IND □ COM OTH □ PTY □ SCC Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 1,000

Schedule C Summary

Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	.\$1,000
Amount received this period – unitemized nonmonetary contributions of less than \$100	•
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	\$1,000

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule E Payments Made	Amounts may b to whole d			Statem	9/25/2016 10/22/2016	CALIFOI FOR	M 700
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			· · · · · · · · · · · · · · · · · · ·	through_	10/22/2016	Page	of
Ramona Pimentel For City Council 2016						1389370	
CODES: If one of the following codes accurately described CMP campaign paraphernalia/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 com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearances ses lating s urvey research	enger services	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF transf VOT voter	ibe the payment. airtime and production of the contributions aign workers' salaries cable airtime and production date travel, lodging, and spouse travel, lodging, airtime between committees registration nation technology costs (nction costs meals nd meals of the same o	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OF	R DE:	SCRIPTION OF PA	AYMENT		AMOUNT PAID
Xpress Graphics		PRT					3,605.60
Xpress Graphics		PRT		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3,145.20
US Post Master		PoS					2,925.25
* Payments that are contributions or independent expenditures must also	be summarized on Sche	edule D.			SUE	BTOTAL \$	9,676.05
Schedule E Summary							1
Itemized payments made this period. (Include all Schedu Initemized payments made this period of under \$100.)	ile E subtotals.)					\$	11,353,59
2. Unitemized payments made this period of under \$100						\$	69.69

Schedule E
Continuation Sheet)
Payments Made

Amounts may be rounded

SCHEDU	LEE	(CONT.)
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(Continuation Sheet)	to whole dollars.	Stater	nent covers period	CALIFORNIA 460	
Payments Made		from	9/25/2016	FORM TOU	
SEE INSTRUCTIONS ON REVERSE		through _	10/22/2016	Page/_ of/_	
NAME OF FILER				I.D. NUMBER	
Ramona Pimentel For City Council 2016				1389370	
CODES: If one of the following codes accurately	ly describes the payment, you may enter the code of	Otherwise des	cribe the navment		

CODES: If one of the following codes accurately describe	es 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 PAYER		

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U Ss Post Master	POS		1,679.49

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

SUBTOTAL \$

1,679.49