

**Recipient Committee
Campaign Statement
Cover Page**

FILED THIS DATE IN THE OFFICE
OF THE CITY CLERK OF THE CITY
OF CHINO

OCT 20 2020

CALIFORNIA FORM **460**

Page 1 of 16
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from September 20, 2020
through October 17, 2020

Date of election if applicable:
(Month, Day, Year)

November 3, 2020 City Clerk,

Deputy City Clerk,

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

3. Committee Information

I.D. NUMBER
1387965

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

Eunice Ulloa for Mayor 2020

STREET ADDRESS (NO P.O. BOX)

11636 Vernon Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Chino</u>	<u>CA</u>	<u>91710</u>	<u>909-627-4957</u>

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

11636 Vernon Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Chino</u>	<u>CA</u>	<u>91710</u>	<u>909-627-4957</u>

OPTIONAL: FAX / E-MAIL ADDRESS

emulloa@verizon.net

Treasurer(s)

NAME OF TREASURER

Robert F. Ulloa

MAILING ADDRESS

11636 Vernon Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Chino</u>	<u>CA</u>	<u>91710</u>	<u>909-627-4957</u>

NAME OF ASSISTANT TREASURER, IF ANY

Eunice M. Ulloa

MAILING ADDRESS

11636 Vernon Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Chino</u>	<u>CA</u>	<u>91710</u>	<u>909-627-4957</u>

OPTIONAL: FAX / E-MAIL ADDRESS

emulloa@verizon.net

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and certify under penalty of perjury under the laws of the State of California that the

information in the attached schedules is true and complete. I

Executed on 10/20/2020
Date

Executed on 10/20/2020
Date

Executed on _____
Date

Executed on _____
Date



By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Responsible Officer of Sponsor

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Eunice Ulloa

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor - City of Chino

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
11636 Vernon Avenue Chino CA 91710

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
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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**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>September 20, 2020</u>	CALIFORNIA FORM 460
through <u>October 17, 2020</u>	
Page <u>3</u> of <u>16</u>	I.D. NUMBER <u>1387965</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Eunice Ulloa

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ <u>22,161.00</u>	\$ <u>32,361.00</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>22,161.00</u>	\$ <u>32,361.00</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>22,161.00</u>	\$ <u>32,361.00</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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>49,723.02</u>	\$ <u>62,039.54</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>49,723.02</u>	\$ <u>62,039.54</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	\$ <u>-1,207.50</u>	\$ <u>0</u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>48,515.52</u>	\$ <u>62,039.54</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..... <i>Previous Summary Page, Line 16</i>	\$ <u>31,679.36</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	\$ <u>22,161.00</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	\$ <u>54.00</u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	\$ <u>49,723.02</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>4,171.34</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..... <i>Schedule B, Part 2</i>	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ _____
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ _____

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from September 20, 2020
through October 17, 2020

**CALIFORNIA
FORM 460**

Page 4 of 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Eunice Ulhoa

I.D. NUMBER
1387975

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/2020	Craig Sorensen [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sergeant California Department of Corrections	\$100.00	\$100.00	
10/02/2020	Gary George [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$150.00	\$150.00	
10/03/2020	Sondra Elrod [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$100.00	
10/03/2020	M.K. Smith Chevrolet (Robert Smith) [REDACTED] Rancho Cucamonga, 91737	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
10/04/2020	Jeff Gaul [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Disneyland	\$100.00	\$100.00	

SUBTOTAL \$ 700

Schedule A Summary

- Amount received this period -- itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 19,150.00
- Amount received this period -- unitemized monetary contributions of less than \$100 \$ 3,011.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 22,161.00

*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 (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>September 20, 2020</u> through <u>October 17, 2020</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>16</u>
I.D. NUMBER 1387965	

NAME OF FILER Eunice Ulloa	I.D. NUMBER 1387965
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/5/2020	Viramontes Express [REDACTED] Corona, CA 92880	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	
10/05/2020	Brenda Scott Chevron [REDACTED] Chino, CA 91710	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
10/05/2020	Richard Rowe [REDACTED] Chino, CA 91710-6430	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$500.00	\$500.00	
10/05/2020	Ronald C. Pietersma [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dairyman (self-employed) Legend Dairy Farms	\$500.00	\$500.00	
10/05/2020	David Sakurai [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$100.00	
SUBTOTAL \$ 3,850.00						

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 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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>September 20, 2020</u>	CALIFORNIA FORM 460
through <u>October 17, 2020</u>	
Page <u>6</u> of <u>16</u>	I.D. NUMBER 1387965

NAME OF FILER
Eunice Ulloa

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/5/2020	Robert Bales [REDACTED] Ontario, CA 91762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250.00	\$250.00	
10/5/2020	Bernice Gray [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$100.00	
10/5/2020	Ray Moors [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Joey's Bar-B-Q	\$150.00	\$150.00	
10/6/2020	Naser Noor [REDACTED] Rancho Cucamonga, CA 91739	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lending Consultant Lending Capital, Inc	\$100.00	\$100.00	
10/6/2020	Mary Alice Reed [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trucking Specialized Equipment Systems	\$200.00	\$200.00	
SUBTOTAL \$ 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 (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>September 20, 2020</u> through <u>October 17, 2020</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>16</u>
I.D. NUMBER 1387965	

NAME OF FILER
Eunice Ulloa

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/6/2020	Vincent Joseph Lopez [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-employed Vince Lopez Design	\$200.00	\$200.00	
10/6/2020	Goyenette Dairy [REDACTED] Buttonwillow, CA 93206	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
10/7/2020	Paul J. Molinaro, M.D., J.D. [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self employed Fransen & Molinaro	\$100.00	\$100.00	
10/8/2020	Donna M. Smith [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$100.00	
10/8/2020	Kevin B. Sullivan [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$100.00	
SUBTOTAL \$ 750.00						

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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**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>September 20, 2020</u> through <u>October 17, 2020</u>	CALIFORNIA FORM 460
Page <u>8</u> of <u>16</u>	I.D. NUMBER 1387965

NAME OF FILER
Eunice Ulloa

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/8/2020	Chino Auto Repair & Collision Center [REDACTED] Chino, CA 91710	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
10/9/2020	Edouard P. Layaye [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$100.00	
10/9/2020	B. J. Garrison [REDACTED] Upland, CA 91784-1139	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-employed Pierce Projects, Inc.	\$100.00	\$100.00	
10/9/2020	James "Butch" Wolfinbarger [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200.00	\$200.00	
10/11/2020	Paul Hofer [REDACTED] Ontario, CA 91761	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Hofer Ranch	\$2,000.00	\$2,000.00	
SUBTOTAL \$ 2,650.00						

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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**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>September 20, 2020</u> through <u>October 17, 2020</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>16</u>
I.D. NUMBER 1387965	

NAME OF FILER
Eunice Ulloa

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2020	Bernadetter G. Helton [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner/manager Centro Basco	\$100.00	\$100.00	
10/13/2020	Chino Officers for Political Stability FPPC3 951707 [REDACTED] Chino, CA 91710	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
10/13/2020	Mary Borba Parente [REDACTED] Ontario, CA 91762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Borba Parente Masa Tech Accounts	\$1,000.00	\$1,000.00	
10/14/2020	Gloria Smith [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chino Valley Chamber	\$100.00	\$100.00	
10/14/2020	Carson Estate Trust [REDACTED] Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
SUBTOTAL \$ 6,300.00						

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COM – Recipient Committee
(other than PTY or SCC)
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PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>September 20, 2020</u> through <u>October 17, 2020</u>	CALIFORNIA FORM 460
Page <u>10</u> of <u>16</u>	I.D. NUMBER 1387965

NAME OF FILER
Eunice Ulloa

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2020	Linda Cooper [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Inland Empire Escrow	\$500.00	\$500.00	
10/17/2020	Gayle A. Gramer [REDACTED] Stanton, CA 90680-1834	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250.00	\$250.00	
10/16/2020	O.F. Wolfinbarger, Inc. [REDACTED] Chino, CA 91710-1916	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	
10/17/2020	Randy L. Wolfinbarger [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-employed O.F. Wolfinbarger, Inc.	\$250.00	\$250.00	
10/17/2020	Michael J. Bidart [REDACTED] Claremont, CA 91711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Shernoff, Bidart, Echeverria, LLP	\$1,500.00	\$1,500.00	
SUBTOTAL \$ 4,000.00						

*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 (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>September 20, 2020</u>	CALIFORNIA FORM 460
through <u>October 17, 2020</u>	
Page <u>11</u> of <u>16</u>	
I.D. NUMBER 1387965	

NAME OF FILER
Eunice Ulloa

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2020	Beno, Van Dyk, & Owens [REDACTED] Rancho Cucamonga, CA 91730	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
 						
 						
 						
 						
 						
 						
SUBTOTAL \$ 100.00						

*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 E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>September 20, 2020</u> through <u>October 17, 2020</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>16</u>
I.D. NUMBER 1387965	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Eunice Ulloa

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
Freeman Public Affairs 1405 Marcelina, Ste 108 Torrance, CA 90501	CNS		\$48,258.00
Champion Publications 13179 9th Street Chino, CA 91710	PRT		\$130.00
Rudy's Sign Graphics 10841 Modoc St Rancho Cucamonga, CA 91701	CMP		\$422.38

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

SUBTOTAL \$ 48,810.38

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 49,620.38
2. Unitemized payments made this period of under \$100.....	\$ 102.64
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$ 49,723.02

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

Amounts may be rounded
to whole dollars.

Statement covers period from <u>September 20, 2020</u> through <u>October 17, 2020</u>	CALIFORNIA FORM 460
	Page <u>13</u> of <u>16</u>
	I.D. NUMBER 1387965

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Eunice Ulloa

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
Kona Ice 1941 California Ave #77591 Corona, CA 92877		Kona ice cones for meet and greets in the Preserve	\$400.00
Sam's Club 3951 Grand Avenue Chino, CA 91710	POS		\$110.00
Los Portales 12542 Central Avenue Chino, CA 91710		Gift cards for campaign parade drivers	\$300.00
 			

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

SUBTOTAL \$ 810.00

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>September 20, 2020</u> through <u>October 17, 2020</u>	CALIFORNIA FORM 460
	Page <u>14</u> of <u>16</u>
I.D. NUMBER 1387965	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Eunice Ulloa

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 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
Freeman Public Affairs, Inc. 1405 Marcelina, Ste 108; Torrance, CA 90501	CNS	\$1,207.50	0	\$1,207.50	0
 					
 					
 					
SUBTOTALS		\$ 1,207.50	\$ 0	\$ 1,207.50	\$ 0

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 0**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 1,207.50**
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ -1,207.50**

**Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)**

Amounts may be rounded
to whole dollars.

Statement covers period
from September 20, 2020
through October 17, 2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Eunice Ulloa

I.D. NUMBER
1387965

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Freeman Public Affairs, Inc.

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) |

* 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
Pi Productions 910 E. G Street Ontario, CA 91764	TEL			\$1,200.00
 				
 				
 				

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,200.00

* 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.

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
from September 20, 2020
through October 17, 2020

**CALIFORNIA
FORM 460**

Page 16 of 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Eunice Ulloa

I.D. NUMBER

1387965

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
<i>Attach additional information on appropriately labeled continuation sheets.</i>			
SUBTOTAL \$ <u>Ø</u>			

Schedule I Summary

- 1. Itemized increases to cash this period. \$ Ø
- 2. Unitemized increases to cash of under \$100 this period. \$ 54.00
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ Ø
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL** \$ 54.00