

SWORN COMPLAINT FORM
(Form May Be Subject to Public Disclosure)*

AS REQUIRED BY GOVERNMENT CODE SECTION 83115, please complete the form below to file a sworn complaint with the Fair Political Practices Commission.

Mail the complaint to: **Enforcement Division**
 Fair Political Practices Commission
 428 J Street, Suite 620
 Sacramento, CA 95814

NOTE: *The Fair Political Practices Commission does not enforce or address violations of the Brown Act, the content of campaign communications, residency requirements, the inappropriate use of public funds or resources (including use of uniforms or equipment), placement of campaign signs or materials on public property, or violation of a local campaign rule or campaign ordinance.*

Person Making Complaint

Last Name: De Leon

First Name: David

Street Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Telephone: [REDACTED]

Fax: () -

E-mail: [REDACTED]

***IMPORTANT NOTICE**

Under the California Public Records Act (Gov. Code Section 6250 and following), this sworn complaint and your identity as the complainant may be subject to public disclosure. Unless the Chief of Enforcement deems otherwise, within three business days of receiving your sworn complaint we will send a copy of it to the person(s) you allege violated the law.

In some circumstances, the FPPC may claim your identity is confidential, and therefore not subject to disclosure. A court of law could ultimately make the determination of confidentiality. If you wish the FPPC to consider your identity confidential, do not file the complaint before you contact the FPPC to discuss the complaint at (916) 322-5660 or toll free at (866) 275-3772.

Person(s) Who Allegedly Violated the Political Reform Act: (If there are multiple parties involved, attach additional pages as necessary.)

Last Name: Solorio

First Name: Jose

Committee Name: Solorio for City Council 2016
(only if applicable)

Street Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: 9[REDACTED]

Telephone: ([REDACTED])

Fax: ()

E-mail: _____

Describe, With as Much Particularity as Possible, the Facts Constituting the Alleged Violation(s) and How You Have Personal Knowledge that it Occurred.*

Jose Solorio violated Gov. Code Sec. 89517(a): "(a) Campaign funds shall not be used for payment or reimbursement for the lease of real property or for the purchase, lease, or refurbishment of any appliance or equipment, where the lessee or sublessor is, or the legal title resides, in whole or in part, in a candidate, elected officer, campaign treasurer, or any individual or individuals with authority to approve the expenditure of campaign funds, or member of his or her immediate family."

His use of Campaign contributions to pay for the apartment he is renting is in direct violation.

***IMPORTANT!** Attach copies of any available documentation that is evidence of the violation, (for example, copies of checks, campaign materials, minutes of meetings, etc., if applicable to the complaint.) Note that a newspaper article is **NOT** considered evidence of a violation.

Provision(s)/Section(s) of the Political Reform Act Allegedly Violated and When the Violation(s) Occurred: (If specific sections are not known, please provide a brief summary)

Gov. Code Sec. 89517(a): "(a) Campaign funds shall not be used for payment or reimbursement for the lease of real property or for the purchase, lease, or refurbishment of any appliance or equipment, where the lessee or sublessor is, or the legal title resides, in whole or in part, in a candidate, elected officer, campaign treasurer, or any individual or individuals with authority to approve the expenditure of campaign funds, or member of his or her immediate family."

###

Name and Addresses of Potential Witnesses, Other than Yourself, if Known:

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ - _____

Fax: (____) _____ - _____

E-mail: _____

Last Name: _____

First Name: _____

Street Address:

City: _____ State: _____ Zip: _____

Telephone: (____) ____ - _____

Fax: (____) ____ - _____

E-mail: _____

###

Last Name: _____

First Name: _____

Street Address:

City: _____ State: _____ Zip: _____

Telephone: (____) ____ - _____

Fax: (____) ____ - _____

E-mail: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(Signature) 10-05-2016
(Date)

David De Leon
(Please Print Your Name)

Clear Page

Print Page

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

| | |
|--|--------------------------------|
| Date Stamp | CALIFORNIA FORM 460 |
| E-Filed 09/29/2016 15:13:20 Filing ID: 161750360 | |
| Page <u>1</u> of <u>19</u> | |
| For Official Use Only | |

| | |
|---------------------------|---|
| Statement covers period | Date of election if applicable: (Month, Day, Year) |
| from <u>01/01/2016</u> | <u>11/08/2016</u> |
| through <u>09/24/2016</u> | |

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1386814

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Solorio for City Council 2016

STREET ADDRESS (NO P.D. BOX)
3605 Long Beach Blvd., Suite 426

| | | | |
|-------------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Long Beach</u> | <u>CA</u> | <u>90807</u> | <u>(562) 427-2100</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET DR P.O. BOX
555 Capitol Mall, Suite 1425

| | | | |
|-------------------|-----------|--------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Sacramento</u> | <u>CA</u> | <u>95814</u> | |

OPTIONAL: FAX / E-MAIL ADDRESS
info@olsonhagel.com

Treasurer(s)

NAME OF TREASURER
Jose Solorio

MAILING ADDRESS
3605 Long Beach Blvd., Suite 426

| | | | |
|-------------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Long Beach</u> | <u>CA</u> | <u>90807</u> | <u>(562) 427-2100</u> |

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 09/28/2016
Date

Executed on 09/28/2016
Date

Executed on _____
Date

Executed on _____
Date

By Jose Solorio
Signature of Treasurer or Assistant Treasurer

By Jose Solorio
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

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (066/275-3772)
www.fppc.ca.gov

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

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 19

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Jose Solorio
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member: City of Santa Ana District 3
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
3605 Long Beach Blvd., Suite 426 Long Beach CA 90807

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 <u>Solorio for College Board, RSCCD 2016</u> | I.D. NUMBER <u>1348743</u> |
|--|-------------------------------|

| | |
|--|--|
| NAME OF TREASURER <u>Jose Solorio</u> | CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|--|--|

| | |
|--|--|
| COMMITTEE ADDRESS <u>3605 Long Beach Blvd., Suite 426</u> | STREET ADDRESS (NO P.O. BOX) |
| CITY <u>Long Beach</u> | STATE <u>CA</u> |
| ZIP CODE <u>90807</u> | AREA CODE/PHONE <u>(562) 427-2100</u> |

| | |
|----------------|-------------|
| 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**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|--|
| Statement covers period from <u>01/01/2016</u> through <u>09/24/2016</u> | CALIFORNIA FORM 460 Page <u>3</u> of <u>19</u> I.D. NUMBER 1386814 |
|--|--|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Solorio for City Council 2016

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ 19,376.00 | \$ 19,376.00 |
| 2. Loans Received Schedule B, Line 3 | 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 19,376.00 | \$ 19,376.00 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 19,376.00 | \$ 19,376.00 |

**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 | \$ 8,930.82 | \$ 8,930.82 |
| 7. Loans Made Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 8,930.82 | \$ 8,930.82 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | 3,055.00 | 3,055.00 |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 11,985.82 | \$ 11,985.82 |

**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 | \$ 0.00 |
| 13. Cash Receipts Column A, Line 3 above | 19,376.00 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 0.00 |
| 15. Cash Payments Column A, Line 8 above | 8,930.82 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 10,445.18 |

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 | \$ 0.00 |
| Cash Equivalents and Outstanding Debts | |
| 18. Cash Equivalents See instructions on reverse | \$ 0.00 |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ 3,055.00 |

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from <u>01/01/2016</u> through <u>09/24/2016</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>19</u> |
| I.O. NUMBER 1386814 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Solorio for City Council 2016

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.O. 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) |
|--------------------|---|---|--|-----------------------------|---|------------------------------------|
| 07/22/2016 | Association of Orange County Deputy Sheriffs PAC (ID# 782021) 1314 West 5th Street Santa Ana, CA 92703 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> DTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| 08/22/2016 | California Apartment Association Political Action Committee (ID# 745208) 980 Ninth Street, Suite 1430 Sacramento, CA 95814 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| 08/19/2016 | California Nurses Association Political Action Committee (CNA-PAC) (ID# 780657) 555 Capitol Mall, Suite 1425 Sacramento, CA 95814 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 500.00 | 1,000.00 | |
| 09/23/2016 | California Nurses Association Political Action Committee (CNA-PAC) (ID# 780657) 555 Capitol Mall, Suite 1425 Sacramento, CA 95814 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 500.00 | 1,000.00 | |
| 09/23/2016 | Californians For Jobs & A Strong Economy (ID# 1275549) 5429 Madison Avenue Sacramento, CA 95841 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| SUBTOTAL \$ | | | | 4,000.00 | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 18,237.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 1,139.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 19,376.00

*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

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

www.netfile.com

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2016 | |
| through | 09/24/2016 | Page <u>5</u> of <u>19</u> |

| | |
|--|------------------------|
| NAME OF FILER Solorio for City Council 2016 | I.D. NUMBER 1386814 |
|--|------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 07/14/2016 | Jody Campbell 2550 South Garney Street Santa Ana, CA 92707 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Towing Company Dwner HetroPro Road Services | 250.00 | 250.00 | |
| 07/22/2016 | David Canzoneri 17941 Mitchell Street Irvine, CA 92614 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Property Manager Farwest Management | 500.00 | 500.00 | |
| 09/23/2016 | Care Ambulance Service, Inc. 1517 West Braden Court Orange, CA 92868 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| 08/15/2016 | Irving Chase 129 West Wilson Street, Suite 100 Costa Mesa, CA 92627 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Manager S & A Mangement | 249.00 | 249.00 | |
| 07/18/2016 | Ryan G. Chase 129 West Wilson Street, Suite 100 Costa Mesa, CA 92627 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Principal S & A Management | 249.00 | 249.00 | |
| SUBTOTAL \$ | | | | 1,748.00 | | |

*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

FPPC Form 460 (Jan/2016)
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 www.fppc.ca.gov

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2016 | |
| through | 09/24/2016 | Page 6 of 19 |
| NAME OF FILER | | I.D. NUMBER |
| Solorio for City Council 2016 | | 1386614 |

| 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) |
|--------------------|---|--|---|-----------------------------|--|---------------------------------------|
| 07/30/2016 | Mark Couglas 200 East Chapman Avenue Orange, CA 92866 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Software Company Owner LCPTracker | 500.00 | 500.00 | |
| 09/08/2016 | Julie Green 408 Crocker Road Sacramento, CA 95864 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Unemployed None | 1,000.00 | 1,000.00 | |
| 09/16/2016 | Eric Gregory 1038 North Custer Street Santa Ana, CA 92701 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Manager Certified Transportation Services, Inc. | 249.00 | 249.00 | |
| 07/25/2016 | Griffin Structures, Inc. 2 Technology Drive, Suite 150 Irvine, CA 92618 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 249.00 | 249.00 | |
| 07/25/2016 | Guaranty Chevrolet Motors, Inc. 711 East 17th Street Santa Ana, CA 92701 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| SUBTOTAL \$ | | | | 2,498.00 | | |

*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

FPPC Form 460 (Jan/2016)
 FPPC Advice: advice@fppc.ca.gov (066/275-3772)
 www.fppc.ca.gov

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2016 | |
| through | 09/24/2016 | Page <u>7</u> of <u>19</u> |
| NAME OF FILER | | I.D. NUMBER |
| Solorio for City Council 2016 | | 1386814 |

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/22/2016 | Michael Harrah 1103 North Broadway Santa Ana, CA 92701 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Owner Caribou Industries | 249.00 | 249.00 | |
| 08/19/2016 | IBI Group GP dba IBI Group 18401 Von Karman Avenue, Suite 110 Irvine, CA 92612 | <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 | |
| 09/22/2016 | Don Krotee 230 North Bush Street Santa Ana, CA 92701 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Architect DKP, Inc. | 1,000.00 | 1,000.00 | |
| 09/08/2016 | Christopher Lee 1945 Port Chelsea Place Newport Beach, CA 92660 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President Arrimus Capital | 249.00 | 249.00 | |
| 07/25/2016 | Nate's Korner 3960 South Main Street, Unit B Santa Ana, CA 92707 | <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 | |
| SUBTOTAL \$ | | | | 1,998.00 | | |

*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

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 www.fppc.ca.gov

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2016 | |
| through | 09/24/2016 | Page <u>8</u> of <u>19</u> |

| | |
|--|------------------------|
| NAME OF FILER Solorio for City Council 2016 | I.D. NUMBER 1386814 |
|--|------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 07/18/2016 | NMC Santa Ana, LLC 5850 Canoga Avenue, #650 Woodland Hills, CA 91367 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| 09/08/2016 | Jeremy Ogulnick 3018 Manning Avenue Los Angeles, CA 90064 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Developer Vineyard Developments | 249.00 | 249.00 | |
| 09/07/2016 | Rachel Ogulnick 351 North La Jolla Avenue Los Angeles, CA 90048 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker None | 249.00 | 249.00 | |
| 09/07/2016 | Ryan Ogulnick 8391 Beverly Blvd., Suite 587 Los Angeles, CA 90048 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor VDC | 249.00 | 249.00 | |
| 07/25/2016 | Orange County Professional Firefighters Association IAFF PAC (IO# 950925) 1900 East Warner Avenue, Suite G Santa Ana, CA 92705 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| SUBTOTAL \$ | | | | 2,747.00 | | |

*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

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 www.fppc.ca.gov

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

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
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| | |
|--|------------------------|
| NAME OF FILER Solorio for City Council 2016 | I.D. NUMBER 1386814 |
|--|------------------------|

| 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) |
|--------------------|--|---|---|-----------------------------|--|---------------------------------------|
| 08/13/2016 | Veronica Perez 325 West 8th Street, Suite 901 Los Angeles, CA 90014 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Government Relations Veronica Perez & Associates | 250.00 | 250.00 | |
| 07/22/2016 | Pieper Properties 13122 Laurinda Way Santa Ana, CA 92705 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 249.00 | 249.00 | |
| 08/05/2016 | Plumbers and Steamfitters Local Union No. 582 Political Action Committee (ID# 890440) 1916 West Chapman Avenue Orange, CA 92868 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| 08/09/2016 | Poseidon Resources including affiliated entity Poseidon Resources (Surfside) LLC 2710 Gateway Oaks Drive, Suite 150N Sacramento, CA 95833 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| 07/25/2016 | PSOMAS 100 Corporate Pointe, #265 Culver City, CA 90230 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 249.00 | 249.00 | |
| SUBTOTAL \$ | | | | 2,748.00 | | |

*Contributor Codes
 IND - Individual
 CDM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2016 | |
| through | 09/24/2016 | Page 10 of 19 |
| NAME OF FILER | | I.D. NUMBER |
| Solorio for City Council 2016 | | 1386814 |

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 07/22/2016 | Santa Ana Police Management Association- Political Action Committee (ID# 1318875) 60 Civic Center Plaza Santa Ana, CA 92701 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 249.00 | 249.00 | |
| 08/05/2016 | Santa Ana Police Officers Political Action Committee (ID# 841683) 1607 North Sycamore Santa Ana, CA 92701 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 249.00 | 249.00 | |
| 09/23/2016 | Smith Public Affairs 1517 West Braden Court Orange, CA 92868 | <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 | |
| 08/19/2016 | Southern California Pipe Trades District Council No. 16 Political Action Committee (ID# 760715) 501 Shatto Place, Suite 400 Los Angeles, CA 90020 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| 07/09/2016 | Michael Tardif 1419 East 19th Street Santa Ana, CA 92705 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Owner Tardif Sheet Metal | 100.00 | 100.00 | |
| SUBTOTAL \$ | | | | 1,848.00 | | |

*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 (CDNT)

| | | |
|-------------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2016 | |
| through | 09/24/2016 | Page 11 of 19 |
| NAME OF FILER | | I.D. NUMBER |
| Solorio for City Council 2016 | | 1386814 |

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 07/22/2016 | The Innova Group, Inc. 2128 North Westwood Avenue Santa Ana, CA 92706 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 150.00 | 150.00 | |
| 08/05/2016 | World Oil Corp. and Aggregated Contributions 9302 Garfield Avenue South Gate, CA 90280 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> CDM <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 \$ | | | | 650.00 | | |

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 (other than PTY or SCC)
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 PTY - Political Party
 SCC - Small Contributor Committee

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 www.fppc.ca.gov

www.netfile.com

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2016
through 09/24/2016

SCHEDULE D
**CALIFORNIA
FORM 460**
Page 12 of 19
I.O. NUMBER
1386814

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Solorio for City Council 2016

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 09/07/2016 | Democratic Party of Orange County | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | 1,000.00 | 1,000.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 09/17/2016 | Los Angeles County Democratic Party | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | 1,380.00 | 1,380.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ | | | | 2,380.00 | | |

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)..... \$ 2,380.00
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 99.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** 2,479.00

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www.fppc.ca.gov

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2016 | |
| through | 09/24/2016 | Page 13 of 19 |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Solorio for City Council 2016

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 |
|---|---------|------------------------|-------------|
| Ruben Alvarez 1101 West Walnut Santa Ana, CA 92703 | OFC | | 500.00 |
| Andrae Vigil-Romero 2 Partridge Lane Aliso Viejo, CA 92656 | CMP | | 180.00 |
| Anedot 7122 Perkins Row Baton Rouge, LA 70808 | OFC | | 4.20 |

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

SUBTOTAL \$ 684.20

Schedule E Summary

| | |
|--|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 8,696.82 |
| 2. Unitemized payments made this period of under \$100 | \$ 234.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ 0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 8,930.82 |

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
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| through | 09/24/2016 | Page 14 of 19 |
| I.D. NUMBER | | 1386814 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Solorio for City Council 2016

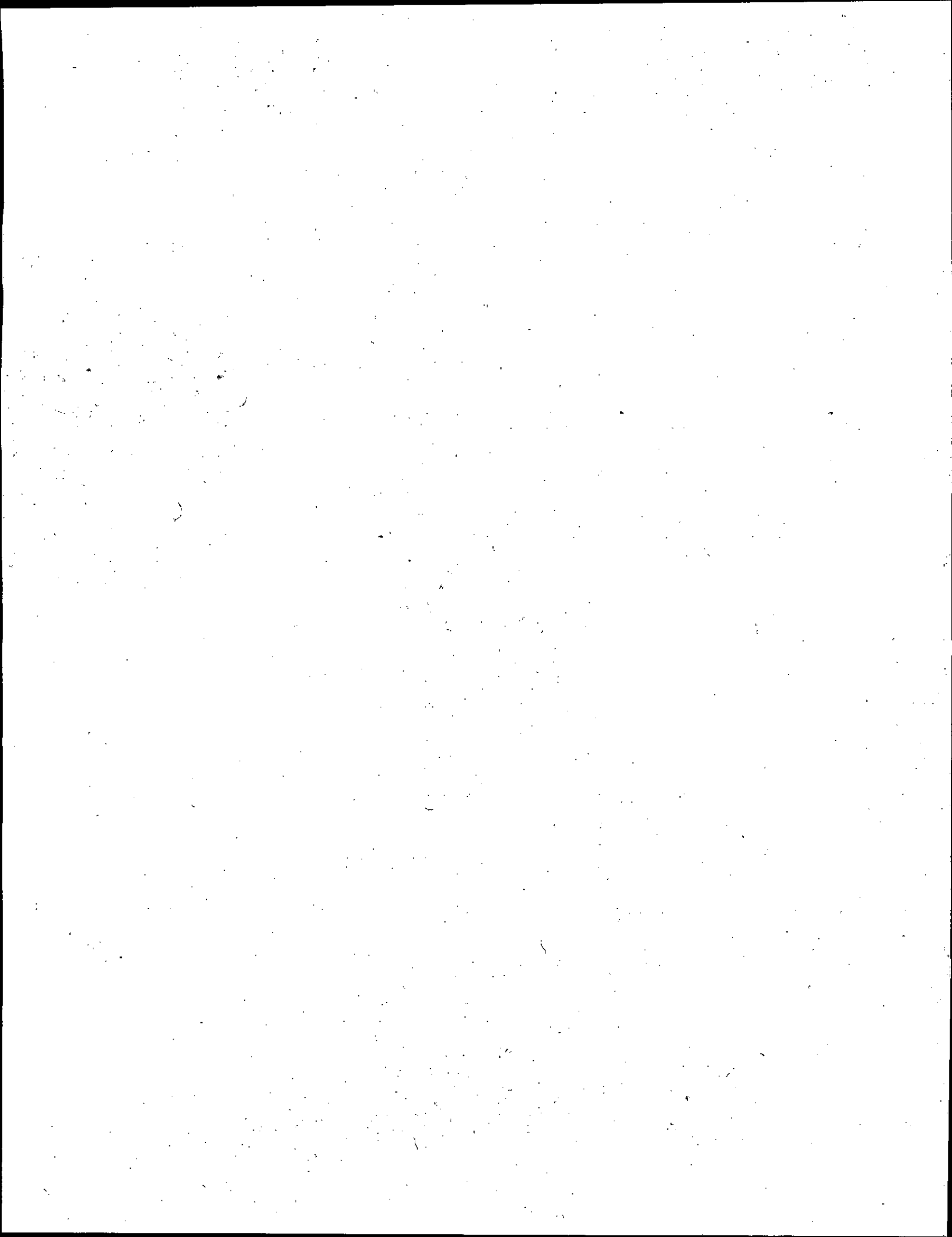
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|--|--|--|
| 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 |
|---|---------|------------------------|-------------|
| Anedot 7122 Perkins Row Baton Rouge, LA 70808 | OFC | | 10.05 |
| Anedot 7122 Perkins Row Baton Rouge, LA 70808 | DFC | | 19.80 |
| Anedot 7122 Perkins Row Baton Rouge, LA 70808 | DFC | | 19.80 |
| Anedot 7122 Perkins Row Baton Rouge, LA 70808 | OFC | | 10.05 |
| Anedot 7122 Perkins Row Baton Rouge, LA 70808 | OFC | | 10.01 |

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

SUBTOTAL \$ 69.71



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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE
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Solorio for City Council 2016

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 | FET 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 | PRI 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 |
|---|---------|------------------------|-------------|
| Anedot 7122 Perkins Row Baton Rouge, LA 70808 | OFC | | 10.01 |
| Anedot 7122 Perkins Row Baton Rouge, LA 70808 | OFC | | 39.30 |
| Anedot 7122 Perkins Row Baton Rouge, LA 70808 | OFC | | 10.01 |
| Anedot 7122 Perkins Row Baton Rouge, LA 70808 | OFC | | 10.01 |
| Anedot 7122 Perkins Row Baton Rouge, LA 70808 | OFC | | 39.30 |

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

SUBTOTAL \$ 108.63

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
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| NAME OF FILER | | I.D. NUMBER |
| Solario for City Council 2016 | | 1386814 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Solario for City Council 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MCR | 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Corporate Printing & Graphics 1735 East Wilshire Avenue, #804 Santa Ana, CA 92705 | LIT | | 1,512.00 |
| Far West Management Corporation 17941 Mitchell Street Irvine, CA 92614 | OFC | | 666.67 |
| Far West Management Corporation 17941 Mitchell Street Irvine, CA 92614 | OFC | | 1,000.00 |
| Olson Hagel & Fishburn, LLP 555 Capitol Mall, Suite 1425 Sacramento, CA 95814 | PRO | | 297.50 |
| Olson Hagel & Fishburn, LLP 555 Capitol Mall, Suite 1425 Sacramento, CA 95814 | PRO | | 903.36 |

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

SUBTOTAL \$ 4,579.53

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
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| through | 09/24/2016 | Page 17 of 19 |
| I.D. NUMBER | | 1386814 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Solorio for City Council 2016

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 |
| LT 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 |
|---|---------|------------------------|-------------|
| Olson Hagel & Fishburn, LLP 555 Capitol Mall, Suite 1425 Sacramento, CA 95814 | PRO | | 729.10 |
| U.S. Bank Visa 800 Nicollet Mall Minneapolis, MN 55402 | | Credit Card Payment | 2,525.65 |
| | | | |
| | | | |
| | | | |
| | | | |

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

SUBTOTAL \$ 3,254.75

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

Amounts may be rounded
to whole dollars.

| | |
|--|---|
| Statement covers period from <u>01/01/2016</u> through <u>09/24/2016</u> | CALIFORNIA FORM 460 Page <u>18</u> of <u>19</u> |
| I.D. NUMBER 1386814 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Solorio for City Council 2016

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 |
| LT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.C. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) DUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) DUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| U.S. Bank Visa 800 Nicollet Mall Minneapolis, MN 55402 | Credit Card Payment | 0.00 | 3,055.00 | 0.00 | 3,055.00 |
| | | | | | |
| | | | | | |
| SUBTOTALS \$ | | 0.00\$ | 3,055.00\$ | 0.00\$ | 3,055.00 |

* 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 \$** 3,055.00
- 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 \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 3,055.00
May be a negative number

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

Amounts may be rounded to whole dollars.

SCHEDULE G

| | |
|--|-----------------------------|
| Statement covers period from <u>01/01/2016</u> through <u>09/24/2016</u> | CALIFORNIA FORM 460 |
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| | I.D. NUMBER 1386814 |

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NAME OF FILER

Solorio for City Council 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

U.S. Bank Visa

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 CREDITDR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CDDE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| City of Santa Ana 20 Civic Center Plaza Santa Ana, CA 92701 | FIL | | 1,420.00 |
| Democratic Party of Orange County (ID# 742006) 1916 West Chapman Avenue, Suite B Orange, CA 92868 | CTB | | 1,000.00 |
| Los Angeles County Democratic Party (ID# 1237135) 3550 Wilshire Blvd., Suite 1203 Los Angeles, CA 90010 | CTB | | 1,380.00 |
| Mitchell Publishing 127 South Anderson Street Los Angeles, CA 90033 | CMP | | 675.00 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 4,475.00

* 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.

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 www.fppc.ca.gov

www.netfile.com

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

| | | | | |
|---|---|--|--|---|
| NAME OF FILER Solorio for City Council 2016 | | Date of This Filing <u>09/08/2016</u> | Date Stamp E-Filed 09/08/2016 16:56:56 Filing ID: 161472397 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (562) 427-2100 | I.D. NUMBER (if applicable) 1386814 | Report No. <u>18153</u> | | |
| STREET ADDRESS 3605 Long Beach Blvd., Suite 426 | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Long Beach | STATE CA | ZIP CODE 90807 | No. of Pages <u>1</u> | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|---|--|------------------------|----------------------------------|
| 09/07/2016 | Democratic Party of Orange County (ID# 742006) 1916 West Chapman Avenue, Suite B Orange, CA 92868 | | 1,000.00 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Reason for Amendment: _____

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497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

| | | | | |
|---|---|--|--|---|
| NAME OF FILER Solorio for City Council 2016 | | Date of This Filing <u>09/09/2016</u> | Date Stamp E-Filed 09/09/2016 16:59:14 Filing ID: 161431552 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (562) 427-2100 | I.D. NUMBER (if applicable) 1386814 | Report No. 18189 | | |
| STREET ADDRESS 3605 Long Beach Blvd., Suite 426 | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Long Beach | STATE CA | ZIP CODE 90807 | | |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED |
|---------------|--|---|--|---|
| 09/08/2016 | Julie Green 408 Crocker Road Sacramento, CA 95864 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Not Employed None | 1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |

*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

Reason for Amendment: _____

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497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

| | | | | |
|---|---|--|---|---|
| NAME OF FILER Solorio for City Council 2016 | | Date of This Filing <u>09/19/2016</u> | Date Stamp E-Filed 09/19/2016 16:57:44 Filing ID: 161603992 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (562) 427-2100 | ID NUMBER (if applicable) 1386814 | Report No. <u>18455</u> | | |
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| CITY Long Beach | STATE CA | ZIP CODE 90807 | No. of Pages <u>1</u> | |

2. Contribution(s) Made :

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.O. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTDN (IF APPLICABLE) |
|------------|---|--|------------------------|---------------------------------|
| 09/17/2016 | Los Angeles County Democratic Party (ID# 1237135) 3550 Wilshire Blvd., Suite 1203 Los Angeles, CA 90010 | | 1,380.00 | |
| | | | | |
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Reason for Amendment: _____

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497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

| | | | | |
|--|--|---|---|---|
| NAME OF FILER Solorio for City Council 2016 | | Date of This Filing <u>09/23/2016</u> | Date Stamp | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (562) 427-2100 | I.D. NUMBER (if applicable) 1386814 | Report No. <u>18661</u> | E-Filed 09/23/2016 17:40:50 Filing ID: 1616646699 | |
| STREET ADDRESS 3605 Long Beach Blvd., Suite 426 | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Long Beach | STATE CA | ZIP CODE 90807 | No. of Pages <u>1</u> | |

1. Contribution(s) Received

| 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 |
|---------------|--|---|---|---|
| 09/22/2016 | Don Krotee 230 North Bush Street Santa Ana, CA 92701 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Architect DKP, Inc. | 1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |

Reason for Amendment: _____

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497 Contribution Report

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497 CONTRIBUTION REPORT

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|---|---|--|---|---|
| NAME OF FILER Solorio for City Council 2016 | | Date of This Filing 09/24/2016 | Date Stamp E-Filed 09/24/2016 16:03:57 Filing ID: 161666356 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (562) 427-2100 | I.D. NUMBER (if applicable) 1386814 | Report No. 18704 | | |
| STREET ADDRESS 3605 Long Beach Blvd., Suite 426 | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Long Beach | STATE CA | ZIP CODE 90807 | No. of Pages 1 | |

1. Contribution(s) Received

| 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 |
|---------------|---|---|---|---|
| 08/19/2016 | California Nurses Association Political Action Committee (CNA-PAC) 555 Capitol Mall, Suite 1425 Sacramento, CA 95814 Committee ID # 780657 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| 09/23/2016 | California Nurses Association Political Action Committee (CNA-PAC) 555 Capitol Mall, Suite 1425 Sacramento, CA 95814 Committee ID # 780657 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| 09/23/2016 | Californians For Jobs & A Strong Economy 5429 Madison Avenue Sacramento, CA 95841 Committee ID # 1275549 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |

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Reason for Amendment: _____

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497 Contribution Report

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497 CONTRIBUTION REPORT

| | | | | |
|---|---|--|--|---|
| NAME OF FILER Solorio for City Council 2016 | | Date of This Filing <u>10/03/2016</u> | Date Stamp E-Filed 10/03/2016 14:45:09 Filing ID: 161602543 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (562) 427-2100 | I.D. NUMBER (if applicable) 1386814 | Report No. <u>19046</u> | | |
| STREET ADDRESS 3605 Long Beach Blvd., Suite 426 | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Long Beach | STATE CA | ZIP CODE 90807 | No. of Pages <u>1</u> | |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I/O NUMBER)</small> | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED |
|---------------|---|---|--|---|
| 09/30/2016 | Mendoza for Senate 2018 3605 Long Beach Blvd., Suite 426 Long Beach, CA 90807 Committee ID # 1373700 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> DTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |

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