| Recipient Committee Campaign Statement | | CITY CLERK MORENO VALLES RECEIVED | re Stamp | | COVER PAGE LIFORNIA 460 |
|---|--|--|-------------------|--|----------------------------------|
| Cover Page (Government Code Sections 84200-84216.5) | Statement covers period from05/21/2017 | Date of election in palicable: PM 1: 26 (Month, Day, Year) | 5 | | o1 of21 For Official Use Only |
| SEE INSTRUCTIONS ON REVERSE | through06/30/2017 | 06/06/2017 | | | |
| 1. Type of Recipient Committee: All Committees - | Complete Parts 1, 2, 3, and 4. | 2. Type of Statement: | | | |
| ▼ Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee | | ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below) | | Quarterly Sta Special Odd Supplementa Statement - A | -Year Report |
| 3. Committee Information | I.D. NUMBER | Treasurer(s) | | | |
| | 1395249 | NAME OF TREASURER | _ | | |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE Hector Diaz for City Council 2017 | E) | | | | |
| Hector Diaz for City Council 2017 | | Lysa Ray MAILING ADDRESS | | | |
| | | MAIEING ADDICES | | | |
| STREET ADDRESS (NO P.O. BOX) | | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| STREET ADDRESS (NO 1.0. DON) | | Santa Ana | CA | 92705 | |
| CITY STATE ZIP | CODE AREA CODE/PHONE | NAME OF ASSISTANT TREASURER, IF ANY | | | |
| | 553 | | | | |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. | | MAILING ADDRESS | | | |
| | | | | | |
| CITY STATE ZIP | CODE AREA CODE/PHONE | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| 34114 1114 | 705 | | | | |
| OPTIONAL: FAX / E-MAIL ADDRESS | | OPTIONAL: FAX / E-MAIL ADDRESS | | | |
| | | | | | |
| 4. Verification I have used all reasonable diligence in preparing and review | .: this statement and to the host of my k | nowledge the information contained herein and in th | e attached | schedules is tr | ue and complete. I certify |
| I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califo | rnia that the foregoing is true and correct. | moveage the mioritation contained no. o and | | | , |
| | | | | | |
| Executed on | Ву | Signature of Trees error salatant Treasurer | | | |
| 07/12/2017 | Ву | | | | |
| Executed on | Signature of 0 | Controlling Officeholder, Candidate, State Measure Proponent or Respon | isible Officer of | Sponsor | |
| Executed on | Ву | Signature of Controlling Officeholder, Candidate, State Measure Pro | ponent | | |
| Executed on | Ву | Signature of Controlling Officeholder, Candidate, State Measure Pro | ponent | | FPPC Form 460 (Jan/201 |

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

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 21

| NAME OF OFFICEHOLDER OR CANDIDATE | | NAME OF BALLOT MEASURE | | | |
|---|--|---|--|---|---|
| Hector Diaz | | | JURISDICTI | ON | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION | | BALLOT NO. OR LETTER | JURISDICTI | • | SUPPORT OPPOSE |
| City Council Member: Moreno Valle | ey District 4 | | | | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND | | Identify the controlling of | ficeholder, ca | ndidate, or state measur | proponent, if a |
| | Moreno Valley CA 92553 | NAME OF OFFICEHOLDER, CA | NDIDATE, OR PI | ROPONENT | |
| Related Committees Not Include not included in this statement that are concontributions or make expenditures on bel | d in this Statement: List any committees strolled by you or are primarily formed to receive thalf of your candidacy. | OFFICE SOUGHT OR HELD | | DISTRICT NO |), IF ANY |
| COMMITTEE NAME | I.D. NUMBER | | | | |
| | - I | | | | |
| | | 7 Primarily Formed Car | ndidate/Offic | ceholder Committee | List names of |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | 7. Primarily Formed Car officeholder(s) or candidate | ndidate/Officis) for which th | ceholder Committee is committee is primarily fo | List names of rmed. |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | officeholder(s) or candidate | s) for which th | ceholder Committee is committee is primarily for | rmed. |
| | | 7. Primarily Formed Car officeholder(s) or candidate(| s) for which th | is committee is primarily fo | rmed. |
| COMMITTEE ADDRESS STREET ADDR | YES NO | officeholder(s) or candidate | (s) for which th | is committee is primarily fo | SUPPOR |
| COMMITTEE ADDRESS STREET ADDR | YES NO | NAME OF OFFICEHOLDER OR | candidate | OFFICE SOUGHT OR HELI | SUPPOR SUPPOR SUPPOR OPPOSE SUPPOR SUPPOR OPPOSE SUPPOR |
| COMMITTEE ADDRESS STREET ADDR | YES NO RESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE | NAME OF OFFICEHOLDER OR | CANDIDATE CANDIDATE CANDIDATE CANDIDATE | OFFICE SOUGHT OR HELI OFFICE SOUGHT OR HELI | SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE OPPOSE |
| COMMITTEE ADDRESS STREET ADDR | TATE ZIP CODE AREA CODE/PHONE I.D. NUMBER | NAME OF OFFICEHOLDER OR | CANDIDATE CANDIDATE CANDIDATE CANDIDATE | OFFICE SOUGHT OR HELI OFFICE SOUGHT OR HELI OFFICE SOUGHT OR HELI | SUPPORT OPPOSE OPPOSE OPPOSE OPPOSE |

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA **FORM** 05/21/2017 from ____ Page ___3 __ of ___21 06/30/2017 through . I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1395249 Hector Diaz for City Council 2017

| Contributions Received | | Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) | | COLUMN B CALENDAR YEAR TOTAL TO DATE | Calendar Year Summary for Candidates Running in Both the State Primary and General Elections | | |
|---|----|---|-----------|---|--|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ | 11,260.00 | \$ | 20,174.00 | 1/1 through 6/30 7/1 to Date | | |
| 2. Loans Received Schedule B, Line 3 | | 0.00 | | 20,000.00 | | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ | 11,260.00 | \$ | 40,174.00 | 20. Contributions Received \$ \$ | | |
| 4. Nonmonetary Contributions Schedule C, Line 3 | | 0.00 | | 0.00 | 21. Expenditures | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ | 11,260.00 | \$ | 40,174.00 | Made \$ \$ | | |
| Expenditures Made | | | | | Expenditure Limit Summary for State | | |
| 6. Payments Made Schedule E, Line 4 | \$ | 20,272.84 | \$ | 37,848.09 | Candidates | | |
| 7. Loans Made Schedule H, Line 3 | | 0.00 | | 0.00 | 22. Cumulative Expenditures Made* | | |
| 3. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ | 20,272.84 | \$ | 37,848.09 | (if Subject to Voluntary Expenditure Limit) | | |
| 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 | | 0.00 | | 0.00 | Date of Election Total to Date | | |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | | 0.00 | | 0.00 | (mm/dd/yy) | | |
| 11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10 | \$ | 20,272.84 | \$ | 37,848.09 | \$ | | |
| Current Cash Statement | | aw aw | Г | | \$ | | |
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ | 11,338.75 | То | calculate Column B, add | | | |
| 13. Cash Receipts Column A, Line 3 above | | 11,260.00 | | nounts in Column A to the | | | |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | | 0.00 | fro | om Column B of your last | *Amounts in this section may be different from amounts reported in Column B. | | |
| 15. Cash Payments Column A, Line 8 above | | 20,272.84 | | port. Some amounts in olumn A may be negative | | | |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | | 2,325.91 | fig | ures that should be | | | |
| If this is a termination statement, Line 16 must be zero. | | | ре | eriod amounts. If this is e first report being filed | | | |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ | 0.00 | for ca | r this calendar year, only arry over the amounts | | | |
| Cash Equivalents and Outstanding Debts | | 2.22 | | om Lines 2, 7, and 9 (if ny). | | | |
| 18. Cash Equivalents See instructions on reverse | | | | | | | |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ | 20,000.00 | Ì | | FPPC Form 460 (Jan/2 | | |
| | | | • | | FPPC Form 460 (Jan., FPPC Advice: advice@fppc.ca.gov (866/275- | | |

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

| Schedule | | |
|-----------------|---------------|----------|
| Monetary | Contributions | Received |

Statement covers period CALIFORNIA CALIFORNIA FORM

through <u>06/30/2017</u> Page <u>4</u> of <u>21</u>

I.D. NUMBER

SCHEDULE A

1395249

Hector Diaz for City Council 2017

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

| 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) | TC | ELECTION DATE EQUIRED) |
|------------------|--|--------------------------------------|--|-----------------------------------|---|-------|------------------------------|
| 05/30/2017 | CAAPAC California Apartment Assoc (ID# 745208) 980 9th St #1430 Sacramento, CA 95814 | □IND □COM □OTH □PTY □SCC | | 500.00 | | | \$500.00 |
| 06/05/2017 | Cargo Solutions Express 14587 Valley Blvd . Fontana, CA 92335 | □IND □COM 図OTH □PTY □SCC | | 1,000.00 | | | \$1,000.00 |
| 06/09/2017 | Chad Mayes for Assembly 2016 (ID# 1374095) 1022 G St #B Sacramento, CA 95814 | □IND ☑COM □OTH □PTY □SCC | | 500.00 | */ | | \$500.00 |
| 06/05/2017 | Grow Elect (ID# 1342160) 1022 G St #B Sacramento, CA 95814 | □IND □COM □OTH □PTY □SCC | | 1,000.00 | | | \$3,500.00 |
| 05/23/2017 | Guartanty Investment CO 22365 Barton Rd #207 Grand Terrace, CA 92313 | □IND □COM 図OTH □PTY □SCC | | 500.00 | 500.00 | P2017 | \$500.00 |
| | | | SUBTOTAL | 3,500.00 | | | |

Schedule A Summary

- Amount received this period itemized monetary contributions.

 (Include all Schedule A subtotals.)

 \$ 11,260.00
- 2. Amount received this period unitemized monetary contributions of less than \$100\$

*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

| Wildlietary Contributions Received | | to whole dollars. | | from 05/21/ through 06/30/ | 2017 Fage | FORM 460 Page 5 of 21 | | |
|------------------------------------|--|--------------------------------------|--|-----------------------------------|---|------------------------|----------------------------------|--|
| NAME OF FILER | | | | | I.D. N | UMBER | | |
| Hector Diaz | for City Council 2017 | | | | 1395 | 249 | | |
| 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) | (IF I | ELECTION TO DATE REQUIRED) | |
| 05/31/2017 | Mario Guerra Downey, CA 90242 | ∑IND □COM □OTH □PTY □SCC | SVP Arthur Gallagher | 300.00 | | P2017 | \$300.00 | |
| 06/05/2017 | Jay Olbernolte for Assembly 2018 (ID# 1392884) 1022 G St Sacramento, CA 95814 | □IND ⊠COM □OTH □PTY □SCC | | 500.00 | | P2017 | \$500.00 | |
| 05/22/2017 | Angel Lopez Moreno Valley, CA 92557 | ⊠IND □COM □OTH □PTY □SCC | Legal Assistant Social Security Adminstration | 100.00 | | P2017 | \$400.00 | |
| 05/28/2017 | Angel Lopez Moreno Valley, CA 92557 | ☑IND □COM □OTH □PTY □SCC | Legal Assistant Social Security Adminstration | 300.00 | | P2017 | \$400.00 | |
| 05/30/2017 | Lara Martin Riverside, CA 92505 | ∑IND □COM □OTH □PTY □SCC | Teacher ALVORD | 60.00 | 125.00 | P2017 | \$125.00 | |
| | <u> </u> | | SUBTOTAL | .\$ 1,260.00 | | | | |

*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

| Molletary Contributions Received | | to whole dollars. | | from 05/21/ | 2017 | FORM | 400 |
|----------------------------------|--|--|--|-----------------------------------|---|---------|---------------------------------|
| | | | | through 06/30/ | | e6 | of |
| NAME OF FILER | | | | | | NUMBER | |
| Hector Diaz | for City Council 2017 | | | | 139 | 5249 | |
| 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) | (IF F | ELECTION O DATE REQUIRED) |
| 05/24/2017 | Ali Mazarei Riverside, CA 92508 | ☑ IND □ COM □ OTH □ PTY □ SCC | Owner Arco Travel Zone | 1,000.00 | | 0 P2017 | \$3,500.00 |
| 05/23/2017 | Riverside County Leadership PAC (ID# 1394488) 4201 Brockton Ave #100 Riverside, CA 92501 | □IND IND IND OTH IND OTH IND IND IND IND IND IND IND IN | | 2,500.00 | | 0 P2017 | \$3,500.00 |
| 05/30/2017 | Rocky Chavez for Assembly 2018 (ID# 1392924) 4985 Calle Arguero Oceanside, CA 92057 | □IND 図COM □OTH □PTY □SCC | | 500.00 | 500.0 | 0 P2017 | \$500.00 |
| 05/23/2017 | Southwest Regional Council of Carpenters (ID# 870169) 533 S Fremont Ave #501 Los Angeles, CA 90071 | □IND □COM □OTH □PTY 区SCC | | 2,500.00 | 2,500.0 | 0 P2017 | \$2,500.00 |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | | |
| | | | SUBTOTAL | \$ 6,500.00 | | | |

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Amounts may be rounded to whole dollars.

| | | SCHEDULE B-FART |
|-----------|-------------------|-----------------|
| Statem | ent covers period | CALIFORNIA 460 |
| from | 05/21/2017 | FORM 400 |
| | 06/30/2017 | B 7 of 21 |
| through _ | 06/30/2017 | Page7 of21 |
| | | I.D. NUMBER |

| SEE INSTRUCTIONS ON REVERSE | | | | | through06/30/2017 | | Page7 | of21 |
|---|--|---|---------------------------------|---|-------------------|--|---|---|
| NAME OF FILER | | | | | | | I.D. NUMBER | |
| Hector Diaz for City Council 2017 | | | | | | | 1395249 | |
| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAI OR FORGIVE THIS PERIO | N CLOSE OF THIS | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
| Moreno Valley, CA 92553 | Owner Diaz Group | \$_10,000.00 | \$0.00 | \$ 0.0 PAID \$ 0.0 FORGIVEN \$ 0.0 | | 0.00 % RATE | \$ 10,000.00 03/14/2017 DATE INCURRED | \$ 20,000.00 PER ELECTION** \$ 20,000.00 |
| TEND COM OTH PTY SCC Hector Diaz Moreno Valley, CA 92553 | Owner Diaz Group | \$5,000.00 | \$0.00 | PAID \$ 0.0 FORGIVEN \$ 0.0 | 00 | 0.00 % RATE | \$ _5,000.00 03/20/2017 DATE INCURRED | \$ 20,000.00 PER ELECTION ** \$ 20,000.0 |
| TEND COM OTH PTY SCC Hector Diaz Moreno Valley, CA 92553 Loan TEN IND COM OTH PTY SCC | Owner Diaz Group | \$_5,000.00 | \$ | \$0.0 FORGIVEN 0.00 | | 0.00 % RATE | \$ | \$ 20,000.00 PER ELECTION** \$ 20,000.00 |
| TO IND COM OTH PTY SCC | 1 | SUBTOTALS | 0.00 | \$ 0. | .00\$ 20,000.00 | 0.00 | | |
| Schedule B Summary | | | | | 0.00 | (Enter (e) on Schedule E, Line 3) | | |

†Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

Enter the net here and on the Summary Page, Column A, Line 2.

| Schedule E |
|----------------------|
| Payments Made |

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

| | SCHEDULE E |
|-------------------------|-----------------|
| Statement covers period | CALIFORNIA 460 |
| from05/21/2017 | FORM 400 |
| through06/30/2017 | Page8 of21 |
| | I.D. NUMBER |
| | 1395249 |

NAME OF FILER

Hector Diaz for City Council 2017

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances campaign consultants CNS SAL campaign workers' salaries OFC office expenses contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating PET CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees FIL TRS staff/spouse travel, lodging, and meals POL polling and survey research fundraising events transfer between committees of the same candidate/sponsor TSF POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* ND VOT voter registration professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------------------------------|------------------|
| Anedot.com PO B 84314 Baton Rouge, LA 70884 | cc Processing | 4.20 |
| Anedot.com PO B 84314 Baton Rouge, LA 70884 | cc Processing | 39.30 |
| Anedot.com PO B 84314 Baton Rouge, LA 70884 | cc Processing | 12.00 |
| * Payments that are contributions or independent expenditures must als | so be summarized on Schedule D. | SUBTOTAL\$ 55.50 |

FPPC Form 460 (Jan/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

| Schedule i | E | |
|-----------------|-----|--------|
| (Continuat | ion | Sheet) |
| Payments | Mad | ie |

| | SCHEDULE E (CONT. |
|-------------------------|-------------------|
| Statement covers period | CALIFORNIA 460 |
| from05/21/2017 | FORM TOO |
| through06/30/2017 | Page 9 of 21 |
| | I.D. NUMBER |
| | 1205040 |

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1395249 Hector Diaz for City Council 2017 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. radio airtime and production costs MBR member communications CMP campaign paraphemalia/misc. returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries office expenses contribution (explain nonmonetary)* СТВ TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations candidate travel, lodging, and meals phone banks TRC PHO candidate filing/ballot fees staff/spouse travel, lodging, and meals polling and survey research POL fundraising events transfer between committees of the same candidate/sponsor **TSF** postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* POS ND VOT voter registration professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings **AMOUNT PAID** NAME AND ADDRESS OF PAYEE **DESCRIPTION OF PAYMENT** CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 14.34 cc Processing Anedot.com PO B 84314 Baton Rouge, LA 70884 360.00 CMP Miriam Antolin Moreno Valley, CA 250.00 CMP Miriam Antolin Moreno Valley, CA 92553 500.00 CMP ATS 278 Turf Paradise St Rancho Mirage, CA 92270 898.00 CMP 278 Turf Paradise St Rancho Mirage, CA 92270 **SUBTOTAL \$**

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

2,022.34

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA FORM 05/21/2017

| AND INSTRUCTIONS ON DEVERSE | | through 06/30/2017 | Page 10 of 21 |
|---|--|---|--|
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER | | | I.D. NUMBER |
| Hector Diaz for City Council 2017 | | | 1395249 |
| CODES: If one of the following codes accurately describes the payment, your campaign paraphemalia/misc. CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundrated exposality in supporting/pagesing others (explain)* POS postage, deliv | nunications appearances ses ating | RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and proc TRC candidate travel, lodging, and TRS staff/spouse travel, lodging. | luction costs d meals and meals s of the same candidate/spons |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
| Denise Brown Rialto, CA 92376 | CMP | | 170 |
| Denise Brown Rialto, CA 92376 | СМР | | 370 |
| Denise Brown Rialto, CA 92376 | СМР | | 305 |
| Gerald Burchell Perris, CA 92820 | СМР | | 180 |
| Lauren Ecaldre Riverside, CA 92507 | CMP | | 520 |
| * Payments that are contributions or independent expenditures must also be summarized on | Schedule D. | SL | JBTOTAL \$ 1,545 |

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

| Schedule | | |
|-----------------|------|--------|
| (Continua | tion | Sheet) |
| Payments | Mad | de |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Hector Diaz for City Council 2017

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

radio airtime and production costs RAD MBR member communications CMP campaign paraphemalia/misc. returned contributions MTG meetings and appearances RFD campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals phone banks PHO FIL candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals polling and survey research POL

fundraising events

FND fundra

LEG legal defense PRO professional services (legal, accounting)

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 |
|---|-------------------|------------------------|----------------|
| Lauren Ecaldre Riverside, CA 92507 | CMP | | 200.00 |
| SC Strategies | CNS | | 750.0 |
| 922 Day Čreek Blvd #8208 Rancho Cucamonga, CA 91739 | | | |
| C Strategies 922 Day Creek Blvd #8208 ancho Cucamonga, CA 91739 | CNS | | 1,495.9 |
| SSI Connect 860 N Sepulveda Blvd #1055 El Segundo, CA 90245 | РНО | | 325.5 |
| Karly Kuenzi Menifee, CA 92584 | CMP | | 825.0 |
| | in the Octobrie D | 011 | RTOTAL \$ 3.59 |

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

SUBTOTAL \$

3,596.41

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

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA **EORM** 05/21/2017 from 06/30/2017 through_ Page 12 of 21 I.D. NUMBER 1395249

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Hector Diaz for City Council 2017

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

radio airtime and production costs MBR member communications CMP campaign paraphemalia/misc. returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating PET CVC civic donations

candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees staff/spouse travel, lodging, and meals polling and survey research

fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* POS ND voter registration VOT

professional services (legal, accounting) PRO legal defense LEG WEB information technology costs (internet, e-mail) print ads PRT campaign literature and mailings

AMOUNT PAID DESCRIPTION OF PAYMENT NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OR CODE 350.00 CMP Karly Kuenzi Menifee, CA 92584 590.00 CMP Molly Kuenzi Menifee, CA 92584 370.00 CMP Molly Kuenzi Menifee, CA 92584 250.00 PRO Lysa Ray Campaign Services 603 E Alton Ave Ste G Santa Ana, CA 92705 100.50 CMP David Morgan Sun City, CA 92587 1,660.50

SUBTOTAL \$

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

Schedule E (Continuation Sheet)

Amounts may be rounded

Statement covers period **CALIFORNIA**

| Payments Made | to whole dollars. | from05/21/2017 | FORM TOO |
|--|--|--|-------------|
| ATT INSTRUCTIONS ON PENETSE | | through 06/30/2017 | Page13 of21 |
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER | | | I.D. NUMBER |
| Hector Diaz for City Council 2017 | | | 1395249 |
| CODES: If one of the following codes accurate | ely describes the payment, you may enter the code. Other | nerwise, describe the payment. | |
| CMP campaign paraphemalia/misc. CNS campaign consultants | MBR member communications MTG meetings and appearances | RAD radio airtime and production RFD returned contributions SAI campaign workers' salaries | costs |

CTB contribution (explain nonmonetary)* OFC office expenses TEL t.v. or cable airtime and production costs petition circulating PET CVC civic donations TRC candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees FIL TRS staff/spouse travel, lodging, and meals polling and survey research POL fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)* ND voter registration professional services (legal, accounting) VOT LEG legal defense WEB information technology costs (internet, e-mail) print ads PRI campaign literature and mailings LIT **AMOUNT PAID** NAME AND ADDRESS OF PAYEE **DESCRIPTION OF PAYMENT** OR CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 500.00 CNS David Morgan Sun City, CA 92587 82.70 CMP David Morgan Sun City, CA 92587 197.28 CNS David Morgan

Sun City, CA 92587 200.00 CMP Quentin Orts Riverside, CA 92507 240.00 CMP Krista Pittman Riverside, CA 92508

SUBTOTAL \$

1,219.98

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

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA FORM 05/21/2017 from.

| Taymonto induo | | through 06/30/2017 | Page 14 of 21 |
|--|--|---|--|
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER | | anough | I.D. NUMBER |
| Hector Diaz for City Council 2017 | | | 1395249 |
| CODES: If one of the following codes accurately describes the payment, your campaign paraphernalia/misc. CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising eyents FND independent expenditure supporting/opposing others (explain)* MBR member commonetings and office expension petition circular phone banks polling and suppostage, deliving postage, deliving postage, deliving and suppostage, deliving postage, del | nunications appearances ses ating | RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, | duction costs and meals and meals and meals as of the same candidate/sponsor |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DES | CRIPTION OF PAYMENT | AMOUNT PAID |
| Krista Pittman Riverside, CA 92508 | СМР | | 200.0 |
| Vanessa Quintanilla Moreno Valley, CA 92557 | СМР | | 1,020.0 |
| Vanessa Quintanilla Moreno Valley, CA 92557 | СМР | | 560.0 |
| David Reyes Pasadena, CA 91103 | СМР | | 300.0 |
| Benjiman Roden Moreno Valley, CA 92553 | СМР | | 100.0 |
| * Payments that are contributions or Independent expenditures must also be summarized on | Schedule D. | S | UBTOTAL \$ 2,180.0 |

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

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 05/21/2017 from 06/30/2017 Page 15 of 21 through. I.D. NUMBER

1395249

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hector Diaz for City Council 2017

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

POS

PRT

CMP campaign paraphernalia/misc. campaign consultants OFC CTB contribution (explain nonmonetary)* PET CVC civic donations PHO

candidate filing/ballot fees FIL FND fundraising events independent expenditure supporting/opposing others (explain)* ND

legal defense

campaign literature and mailings

radio airtime and production costs RAD MBR member communications returned contributions meetings and appearances

SAL campaign workers' salaries office expenses t.v. or cable airtime and production costs petition circulating candidate travel, lodging, and meals phone banks

staff/spouse travel, lodging, and meals polling and survey research transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF VOT voter registration

professional services (legal, accounting) WEB information technology costs (internet, e-mail) print ads

AMOUNT PAID DESCRIPTION OF PAYMENT NAME AND ADDRESS OF PAYEE OR CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 360.00 CMP Sophia Sledge Highland, CA 92346 260.00 CMP Marisa Umeh Diamond Bar, CA 91765 135.63 LIT Uribe Printing 2000 Adams St # A-25 Riverside, CA 92504 1,125.46 LIT Uribe Printing 2000 Adams St # A-25 Riverside, CA 92504 264.74 LIT Uribe Printing 2000 Adams St # A-25 Riverside, CA 92504 2,145.83

SUBTOTAL \$

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

| Schedule E | |
|----------------------|---|
| (Continuation Sheet) | į |
| Payments Made | |

| CALIFORNIA | 460 | FORM | Through | 06/30/2017 | Page | 16 | of | 21 | | 1.D. NUMBER | CALIFORNIA | CALIFORNIA | FORM | FORM | Through | 1.01.5016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hector Diaz for City Council 2017

1395249

| CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and POS postage, de | nmunications d appearances nses llating | RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro- TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, tervices TSF transfer between committee | duction costs d meals and meals s of the same candidate/sponsor |
|--|--|--|---|---|
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
| Uribe Printing 2000 Adams St # A-25 Riverside, CA 92504 | | LIT | | 63.44 |
| Uribe Printing 2000 Adams St # A-25 Riverside, CA 92504 | | LIT | | 933.28 |
| Uribe Printing 2000 Adams St # A-25 Riverside, CA 92504 | | LIT | | 478.45 |
| Uribe Printing 2000 Adams St # A-25 Riverside, CA 92504 | | LIT | | 969.14 |
| Uribe Printing 2000 Adams St # A-25 Riverside, CA 92504 | | LIT | | 1,119.69 |
| * Payments that are contributions or independent expenditures must als | o be summarized o | n Schedule D. | SI | JBTOTAL \$ 3,564.00 |

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

| Schedule E |
|----------------------|
| (Continuation Sheet) |
| Payments Made |

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

NAME OF FILER

Hector Diaz for City Council 2017

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

CMP campaign paraphemalia/misc.

CNS campaign consultants

CNS contribution (explain nonmonetary)*

CVC civic donations

MBR member communications

MTG meetings and appearances

OFC office expenses

OFC office expenses

PET petition circulating

PET petition circulating

TEL t.v. or cable airtime and production costs

t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals politically fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals staff/spouse travel, lodging, and meals politically fundraising events and survey research travel.

FND fundraising events

ND independent expenditure supporting/opposing others (explain)*

POL polling and survey research

POS postage, delivery and messenger services

PRO postage, delivery and messenger services

PRO professional services (legal, accounting)

POS voter registration

LEG legal defense professional services (legal, accounting) volt voter registration voter

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | CODE OR DESCRIPTION OF PAYMENT | | AMOUNT PAID | |
|---|------|--------------------------------|--|-------------|--|
| Wells Fargo Card PO B 6426 Carol Stream, IL 60197 | CMP | | | 2,260.73 | |
| | | | | | |
| | | | | | |
| | | , | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

SUBTOTAL \$

2,260.73

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

| | SCHEDULE G |
|-------------------------|----------------|
| Statement covers period | CALIFORNIA 460 |
| from05/21/2017 | california 460 |
| through 06/30/2017 | Page 18 of 21 |
| | I.D. NUMBER |
| | 1395249 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hector Diaz for City Council 2017

NAME OF AGENT OR INDEPENDENT CONTRACTOR

GC Strategies

| C | DDES: If one of the following codes accurately describ | es the | payment, you may enter the code. | Otherwise | e, describe the payment. |
|----------|--|---|--|--|--|
| CN CT | campaign paraphemalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* | MBR MTG OFC PET PHO POL POS | member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads | RAD RFD SAL TEL TRC TRS TSF VOT | radio airtime and production costs returned contributions campaign workers salaries t.v. or cable airtime and production costs |

^{*} 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 |
|---|---------|------------------------|-------------|
| Facebook L Hacker Way Los Altos, CA 94022 | WEB | | 745. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

745.91

^{*} 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 G | |
|------------------------------------|---------|
| Payments Made by an Agent or Inde | pendent |
| Contractor (on Behalf of This Comn | nittee) |

| | SCHEDULE G |
|-------------------------|----------------|
| Statement covers period | CALIFORNIA 460 |
| from 05/21/2017 | FORM 400 |
| through 06/30/2017 | Page 19 of 21 |
| | I.D. NUMBER |
| | 1395249 |

Hector Diaz for City Council 2017

SEE INSTRUCTIONS ON REVERSE

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Uribe Printing

NAME OF FILER

| CODES: If one of the following codes accurately describes the payment, you may enter the code. Oth | nerwise, describe the payment. |
|---|---|
| CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings MBR member communications meetings and appearances office expenses petition circulating phone banks POL polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads | RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration 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 PAYMEN | |
|---|-------------------------------|--------|
| USPS Sunflower Station Santa Ana, CA 92704 | POS | 487.63 |
| USPS Sunflower Station Santa Ana, CA 92704 | POS | 197.4 |
| | | |
| | | |
| | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

685.04

^{*} 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 G |
|--|
| Payments Made by an Agent or Independent |
| Contractor (on Behalf of This Committee) |

| | SCHEDULE (|
|-------------------------|----------------|
| Statement covers period | CALIFORNIA 460 |
| from05/21/2017 | FORM 400 |
| through 06/30/2017 | Page 20 of 21 |
| | I.D. NUMBER |
| | 1395249 |

WEB information technology costs (internet, e-mail)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hector Diaz for City Council 2017

LIT campaign literature and mailings

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Wells Fargo Card

| СО | DES: If one of the following codes accurately describ | es the | payment, you may enter the code. | . Otherwise | e, describe the payment. |
|---------------------------------|--|--|--|---|--|
| CMP CNS CTB CVC FIL | campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees | MBR MTG OFC PET PHO POL | member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services | RAD RFD SAL TEL TRC TRS TSF | radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor |
| | legal defense | PRO | professional services (legal, accounting) | | voter registration |

PRT

print ads

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

| 487.61 |
|--------|
| 487.61 |
| |
| 487.61 |
| 436.19 |
| |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

1,899.02

^{*} 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 G (Continuation Sheet) Payments Made by an Agent or Independent **Contractor (on Behalf of This Committee)**

Amounts may be rounded to whole dollars.

SCHEDULE G (CONT.) Statement covers period CALIFORNIA 05/21/2017 **FORM** from through __06/30/2017 Page ___21 __ of __21 I.D. NUMBER 1395249

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hector Diaz for City Council 2017

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Wells Fargo Card

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

MBR member communications campaign paraphernalia/misc. CNS campaign consultants OFC office expenses CTB contribution (explain nonmonetary)* petition circulating PET CVC civic donations PHO phone banks

candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* ND

LEG legal defense campaign literature and mailings LIT

MTG meetings and appearances

POL polling and survey research postage, delivery and messenger services

professional services (legal, accounting) PRO PRT print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

t.v. or cable airtime and production costs candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals TRS

transfer between committees of the same candidate/sponsor TSF

VOT voter registration

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 |
|--|--------------------------------|-------------|
| Uribe Printing 2000 Adams St # A-25 Riverside, CA 92504 | POS | 197.4 |
| | | |
| | | |
| | | |
| | | |
| | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

197.43

^{*} 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.