(Government Code Sections 84200-84216.5)

you

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

RECEIVED BY S ANGELES COUR

FORM 460

021 JUL 30 PM 2:

gage \_1 of \_7

			01/01/2021	(Month, Day, Year)	005 00 1		
SEE INSTRUCTIONS ON REVERSE		throu	A CONTRACTOR OF	11/03/2020	CAMPAIGN F	INANCE C	For Official Use Only 02088 4 011396
1. Type of Recipient Committee:	All Committees	- Complete P	arts 1, 2, 3, and 4.	2. Type of Statement:			
<ul> <li>☑ Officeholder, Candidate Controlled Corlow</li> <li>☐ State Candidate Election Committee</li> <li>☐ Recall</li> <li>(Also Complete Part 5)</li> <li>☐ General Purpose Committee</li> <li>☐ Sponsored</li> <li>☐ Small Contributor Committee</li> <li>☐ Political Party/Central Committee</li> </ul>		Committe Contro Spons (Also Comple	olled sored Me Part 6) Formed Candidate/ der Committee	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 1) ☐ Amendment (Explain I)	t Termination)	Quarterly Sta Special Odd- Supplementa Statement - A	Year Report
3. Committee Information		I.D. NUMBI 143253		Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME	IF NO COMMITT			NAME OF TREASURER			
David Argudo for La Puente Val	ley Water D	istrict 2	020	David E. Argudo			
				MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)				CITY	STATE	ZIP CODE	AREA CODE/PHONE
				Long Beach	CA	90802	(213)489-4792
CITY	STATE ZIF	CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASU	IRER, IF ANY		
Long Beach	CA 9	0802	(213)489-4792	David L. Gould			
MAILING ADDRESS (IF DIFFERENT) NO. AND	STREET OR P.	O. BOX		MAILING ADDRESS			
CITY	STATE ZIF	CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
				Long BEach	CA	90802	(213)489-4792
OPTIONAL: FAX / E-MAIL ADDRESS (213)489-4818 / dlgould@gouldo:	rellana.com	k		OPTIONAL: FAX / E-MAIL ADD	RESS		

Statement covers period

### 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 07 27 202	В,
Executed on 67 27 202	BySignature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed onDate	BySignature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	BySignature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

# Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	PAG	E-PA	RT2
CALIF FC	ORNIA ORM	4	16	0
Page _	2	of_	7	_

Officeholder or Candidate Controlled Con	mmittee			6.	Primarily Formed Bal	ot Measure	e Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			<del></del>		NAME OF BALLOT MEASURE				
David E. Argudo									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS Boardmember La Puente Water Dist	TRICT NUMBER IF API	PLICABL	E)		BALLOT NO. OR LETTER	JURISDICT	TON		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP		Identify the controlling of	ficabalder a	andidate or state m		proponent if ar
	Long Beach	CA	90802		NAME OF OFFICEHOLDER, CA			leasure	proponent, ir ar
Related Committees Not Included in this not included in this statement that are controlled by y contributions or make expenditures on behalf of your	ou or are primarily f				OFFICE SOUGHT OR HELD		DISTR	RICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER		-						
Argudo for City Council 2020	1301118					4			
				7	Primarily Formed Car	didate/Offi	ceholder Commi	ttoo /	int mamon of
NAME OF TREASURER	CONTROLLED C			• •	officeholder(s) or candidate(				
David Argudo	X YES	□ NO	12.				Torrior coulous a		
COMMITTEE ADDRESS (NO P.	O. BOX)				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	R HELD	SUPPORT OPPOSE
CITY STATE Z	IP CODE AR	REA COD	E/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	R HELD	
Long Beach CA	90802 (	213)48	39-4792						SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	R HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED C	OMMITTI			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	R HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	O. BOX)		- Unit - 101						
CITY STATE Z	IP CODE ARI	EA COD	E/PHONE		Atta	ch continuat	on sheets if necess	ean/	
					Atte	c conundat	on anteta n necess	, ary	

# Campaign Disclosure Statement **Summary Page**

Amounts may be rounded to whole dollars.

State	ment covers period	CALIFORNIA	460
m	01/01/2021	FORM	400

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

David Argudo for La Puente Valley Water District 2020

fro Page \_\_3 \_\_ of \_\_7 06/30/2021 through I.D. NUMBER 1432531

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)			COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and			
Monetary Contributions		3,000.00	\$	3,000.00	General Elections			
2. Loans Received		0.00		7,500.00	1/1 through 6/30 7/1 to Date			
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	3,000.00	\$	10,500.00	20. Contributions Received \$ \$			
		0.00		0.00	Received \$ \$ 21. Expenditures			
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4	\$	3,000.00	\$	10,500.00	Made \$\$			
Expenditures Made					Expenditure Limit Summary for State			
6. Payments Made Schedule E, Line 4	\$	7,093.90	\$	7,093.90	Candidates			
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*			
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	7,093.90	\$	7,093.90	(If Subject to Voluntary Expenditure Limit)			
9. Accrued Expenses (Unpaid Bills)Schedule F, Une 3		0.00		0.00	Date of Election Total to Date			
10. Nonmonetary Adjustment		0.00		0.00	(mm/dd/yy)			
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	7,093.90	\$	7,093.90	\$			
Current Cash Statement	ī		Г		\$			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	5,303.80	То	calculate Column B, add				
13. Cash Receipts Column A, Line 3 above		3,000.00	am	nounts in Column A to the				
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00		rresponding amounts m 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		7,093.90		oort. Some amounts in lumn A may be negative				
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	1,209.90	figu	ures that should be				
If this is a termination statement, Line 16 must be zero.			per	btracted from previous nod amounts. If this is				
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2		the first report being filed for this calendar year, only carry over the amounts						
Cash Equivalents and Outstanding Debts		200		m Lines 2, 7, and 9 (if				
18. Cash Equivalents See instructions on reverse	\$	0.00	a.,	11.				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	7,500.00						
			1		FPPC Form 460 (Jar			

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

Schedule A Monetary Contributions Received			s may be rounded whole dollars.	Statement cov	*************	FORNIA 460	
SEE INSTRUCTION	ONS ON REVERSE			through _06/30/2	021	Page	4 of7
NAME OF FILER						I.D. NU	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
03/15/2021	Blanca Rubio for Assembly 2022 (ID# 1435469) Sacramento, CA 95841	☐IND 図COM ☐OTH ☐PTY ☐SCC		3,000.00	3,0	00.00	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND					

Schedule A Summary

Schedule A Summary

\*Contributor Codes

COM
OTH
PTY
SCC

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) \$ 3,000.00

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

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

Schedule B - Par	t 1
Loans Received	

Amounts may be rounded to whole dollars.

from \_\_\_\_\_01/01/2021 CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE					through06/3	0/2021	Page5	of
NAME OF FILER						1000	I.D. NUMBER	
David Argudo for La Puente Valley Wat	er District 2020						1432531	
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 PA OR FORGIVI THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Laura E. Argudo  La Puente, CA 91744 (LOAN)  To IND COM OTH PTY SCC	Retired None	\$_2,500_00	\$0_00	\$ PAID  \$ O O  FORGIVEN  \$ O O		-0.00% RATE	\$ _2_500_00 09/14/2020 DATE INCURRED	\$O_OI PER ELECTION
David Argudo  La Puente, CA 91744 (LOAN)  To IND COM OTH PTY SCC	Senior Loan Officer PAC West Home Loans	\$_5,000_00	\$0.00	\$ PAID \$ PORGIVEN \$ 0.0		-0.00% RATE	\$_5,000,00 09/25/2020 DATE INCURRED	\$O_OI PER ELECTION
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		s	5	PAID  FORGIVEN  S	\$DATE DUE	% RATE	\$ DATE INCURRED	\$ PER ELECTION*
		SUBTOTALS S	0.00		00\$ 7,500.00	\$ 0.00		WATER AND
Schedule B Summary  1. Loans received this period		- Iur Awadataras			0.00	(Enter (e) on Schedule E, Line 3)	<u> </u>	
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that 3. Net change this period. (Subtract Line)	ns of less than \$100.)  0 paid or forgiven.)  t are also itemized on Scheo				0.00	INI CC OT PT	ontributor Codes  D – Individual  DM – Recipient Co (other than  TH – Other (e.g., Y – Political Party CC – Small Contril	ommittee PTY or SCC) business entity)

\*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.

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

(May be a negative number)

## Schedule E **Payments Made**

#### Amounts may be rounded to whole dollars.

Stateme	ent covers period	CALIFORNIA 460
from	01/01/2021	FORM TOU
through _	06/30/2021	Page _ 6 _ of _ 7
		I.D. NUMBER
		1430533

SEE INSTRUCTIONS ON REVERSE NAME OF FILER David Argudo for La Puente Valley Water District 2020 1432531

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphemalia/misc. RAD radio airtime and production costs MBR member communications MTG meetings and appearances RFD returned contributions campaign consultants contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF ND POS legal defense professional services (legal, accounting) VOT voter registration LEG campaign literature and mailings print ads WEB information technology costs (internet, e-mail) PRT NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Gould & Orellana, LLC 300.00 PRO

Long Beach, CA 90802 Gould & Orellana, LLC PRO 300.00 Long Beach, CA 90802 Gould & Orellana, LLC 150.00 Long Beach, CA 90802

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

SUBTOTAL\$ 750.00

### Schedule E Summary

 Itemized payments made this period. (Include all Schedule E subtotals.) 7,000.00 93.90 0.00 7,093.90 

FPPC Form 460 (Jan/2016)

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

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA **FORM** 01/01/2021 through \_\_06/30/2021 Page \_\_7\_\_ of \_\_7 I.D. NUMBER

1432531

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LIT

David Argudo for La Puente Valley Water District 2020

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 CMP campaign paraphernalia/misc. MBR member communications campaign consultants RFD returned contributions meetings and appearances CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries t.v. or cable airtime and production costs CVC civic donations PET petition circulating FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TRS ND independent expenditure supporting/opposing others (explain)\* 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 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 Gould & Orellana, LLC PRO 150.00 Long Beach, CA 90802 Campaign Management Group CNS 2,900.00 Ontario, CA 91764 2,900.00 Campaign Management Group CNS Ontario, CA 91764 Gould & Orellana, LLC PRO 150.00 Long Beach, CA 90802 Gould & Orellana, LLC PRO 150.00 Long Beach, CA 90802

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

SUBTOTAL \$

6.250.00