

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

| | |
|---|---|
| Date Stamp CITY CLERK MORENO VALL RECEIVED 16 OCT 27 PM 12:32 | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>13</u> For Official Use Only |

| | |
|--|--|
| Statement covers period from <u>09/25/2016</u> through <u>10/22/2016</u> | Date of election if applicable: (Month, Day, Year) <u>11/08/2016</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"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall <i>(Also Complete Part 5)</i> | <input type="checkbox"/> Sponsored <i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i> |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

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
1387813

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Dr. Gutierrez for Mayor 2016

STREET ADDRESS (NO P.O. BOX)

| | | | |
|---------------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Moreno Valley | CA | 92551 | |

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

| | | | |
|------------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Long Beach | CA | 90802 | |

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Gary Crumitt

MAILING ADDRESS

| | | | |
|------------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Long Beach | CA | 90802 | |

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.

Executed on 10/23/2016
Date

By _____
Signature of Controlling Officer of Sponsor

Executed on 10/23/2016
Date

By _____
Signature of Controlling Officer of Sponsor

Executed on _____
Date

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

Executed on _____
Date

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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Yxstian Gutierrez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor: Moreno Valley

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] Moreno Valley CA 92551

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

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>09/25/2016</u> through <u>10/22/2016</u> | CALIFORNIA FORM 460 |
| Page <u>3</u> of <u>13</u> | I.D. NUMBER 1387813 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dr. Gutierrez for Mayor 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 | \$ <u>22,450.00</u> | \$ <u>89,296.17</u> |
| 2. Loans Received Schedule B, Line 3 | <u>0.00</u> | <u>16,000.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ <u>22,450.00</u> | \$ <u>105,296.17</u> |
| 4. Nonmonetary Contributions Schedule C, Line 3 | <u>0.00</u> | <u>4,937.64</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>22,450.00</u> | \$ <u>110,233.81</u> |

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made Schedule E, Line 4 | \$ <u>34,726.10</u> | \$ <u>101,585.38</u> |
| 7. Loans Made Schedule H, Line 3 | <u>0.00</u> | <u>0.00</u> |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>34,726.10</u> | \$ <u>101,585.38</u> |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | <u>15,983.00</u> | <u>15,983.00</u> |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | <u>0.00</u> | <u>4,937.64</u> |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>50,709.10</u> | \$ <u>122,506.02</u> |

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|---|---------------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ <u>15,986.89</u> |
| 13. Cash Receipts Column A, Line 3 above | <u>22,450.00</u> |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | <u>0.00</u> |
| 15. Cash Payments Column A, Line 8 above | <u>34,726.10</u> |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>3,710.79</u> |

If this is a termination statement, Line 16 must be zero.

| | |
|---|----------------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ <u>0.00</u> |
|---|----------------|

Cash Equivalents and Outstanding Debts

| | |
|---|---------------------|
| 18. Cash Equivalents See instructions on reverse | \$ <u>0.00</u> |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ <u>31,983.00</u> |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|--|--|----------------------------|
| Statement covers period from <u>09/25/2016</u> through <u>10/22/2016</u> | | CALIFORNIA FORM 460 |
| Page <u>4</u> of <u>13</u> | | |
| NAME OF FILER Dr. Gutierrez for Mayor 2016 | | I.D. NUMBER 1387813 |

SEE INSTRUCTIONS ON REVERSE

Dr. Gutierrez for Mayor 2016

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 10/04/2016 | 1BH1 LLC Los Angeles, CA 90010 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 1,000.00 | |
| 09/30/2016 | Avone Homes, LLC Newport Beach, CA 92660 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 19,000.00 | |
| 09/30/2016 | AVTHREE Home, LLC Newport Beach, CA 92660 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 19,000.00 | |
| 09/30/2016 | AVTWO Homes, LLC Newport Beach, CA 92660 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 19,000.00 | |
| 09/30/2016 | Brookpine Equity, LP Newport Beach, CA 92660 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 19,000.00 | |
| SUBTOTAL \$ | | | | 4,500.00 | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 22,450.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 22,450.00

*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**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/25/2016 | |
| through | 10/22/2016 | Page 5 of 13 |

NAME OF FILER

Dr. Gutierrez for Mayor 2016

I.D. NUMBER

1387813

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/30/2016 | Cal-Equity, LP Newport Beach, CA 92660 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 19,000.00 | |
| 10/16/2016 | Norma Carrillo Moreno Valley, CA 92551 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Educator PUHSD | 150.00 | 150.00 | |
| 09/30/2016 | CT Capital, LLC Newport Beach, CA 92660 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 19,000.00 | |
| 09/30/2016 | CTHT Homes, LLC Newport Beach, CA 92660 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 19,000.00 | |
| 10/18/2016 | Christopher Devries Tustin, CA 92780 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Broker Christopher Devries | 1,000.00 | 1,000.00 | |
| SUBTOTAL \$ | | | | 4,150.00 | | |

*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**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/25/2016 | |
| through | 10/22/2016 | Page 6 of 13 |

| | |
|---|------------------------|
| NAME OF FILER Dr. Gutierrez for Mayor 2016 | I.D. NUMBER 1387813 |
|---|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/30/2016 | Falcon Equity, LP Newport Beach, CA 92660 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 19,000.00 | |
| 09/30/2016 | Gallery Equity, LP Newport Beach, CA 92660 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 19,000.00 | |
| 09/30/2016 | Malaquena, LP Newport Beach, CA 92660 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 19,000.00 | |
| 10/04/2016 | Michael Joseph McPhee San Diego, CA 92103 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner La Jolla Pacific Development Group | 5,000.00 | 10,000.00 | |
| 10/16/2016 | Jean Miller Irvine, CA 92604 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 100.00 | 100.00 | |
| SUBTOTAL \$ | | | | 8,100.00 | | |

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

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

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

| | | |
|------------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/25/2016 | |
| through | 10/22/2016 | Page <u>7</u> of <u>13</u> |
| NAME OF FILER | | I.D. NUMBER |
| Dr. Gutierrez for Mayor 2016 | | 1387813 |

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/30/2016 | Moorpark Homes, LLC Newport Beach, CA 92660 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 19,000.00 | |
| 10/18/2016 | Moval Enterprises LLC Moreno Valley, CA 92553 | <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 | |
| 09/30/2016 | Pacific Communities Builder, Inc. Newport Beach, CA 92660 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 19,000.00 | |
| 09/30/2016 | Pacific Housing, LLC Newport Beach, CA 92660 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 19,000.00 | |
| 10/18/2016 | Sawyer Investments LLC Riverside, CA 92507 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 200.00 | 200.00 | |
| SUBTOTAL \$ | | | | 3,700.00 | | |

*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**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/25/2016 | |
| through | 10/22/2016 | Page 8 of 13 |

| | |
|---|------------------------|
| NAME OF FILER Dr. Gutierrez for Mayor 2016 | I.D. NUMBER 1387813 |
|---|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/30/2016 | Sunrise Equity, LP [REDACTED] Newport Beach, CA 92660 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 19,000.00 | |
| 09/30/2016 | Vista Equity, LP [REDACTED] Newport Beach, CA 92660 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 19,000.00 | |
| | | <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 | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | 2,000.00 | | |

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

Schedule B - Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 09/25/2016
through 10/22/2016

CALIFORNIA FORM 460

Page 9 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dr. Gutierrez for Mayor 2016

I.D. NUMBER

1387813

Table with 9 columns: FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER; IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER; (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD; (b) AMOUNT RECEIVED THIS PERIOD; (c) AMOUNT PAID OR FORGIVEN THIS PERIOD; (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD; (e) INTEREST PAID THIS PERIOD; (f) ORIGINAL AMOUNT OF LOAN; (g) CUMULATIVE CONTRIBUTIONS TO DATE. Includes entry for Gutierrez Yxstian, City Councilmember, City of Moreno Valley, with a loan amount of \$16,000.00.

Schedule B Summary

- 1. Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0.00
Enter the net here and on the Summary Page, Column A, Line 2.

Contributor Codes
IND - Individual
COM - Recipient Committee
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.

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|------------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/25/2016 | |
| through | 10/22/2016 | Page 10 of 13 |
| NAME OF FILER | | I.D. NUMBER |
| Dr. Gutierrez for Mayor 2016 | | 1387813 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dr. Gutierrez for Mayor 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 |
|---|---------|-----------------------------|-------------|
| Scott Adams Chicago, IL 60640 | CNS | | 2,000.00 |
| E-Fundraising Connections 2131 Capitol Ave #306 Sacramento, CA 95816 | | Credit Card Processing Fees | 10.25 |
| Overland Strategies, LLC 142 E. Bonita Ave., #106 San Dimas, CA 91773 | LIT | | 24,550.00 |

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

SUBTOTAL \$ 26,560.25

Schedule E Summary

| | | |
|--|-----------------|-----------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 34,686.10 |
| 2. Unitemized payments made this period of under \$100 | \$ | 40.00 |
| 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 \$ | 34,726.10 |

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

| | | |
|--|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/25/2016 | |
| through | 10/22/2016 | Page 11 of 13 |
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER | | I.D. NUMBER |
| Dr. Gutierrez for Mayor 2016 | | 1387813 |

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 |
|---|------|----|------------------------|-------------|
| Overland Strategies, LLC 142 E. Bonita Ave., #106 San Dimas, CA 91773 | LIT | | | 6,876.00 |
| Political Data, Inc. 12501 Imperial Hwy., #200 Norwalk, CA 90650 | | | Mail File | 799.49 |
| Premier Political Communications 4805 Woodview Ave. Austin, TX 78756 | PHO | | | 450.36 |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 8,125.85

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

Amounts may be rounded
to whole dollars.

| | |
|--|-----------------------------|
| Statement covers period from <u>09/25/2016</u> through <u>10/22/2016</u> | CALIFORNIA FORM 460 |
| | Page <u>12</u> of <u>13</u> |
| I.D. NUMBER 1387813 | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Dr. Gutierrez for Mayor 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | |
|---|-----------------------------------|---|---------------------------------------|---|--|-----------|
| Overland Strategies, LLC 142 E. Bonita Ave., #106 San Dimas, CA 91773 | LIT | 0.00 | 15,983.00 | 0.00 | 15,983.00 | |
| | | | | | | |
| | | | | | | |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | | SUBTOTALS \$ | 0.00\$ | 15,983.00\$ | 0.00\$ | 15,983.00 |

Schedule F Summary

| | | |
|---|---------------------------|---|
| 1. 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 \$ | <u>15,983.00</u> |
| 2. 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 \$ | <u>0.00</u> |
| 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) | NET \$ | <u>15,983.00</u> <small>May be a negative number</small> |

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

Amounts may be rounded to whole dollars.

| | | |
|---|------------|-----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/25/2016 | |
| through | 10/22/2016 | Page <u>13</u> of <u>13</u> |
| NAME OF FILER | | I.D. NUMBER |
| Dr. Gutierrez for Mayor 2016 | | 1387813 |
| NAME OF AGENT OR INDEPENDENT CONTRACTOR | | |
| Overland Strategies, LLC | | |

SEE INSTRUCTIONS ON REVERSE

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

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

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Morel Ink 4824 NE 42nd Ave. Portland, OR 97218 | LIT | | | 5,503.00 |
| Response Everyone Deserves 3448 Amarillo Ave. Simi Valley, CA 93063 | LIT | | | 10,290.00 |
| U.S. Postal Service 819 W. Washington Blvd. Los Angeles, CA 90015 | POS | | | 13,951.00 |
| U.S. Postal Service 819 W. Washington Blvd. Los Angeles, CA 90015 | POS | | | 6,683.00 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 36,427.00

* 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.