

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Statement covers period from 09/21/2024 through 12/31/2024	Date of election if applicable: (Month, Day, Year) 11/05/2024	Date Stamp E-Filed 01/31/2025 11:21:03 Filing ID: 213032708	CALIFORNIA FORM 460 Page 1 of 19 For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
<i>(Also Complete Part 5)</i> | ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
<i>(Also Complete Part 6)</i> |
| ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee | ☐ Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|--|---|
| ☐ Preelection Statement | ☐ Quarterly Statement |
| ☒ Semi-annual Statement | ☐ Special Odd-Year Report |
| ☐ Termination Statement
(Also file a Form 410 Termination) | ☐ Supplemental Preelection Statement - Attach Form 495 |
| ☐ Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1473607

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Macias for Ontario City Council, District 4

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Ontario	CA	91764	(909) 750-1836

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
daisyforcitycouncil@gmail.com

Treasurer(s)

NAME OF TREASURER

Daisy Macias

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Ontario	CA	91764	

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
daisyforcitycouncil@gmail.com

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 01/31/2025
Date

By Daisy Macias
Signature of Treasurer or Assistant Treasurer

Executed on 01/31/2025
Date

By Daisy Macias
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

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

Executed on _____
Date

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

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

See continuation for Part 5a

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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? ☐ YES ☐ 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? ☐ YES ☐ 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	☐ SUPPORT ☐ OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Recipient Committee
Campaign Statement
Part 5a. Officeholder or Candidate Controlled Committee (continued)

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NAME OF OFFICEHOLDER OR CANDIDATE

Daisy Macias

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member City of Ontario, CA District 4

RESIDENTAL/BUSINESS ADDRESS (NO. AND STREET)

CITY
Ontario

STATE
CA

ZIP
91764

NAME OF OFFICEHOLDER OR CANDIDATE

Daisy Macias

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member: City of Ontario District 4

RESIDENTAL/BUSINESS ADDRESS (NO. AND STREET)

CITY
Ontario

STATE
CA

ZIP
91764

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 09/21/2024 through 12/31/2024	CALIFORNIA FORM 460 Page 4 of 19 I.D. NUMBER 1473607
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Macias for Ontario City Council, District 4

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 54,280.06	\$ 144,130.06
2. Loans Received Schedule B, Line 3	0.00	40,000.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 54,280.06	\$ 184,130.06
4. Nonmonetary Contributions Schedule C, Line 3	0.00	1,000.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 54,280.06	\$ 185,130.06

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

6. Payments Made Schedule E, Line 4	\$ 42,538.19	\$ 139,532.84
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 42,538.19	\$ 139,532.84
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	1,000.00
11. TOTALEXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 42,538.19	\$ 140,532.84

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	\$ 32,855.35
13. Cash Receipts Column A, Line 3 above	54,280.06
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	42,538.19
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 44,597.22
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00

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.

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	\$ 40,000.00

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 09/21/2024
through 12/31/2024

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Macias for Ontario City Council, District 4

I.D. NUMBER

1473607

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)
09/24/2024	Building a stronger CA (ID# 870169) Los Angeles, CA 90071	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		4,000.00	4,000.00	G2024 \$4,000.00
09/24/2024	Building a stronger Ca (ID# 870168) Los Angeles, CA 90071	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		4,000.00	4,000.00	
10/07/2024	AFSME (ID# Pending) Ontario, CA 91781	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	G2024 \$1,000.00
10/07/2024	Builder Industry Association (ID# 741733) Los Angeles, CA 90071	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	G2024 \$1,000.00
10/07/2024	Timothy Lynch Upland, CA 91786	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO General outdoors	250.00	250.00	G2024 \$250.00
SUBTOTAL \$				10,250.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 54,280.06
- 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 \$** 54,280.06

*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 A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 09/21/2024 through 12/31/2024		CALIFORNIA FORM 460 Page 6 of 19
NAME OF FILER Macias for Ontario City Council, District 4		
		I.D. NUMBER 1473607

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)
10/08/2024	Good Dream Angels Yorba Linda, CA 92686	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	G2024 \$1,000.00
10/08/2024	Man Youn Carson, CA 90810	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	partner New connect fright	1,000.00	1,000.00	G2024 \$1,000.00
10/09/2024	AFSCME Local 3061 Ontario, CA 91761	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	G2024 \$1,000.00
10/09/2024	Building Industry Association of Southern California PAC (ID# 741733) Los Angeles, CA 90071	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	G2024 \$1,000.00
10/09/2024	Community Prosperity Partners (ID# 1469877) Sacramento, CA 95841	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		12,500.00	12,500.00	G2024 \$12,500.00
SUBTOTAL \$				16,500.00		

*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 A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 09/21/2024 through 12/31/2024		CALIFORNIA FORM 460 Page 7 of 19
NAME OF FILER Macias for Ontario City Council, District 4		
		I.D. NUMBER 1473607

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)
10/09/2024	Dietz Towing Ontario, CA 91761	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	G2024 \$1,000.00
10/09/2024	Good Dream Angeles LLC Yorba Linda, CA 92886	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	G2024 \$1,000.00
10/09/2024	Orange County Families (ID# 1453617) Irvine, CA 92618	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		4,000.00	4,000.00	G2024 \$0.00
10/09/2024	Man Youn Yorba Linda, CA 92886	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Transportation New Connect	1,000.00	1,000.00	G2024 \$1,000.00
10/10/2024	Committee to Elect Alan Wapner District 3 2026 (ID# Pending) Ontario, CA 91762	☐ IND ☐ COM ☐ OTH ☐ PTY ☒ SCC		10,150.27	50,150.27	G2024 \$10,150.27
SUBTOTAL \$				17,150.27		

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 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 09/21/2024 through 12/31/2024		CALIFORNIA FORM 460 Page 8 of 19
NAME OF FILER Macias for Ontario City Council, District 4		
		I.D. NUMBER 1473607

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)
10/10/2024	Firefighter for Responsible Government- Ontario Professional Firefighters Association- IAFF Local 1430 (ID# 930060) Sacramneto, CA 95814	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,842.67	32,842.67	G2024 \$31,842.67
10/10/2024	Porada for Ontario City Council District 1 (ID# 1309775) Ontraio, CA 91762	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		3,037.12	3,037.12	G2024 \$3,037.12
10/25/2024	NAIOP IE PAC (ID# 1301979) Irvine, CA 92618	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	G2024 \$1,000.00
11/01/2024	Andy & Leslie Sehremelis Revocable Trust Ontario, CA 91761	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		2,500.00	2,500.00	G2024 \$2,500.00
11/04/2024	AFSCME, Council 36 PAC (ID# 747152) Los Angeles, CA 90020	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	G2024 \$1,000.00
SUBTOTAL \$				9,379.79		

***Contributor Codes**

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 09/21/2024 through 12/31/2024		CALIFORNIA FORM 460 Page 9 of 19
NAME OF FILER Macias for Ontario City Council, District 4		
		I.D. NUMBER 1473607

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)
11/04/2024	Southern California District Council of Laborers PAC (ID# 1358150) Long Beach, CA 90802	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	G2024 \$1,000.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$				1,000.00		

*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.

SCHEDULE B - PART 1

Statement covers period from 09/21/2024 through 12/31/2024	CALIFORNIA FORM 460
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I.D. NUMBER 1473607	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Macias for Ontario City Council, District 4

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. 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 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
Committee to Elect Alan Wapner District 3 2026 (ID# Pending) Ontario, CA 91762		\$ 40,000.00	\$ 0.00	☐ PAID \$ 0.00 ☐ FORGIVEN \$ 0.00	\$ 40,000.00 DATE DUE	% RATE \$ 0.00	\$ 40,000.00 08/20/2024 DATE INCURRED	CALENDAR YEAR \$ 50,150.27 PER ELECTION** \$ 62024 10,150.27
☐ IND ☐ COM ☐ OTH ☐ PTY ☒ SCC				☐ PAID \$ ☐ FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				☐ PAID \$ ☐ FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				☐ PAID \$ ☐ FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$		0.00	\$	0.00	\$	40,000.00	\$	0.00

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- 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.
(May be a negative number)

†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.

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 09/21/2024 through 12/31/2024	CALIFORNIA FORM 460 Page 11 of 19 I.D. NUMBER 1473607
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Macias for Ontario City Council, District 4

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
Chevron San Ramon, CA 94583	TRC			73.15
Costco Warehouse Montclair, CA 91763	POS		purchased stamps	291.00
Stater Bros. Ontario, CA 91764	OFC			100.00

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

SUBTOTAL \$ 464.15

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 41,490.04
2. Unitemized payments made this period of under \$100	\$ 1,048.15
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 \$ 42,538.19

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/21/2024	
through	12/31/2024	Page 12 of 19
NAME OF FILER		I.D. NUMBER
Macias for Ontario City Council, District 4		1473607

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Macias for Ontario City Council, District 4

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
Amazon Seattle, WA 98109	OFC			24.91
Strategic Consulting Solutions, INC. Cerritos, CA 90703	CNS			5,000.00
Lauren Andres Chino Hills, CA 91761	PRO			500.00
Chevron San Ramon, CA 94583	TRC			61.95
DCR International Cerritos, CA 90703	POL			5,000.00

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

SUBTOTAL \$ 10,586.86

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/21/2024	
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Macias for Ontario City Council, District 4		1473607

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Macias for Ontario City Council, District 4

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
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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
DCR International Cerritos, CA 90703	POL			5,000.00
DCR International Cerritos, CA 90703	POL			2,500.00
Belinda Trinidad Ontario, CA 91761	SAL			500.00
Creative Print Consulting, LLC Long Beach, CA 90809	LIT			2,612.09
Double Tree- Ontario Ontario, CA 91764	FND			1,169.28

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

SUBTOTAL \$ 11,781.37

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lauren Andres Chino Hills, CA 91761	SAL			500.00
Sams Club Ontario, CA 91764	OFC			117.61
Costco Warehouse Montclair, CA 91763	POS		purchased Stamps	189.09
Wabi Sabi Ontario, CA 91761	TRS			139.09
Educate your vote Encino, CA 91436	LIT			168.00

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SUBTOTAL \$ 1,113.79

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

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NAME OF FILER

Macias for Ontario City Council, District 4

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Peerly.com Peerly, CA 91761	POS			461.89
Creative Print Consulting, LLC Long Beach, CA 90809	LIT			6,160.44
Creative Print Consulting, LLC Long Beach, CA 90809	LIT			4,241.33
Belinda Trinidad Ontario, CA 91761	SAL			500.00
Creative Print Consulting, LLC Long Beach, CA 90809	LIT			930.00

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SUBTOTAL \$ 12,293.66

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Edward Canito El Monte, CA 91733	OFC			890.00
The Mule Car Smokehouse Ontario, CA 91762	TRS			780.05
Tj Maxx Rancho Cucamonga, CA 91730	OFC			94.77
Costco Warehouse Montclair, CA 91763	OFC			43.59
Target Ontario, CA 91764	OFC			21.84

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SUBTOTAL \$ 1,830.25

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Costco Warehouse Montclair, CA 91763	OFC			921.26
Habit Burger Ontario, CA 91764	TRS			16.62
Strategic Consulting Solutions, INC. Cerritos, CA 90703	CNS			1,500.00
Chevron San Ramon, CA 94583	TRC			69.62
Chevron San Ramon, CA 94583	TRC			63.68

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SUBTOTAL \$ 2,571.18

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sams Club Ontario, CA 91764	OFC			202.81
Sams Club Ontario, CA 91764	OFC			170.82
Tj Maxx Rancho Cucamonga, CA 91730	OFC			146.38
Sams Club Ontario, CA 91764	OFC			72.56
Stater Bros. Ontario, CA 91764	OFC			55.95

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SUBTOTAL \$ 648.52

Schedule E (Continuation Sheet) Payments Made

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Chevron San Ramon, CA 94583	TRC			69.73
Habit Burger Ontario, CA 91764	TRS			42.35
Sams Club Ontario, CA 91764	OFC			34.91
Chevron San Ramon, CA 94583	TRC			53.27

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SUBTOTAL \$ 200.26