

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 04/19/2026
through 05/16/2026

Date of election if applicable:
(Month, Day, Year)
06/09/2026 26

06/09/2026 26 MAY 20 10:09

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

- Offholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- (Also Complete Part 5)
- General Purpose Committee
- Sponsored Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled Sponsored
- (Also Complete Part 9)
- Primarily Formed Candidate/Officeholder Committee
- (Also Complete Part 7)

2. Type of Statement: Presidential MAY 20 10:09

- Presidential Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Laura Sanchez-Ramirez for Lakewood City Council 2026 D2

I.D. NUMBER
1497866

Treasurer(s)

NAME OF TREASURER

Jesse Gilgoff

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE

Lakewood CA 90712

562)389-1707

AREA CODE/PHONE

CITY STATE ZIP CODE

Lakewood CA 90712

562)304-0845

AREA CODE/PHONE

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

MAILING ADDRESS

CITY STATE ZIP CODE

AREA CODE/PHONE

CITY STATE ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 5/20/26 Date

By [Signature] Signature of Treasurer or Assistant Treasurer

Executed on 05-20-26 Date

By [Signature] Signature of Controlling Officer/Offholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date

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

Executed on _____ Date

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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Laura Sanchez-Ramirez
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Lakewood City Council 2026 D2
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] CA 90712

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 | CONTROLLED COMMITTEE? |
|-------------------|------------------------------|---|
| NAME OF TREASURER | | <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 SUPPORT 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 | SUPPORT | 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

CALIFORNIA
FORM
460

Statement covers period
from 04/19/2026
through 05/16/2026

Page 3 of 8

I.D. NUMBER
1487866

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Laura Sanchez Ramirez for Lakewood City Council 2026 D2

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>450.00</u> | \$ <u>4,859.00</u> |
| 2. Loans Received | Schedule B, Line 3 \$ <u>500.00</u> | \$ <u>3,000.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 \$ <u>950.00</u> | \$ <u>7,859.00</u> |
| 4. Nonmonetary Contributions | Schedule C, Line 3 \$ <u>2,000.00</u> | \$ <u>2,190.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 \$ <u>2,950.00</u> | \$ <u>10,049.00</u> |

Expenditures Made

| | | |
|--|--|--------------------|
| 6. Payments Made | Schedule E, Line 4 \$ <u>5,466.19</u> | \$ <u>6,666.19</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>5,466.19</u> | \$ <u>6,666.19</u> |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 \$ <u>0.00</u> | \$ <u>0.00</u> |
| 10. Nonmonetary Adjustment | Schedule G, Line 3 \$ <u>2,000.00</u> | \$ <u>2,190.00</u> |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 \$ <u>7,466.19</u> | \$ <u>8,856.19</u> |

Current Cash Statement

| | |
|---|---|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 \$ <u>5709.00</u> |
| 13. Cash Receipts | Column A, Line 3 above \$ <u>950.00</u> |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 \$ <u>0.00</u> |
| 15. Cash Payments | Column A, Line 8 above \$ <u>5,466.19</u> |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>1,192.81</u> |

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

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2
\$ 0.00

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>3,000.00</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 | \$ _____ | \$ _____ |

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 |
|--|--------------------------------|---------------|
| _____ | ____/____/____ | \$ _____ |
| _____ | ____/____/____ | \$ _____ |

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

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).

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Laura Sanchez-Ramirez for Lakewood City Council 2026 D2

Statement covers period
from 04/19/2026
through 05/16/2026

CALIFORNIA
FORM
460

SCHEDULE A

Page 4 of 8

I.D. NUMBER
148786

| 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) |
|--------------------|--|---|---|-----------------------------|---|---------------------------------------|
| 4/20/26 | Phillis Tweet [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100. | | |
| 4/20/26 | Belleflower, CA 90706 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher Northbello Unified School District | 150. | | |
| 4/20/26 | Renita Armstrong [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed Unstructured Plans | 150. | | |
| 5/12/26 | Steve Akahoshi [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | Manna Del Rey, CA 90292 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | 400. | | |

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 400.

2. Amount received this period - unitemized monetary contributions of less than \$100 \$ 50.

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 450.

*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 04/19/2026 through 05/16/2026

Page 5 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Laura Sanchez-Ramirez for Lakewood City Council 2026 D2

I.D. NUMBER 1427866

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER ID. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | OUTSTANDING BALANCE BEGINNING THIS PERIOD | AMOUNT RECEIVED THIS PERIOD | AMOUNT PAID OR FORGIVEN THIS PERIOD* | | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN | CUMULATIVE CONTRIBUTIONS TO DATE |
|--|--|---|-----------------------------|--------------------------------------|------------|---|---------------------------|-------------------------|----------------------------------|
| | | | | PAID | FORGIVEN | | | | |
| Laura Sanchez-Ramirez [REDACTED] CA 90112 | Surgical Assistant Peninsula Oral Surgery Implants | \$500 | \$0 | \$0 | \$0 | \$500 | \$0 | \$500 | 3/7/26 |
| Laura Sanchez-Ramirez [REDACTED] CA 90112 | Surgical Assistant Peninsula Oral Surgery Implants | \$2000 | \$0 | \$0 | \$0 | \$2000 | \$0 | \$2000 | 4/18/26 |
| Laura Sanchez-Ramirez [REDACTED] CA 90112 | Surgical Assistant Peninsula Oral Surgery Implants | \$500 | \$500 | \$0 | \$0 | \$0 | \$0 | \$500 | 5/12/26 |
| SUBTOTALS | | \$500 | \$0 | \$0 | \$0 | \$3000 | \$0 | \$0 | |

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

- Schedule B Summary**
- Loans received this period \$ 500
(Total Column (b) plus unitemized loans of less than \$100.)
 - Loans paid or forgiven this period \$ 0
(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 \$ 500

(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 C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from 04/19/2026
through 05/16/2026

CALIFORNIA
FORM
460
Page 5 of 8

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER Laura Sanchez-Ramirez for Lakewood City Council 2026 D2 I.D. NUMBER 1487866

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|--------------------------------------|--------------------------|---|------------------------------------|
| <u>4/24/26</u> | <u>Alan W. Gardner</u> <u>Long Beach, CA 90815</u> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>Self Employed</u> <u>Alan Gardner</u> <u>Campaign Consulting</u> | <u>Campaign</u> <u>Consultant</u> | <u>2000</u> | | |
| | | <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 \$ | | | | | <u>2000</u> | | |

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period - Itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 2000
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 2000

*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 E
Payments Made**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Laura Sanchez-Ramirez Sor Lakewood City Council 2026 D2

Statement covers period
from 04/19/2026
through 05/16/2026

Page 7 of 8
I.D. NUMBER
1487866

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 | staffs/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 |
|---|------|----|------------------------|-----------------|
| The Charters Mailing Group [REDACTED] | POS | | | 1276.42 |
| Signal Hill, CA 90755 | | | | |
| ABC Press [REDACTED] | LIT | | | 239.79 |
| Signal Hill, CA 90755 | | | | |
| ABC Press [REDACTED] | LIT | | | 1958.06 |
| Signal Hill, CA 90755 | | | | |
| SUBTOTAL \$ | | | | 3,468.27 |

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 5,466.19
- Unitemized payments made this period of under \$100 \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 5,466.19

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from 04/19/2026
through 05/16/2026

CALIFORNIA
FORM **460**

Page 8 of 8

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Laura Sanchez-Ramirez for Lakeview City Council 2026 D2

I.D. NUMBER

1487866

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FILE 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
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv. 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)

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|----------------|
| The Charters Mailing Group [REDACTED] | POS | | | 1011.15 |
| Signal Hill, CA 90755 | | | | |
| ABC Press [REDACTED] | LIT | | | 926.77 |
| Signal Hill, CA 90755 | | | | |
| SUBTOTAL \$ | | | | 1997.92 |

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