

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

CALIFORNIA
FORM **460**

Date Stamp

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Page 1 of 15

For Official Use Only

Statement covers period	Date of election if applicable: (Month, Day, Year)
from <u>01/01/2020</u>	<u>11/03/2020</u>
through <u>06/30/2020</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"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" 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) | |

CITY CLERK
DEPARTMENT

3. Committee Information

I.D. NUMBER
1420553

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Mike Talleda for Hawthorne City Council 2020

STREET ADDRESS (NO P.O. BOX)
14147 Hawthorne Blvd.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Hawthorne</u>	<u>CA</u>	<u>90250</u>	<u>(310) 780-4540</u>

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

<u>728 West Edna Place</u>			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Covina</u>	<u>CA</u>	<u>91722</u>	

OPTIONAL: FAX / E-MAIL ADDRESS
mtalleda@aol.com

Treasurer(s)

NAME OF TREASURER
Yolanda Miranda

MAILING ADDRESS
728 West Edna Place

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Covina</u>	<u>CA</u>	<u>91722</u>	<u>(626) 915-7635</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 07/15/2020
Date

By 
Signature of Treasurer or Assistant Treasurer

Executed on 07/15/2020
Date

By 
Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

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

Executed on _____
Date

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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Miguel L. aka Mike Talleda

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

City Council Member Hawthorne

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

4207 W. 141st. Street, Unit A Hawthorne CA 90250

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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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
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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
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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	<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
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Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	01/01/2020	
through	06/30/2020	Page <u>3</u> of <u>15</u>
NAME OF FILER		I.D. NUMBER
Mike Talleda for Hawthorne City Council 2020		1420553

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Talleda for Hawthorne City Council 2020

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 3,850.00	\$ 3,850.00
2. Loans Received Schedule B, Line 3	3,500.00	6,000.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 7,350.00	\$ 9,850.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 7,350.00	\$ 9,850.00

**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	Column B
6. Payments Made Schedule E, Line 4	\$ 5,447.18	\$ 5,447.18
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 5,447.18	\$ 5,447.18
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	-1,165.45	900.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 4,281.73	\$ 6,347.18

**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	\$ 2,970.00
13. Cash Receipts Column A, Line 3 above	7,350.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	5,447.18
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 4,872.82

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

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.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00

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	\$ 6,900.00

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2020
through 06/30/2020

SCHEDULE A

CALIFORNIA
FORM 460

Page 4 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Talleda for Hawthorne City Council 2020

I.D. NUMBER

1420553

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)
04/07/2020	Juanita Evens 21017 Annrita Ave. Torrance, CA 90503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Torrance School District	200.00	200.00	G2020 \$200.00
04/25/2020	Richard Freymond 3222 La Plata Ave. Hacienda Heights, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	200.00	200.00	G2020 \$200.00
03/19/2020	Stephen Marinovich 24015 Telegraph Hill Ct. Valencia, CA 91355-3320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator Maas & Marinovich	250.00	250.00	G2020 \$250.00
03/20/2020	Nelson D. Mena 11621 Manila Dr. Cypress, CA 90630	<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	G2020 \$100.00
03/17/2020	Metal Electrics Sales, Inc. dba Elite Electric 9932 Cedar Street Bellflower, CA 90706-6910	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	G2020 \$100.00
SUBTOTAL \$				850.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3,725.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 125.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3,850.00

*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 from <u>01/01/2020</u> through <u>06/30/2020</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>15</u>

NAME OF FILER Mike Talleda for Hawthorne City Council 2020	I.D. NUMBER 1420553
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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)
05/08/2020	Saeed Nikayin 2100 S. Figueroa Street Los Angeles, CA 90007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Orbit Industries	1,000.00	1,000.00	G2020 \$1,000.00
06/11/2020	Gordon Shotwell 14147 Hawthorne Blvd. Hawthorne, CA 90250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Shotwell's Pool & Spa Services	500.00	500.00	G2020 \$500.00
01/10/2020	Shotwell's Pool & Spa Service 4878 W. 142nd St. Hawthorne, CA 90250-6602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	G2020 \$1,000.00
06/26/2020	Cristina Talleda 643 Prospect Ave., Unit 103 Redondo Beach, CA 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Tustin USD	100.00	100.00	G2020 \$100.00
06/21/2020	Miguel Talleda 14147 Hawthorne Blvd. Hawthorne, CA 90250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Shoreline West	25.00	3,575.00	G2020 \$6,075.00
SUBTOTAL \$				2,625.00		

*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	01/01/2020	
through	06/30/2020	Page <u>6</u> of <u>15</u>

NAME OF FILER Mike Talleda for Hawthorne City Council 2020	I.D. NUMBER 1420553
---	------------------------

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)
06/21/2020	Miguel Talleda 14147 Hawthore Blvd. Hawthorne, CA 90250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Shoreline West	25.00	3,575.00	G2020 \$6,075.00
06/21/2020	Miguel Talleda 14147 Hawthore Blvd. Hawthorne, CA 90250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Shoreline West	25.00	3,575.00	G2020 \$6,075.00
06/21/2020	Olivia Valentine 2519 West 115th Place Hawthorne, CA 90250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Arbitrator and Mediator Olivia Valentine	100.00	100.00	G2020 \$100.00
06/21/2020	Carol Woodling 8491 Hunter Horns Germantown, TN 38138	<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	G2020 \$100.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				250.00		

*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		CALIFORNIA FORM 460
from	01/01/2020	
through	06/30/2020	Page <u>7</u> of <u>15</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Talleda for Hawthorne City Council 2020

I.D. NUMBER

1420553

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
Shoreline West 14147 Hawthorne Blvd. Hawthorne, CA 90250		\$ 200.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 200.00 01/01/0001 DATE DUE	0.00% RATE \$ 0.00	\$ 200.00 09/27/2019 DATE INCURRED	CALENDAR YEAR \$ 3,575.00 PER ELECTION** \$ G2020 6,075.00
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Miguel Talleda 14147 Hawthorne Blvd. Hawthorne, CA 90250	President Shoreline West	\$ 300.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 300.00 01/01/0001 DATE DUE	0.00% RATE \$ 0.00	\$ 300.00 09/27/2019 DATE INCURRED	CALENDAR YEAR \$ 3,575.00 PER ELECTION** \$ G2020 6,075.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Miguel Talleda 14147 Hawthorne Blvd. Hawthorne, CA 90250	President Shoreline West	\$ 1,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00 01/01/0001 DATE DUE	0.00% RATE \$ 0.00	\$ 1,000.00 12/12/2019 DATE INCURRED	CALENDAR YEAR \$ 3,575.00 PER ELECTION** \$ G2020 6,075.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS \$			0.00\$	0.00\$	1,500.00\$	0.00		

Schedule B Summary

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

- Loans received this period \$ 3,500.00
(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 \$ 3,500.00
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 B – Part 1 (Continuation Sheet)
Loans Received

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2020	
through	06/30/2020	Page <u>8</u> of <u>15</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Talleda for Hawthorne City Council 2020

I.D. NUMBER

1420553

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)	(b)	(c)	(d)	(e)	(f)	(g)
		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
Miguel Talleda 14147 Hawthorne Blvd. Hawthorne, CA 90250	President Shoreline West			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN	\$ 1,000.00	0.00 % RATE	\$ 1,000.00	CALENDAR YEAR \$ 3,575.00 PER ELECTION**
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1,000.00	\$ 0.00	\$ 0.00	01/01/0001 DATE DUE	\$ 0.00	12/16/2019 DATE INCURRED	\$ 6,075.00 G2020
Miguel Talleda 14147 Hawthorne Blvd. Hawthorne, CA 90250	President Shoreline West			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN	\$ 200.00	0.00 % RATE	\$ 200.00	CALENDAR YEAR \$ 3,575.00 PER ELECTION**
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 0.00	\$ 200.00	\$ 0.00	01/01/0001 DATE DUE	\$ 0.00	03/23/2020 DATE INCURRED	\$ 6,075.00 G2020
Miguel Talleda 14147 Hawthorne Blvd. Hawthorne, CA 90250	President Shoreline West			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN	\$ 200.00	0.00 % RATE	\$ 200.00	CALENDAR YEAR \$ 3,575.00 PER ELECTION**
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 0.00	\$ 200.00	\$ 0.00	01/01/0001 DATE DUE	\$ 0.00	04/16/2020 DATE INCURRED	\$ 6,075.00 G2020
Miguel Talleda 14147 Hawthorne Blvd. Hawthorne, CA 90250	President Shoreline West			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN	\$ 200.00	0.00 % RATE	\$ 200.00	CALENDAR YEAR \$ 3,575.00 PER ELECTION**
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 0.00	\$ 200.00	\$ 0.00	01/01/0001 DATE DUE	\$ 0.00	04/30/2020 DATE INCURRED	\$ 6,075.00 G2020
SUBTOTALS \$			600.00 \$	0.00 \$	1,600.00 \$	0.00		

† 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

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

Schedule B – Part 1 (Continuation Sheet)
Loans Received

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2020	
through	06/30/2020	Page <u>9</u> of <u>15</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Talleda for Hawthorne City Council 2020

I.D. NUMBER

1420553

FULL NAME, STREET ADDRESS AND ZIP CODE (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
Miguel Talleda 14147 Hawthorne Blvd. Hawthorne, CA 90250	President Shoreline West	\$ 0.00	\$ 1,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00 01/01/0001 DATE DUE	0.00% RATE \$ 0.00	\$ 1,000.00 05/03/2020 DATE INCURRED	CALENDAR YEAR \$ 3,575.00 PER ELECTION** \$ 2020 6,075.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Miguel Talleda 14147 Hawthorne Blvd. Hawthorne, CA 90250	President Shoreline West	\$ 0.00	\$ 500.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 500.00 01/01/0001 DATE DUE	0.00% RATE \$ 0.00	\$ 500.00 05/15/2020 DATE INCURRED	CALENDAR YEAR \$ 3,575.00 PER ELECTION** \$ 2020 6,075.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Miguel Talleda 14147 Hawthorne Blvd. Hawthorne, CA 90250	President Shoreline West	\$ 0.00	\$ 500.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 500.00 01/01/0001 DATE DUE	0.00% RATE \$ 0.00	\$ 500.00 05/15/2020 DATE INCURRED	CALENDAR YEAR \$ 3,575.00 PER ELECTION** \$ 2020 6,075.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Miguel Talleda 14147 Hawthorne Blvd. Hawthorne, CA 90250	President Shoreline West	\$ 0.00	\$ 25.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 25.00 01/01/0001 DATE DUE	0.00% RATE \$ 0.00	\$ 25.00 05/15/2020 DATE INCURRED	CALENDAR YEAR \$ 3,575.00 PER ELECTION** \$ 2020 6,075.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS \$		2,025.00	\$	0.00	\$	2,025.00	\$	0.00

† 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

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

Schedule B – Part 1 (Continuation Sheet)
Loans Received

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2020	
through	06/30/2020	Page 10 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER	I.D. NUMBER
Mike Talleda for Hawthorne City Council 2020	1420553

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
Miguel Talleda 14147 Hawthorne Blvd. Hawthorne, CA 90250	President Shoreline West	\$ 0.00	\$ 500.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 500.00 01/01/0001 DATE DUE	0.00% RATE \$ 0.00	\$ 500.00 06/08/2020 DATE INCURRED	CALENDAR YEAR \$ 3,575.00 PER ELECTION** \$2020 6,075.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Miguel Talleda 14147 Hawthorne Blvd. Hawthorne, CA 90250	President Shoreline West	\$ 0.00	\$ 275.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 275.00 01/01/0001 DATE DUE	0.00% RATE \$ 0.00	\$ 275.00 06/26/2020 DATE INCURRED	CALENDAR YEAR \$ 3,575.00 PER ELECTION** \$2020 6,075.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Miguel Talleda 14147 Hawthorne Blvd. Hawthorne, CA 90250	President Shoreline West	\$ 0.00	\$ 100.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 100.00 01/01/0001 DATE DUE	0.00% RATE \$ 0.00	\$ 100.00 06/26/2020 DATE INCURRED	CALENDAR YEAR \$ 3,575.00 PER ELECTION** \$2020 6,075.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS \$		875.00\$	0.00\$	875.00\$	0.00			

†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

*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	01/01/2020	
through	06/30/2020	Page 11 of 15
NAME OF FILER		I.D. NUMBER
Mike Talleda for Hawthorne City Council 2020		1420553

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	FET 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
American Express P.O. Box 0001 Los Angeles, CA 90096		Credit card payment	66.15
American Express P.O. Box 0001 Los Angeles, CA 90096		Credit card payment	55.00
American Express P.O. Box 0001 Los Angeles, CA 90096		Credit card payment	60.68

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

SUBTOTALS 181.83

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	5,358.79
2. Unitemized payments made this period of under \$100	\$	88.39
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 \$	5,447.18

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2020	
through	06/30/2020	Page <u>12</u> of <u>15</u>
NAME OF FILER		I.D. NUMBER
Mike Talleda for Hawthorne City Council 2020		1420553

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) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DCR International, Inc. 5721 W. Slauson Ave., #110 Culver City, CA 90230	POL			1,500.00
Luis Alvarado Public Affairs, LLC 8152 Painter Ave., Suite 203 Whittier, CA 90602	CNS			1,333.00
Luis Alvarado Public Affairs, LLC 8152 Painter Ave., Suite 203 Whittier, CA 90602	CNS			1,333.00
Minuteman Press of Gardena 16829 S. Western Ave. Gardena, CA 90247	LIT			295.51
Netfile 2707 Aurora Rd. Mariposa, CA 95338	PRO			150.00

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

SUBTOTAL \$ 4,612.51

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2020	
through	06/30/2020	Page 13 of 15
NAME OF FILER		I.D. NUMBER
Mike Talleda for Hawthorne City Council 2020		1420553

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Talleda for Hawthorne City Council 2020

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
Yolanda Miranda & Assoc. 728 West Edna Place Covina, CA 91722	POS			15.45
Yolanda Miranda & Assoc. 728 West Edna Place Covina, CA 91722	PRO			250.00
Yolanda Miranda & Assoc. 728 West Edna Place Covina, CA 91722	PRO			300.00

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

SUBTOTAL \$ 565.45

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2020	
through	06/30/2020	Page <u>14</u> of <u>15</u>
NAME OF FILER		I.D. NUMBER
Mike Talleda for Hawthorne City Council 2020		1420553

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) |

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
Yolanda Miranda & Assoc. 728 West Edna Place Covina, CA 91722	POS	15.45	0.00	15.45	0.00
Yolanda Miranda & Assoc. 728 West Edna Place Covina, CA 91722	PRO	250.00	0.00	250.00	0.00
Yolanda Miranda & Assoc. 728 West Edna Place Covina, CA 91722	PRO	300.00	0.00	300.00	0.00

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

SUBTOTALS \$	565.45\$	0.00\$	565.45\$	0.00
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Schedule F Summary

- 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 \$** 900.00
- 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 \$** 2,065.45
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -1,165.45
May be a negative number

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2020	
through	06/30/2020	Page 15 of 15
NAME OF FILER		I.D. NUMBER
Mike Talleda for Hawthorne City Council 2020		1420553

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 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
DCR International, Inc. 5721 W. Slauson Ave., #110 Culver City, CA 90230	POL	1,500.00	0.00	1,500.00	0.00
Yolanda Miranda & Assoc. 728 West Edna Place Covina, CA 91722	PRO	0.00	300.00	0.00	300.00
Yolanda Miranda & Assoc. 728 West Edna Place Covina, CA 91722	PRO	0.00	300.00	0.00	300.00
Yolanda Miranda & Assoc. 728 West Edna Place Covina, CA 91722	PRO	0.00	300.00	0.00	300.00
SUBTOTALS \$		1,500.00\$	900.00\$	1,500.00 \$	900.00