Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Statement covers period from01/01/2022	Date of election if applicable: (Month, Day, Year)	Date Stamp		ALIFORNIA 460  FORM  ge of  For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <sup>02/19/2022</sup>	11/03/2020 1K-1   Evil		19	
O State Candidate Election Committee O Recall (Also Complete Part 5)  ☐ General Purpose Committee O Sponsored O Small Contributor Committee	mplete Parts 1, 2, 3, and 4.  rimarily Formed Ballot Measure ommittee ) Controlled ) Sponsored Iso Complete Part 6)  rimarily Formed Candidate/ ffficeholder Committee Iso Complete Part 7)	2. Type of Statement:    Preelection Statement     Semi-annual Statement     Termination Statement     (Also file a Form 410 T	ermination)	] Suppleme	Statement dd-Year Report ntal Preelection - Attach Form 495
3. Committee information	. NUMBER 320290  DE AREA CODE/PHONE	Treasurer(s)  NAME OF TREASURER  DAVID L. GOULD  MAILING ADDRESS  CITY  Norwalk  NAME OF ASSISTANT TREASU	STATE CA RER IE ANY	ZIP CODE 90650	AREA CODE/PHONE
Norwalk CA 9065  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BI  CITY STATE ZIP CO	D DX	INGRID ORELLANA MAILING ADDRESS CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		Norwalk OPTIONAL: FAX / E-MAIL ADDI	CA	90650	
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California  Executed on				dules is	true and complete. I certify
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S			FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov Recipient Committee Campaign Statement Cover Page — Part 2 COVER PAGE - PART 2

CALIFORNIA 460

Page	2	of	

i.	Officeholder or Candidate Controlled Committee			6.	. P	rimarily Formed Ballo	t Measure	Committee	;	
	NAME OF OFFICEHOLDER OR CANDIDATE				Ñ	AME OF BALLOT MEASURE				200 Mary 100 - 200 Ma
	ANGIE REYES ENGLISH				_					.,
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	CT NUMBER IF APPL	ICABLE)		В	ALLOT NO, OR LETTER	JURISDICTIC	N		☐ SUPPORT ☐ OPPOSE
	City Council Member CITY OF HAWTHORNE				_	Mary Commence of the Commence				☐ 0PP02E
	,	-	TATE ZIP		i	dentify the controlling offic	ceholder, car	ididate, or s	tate measu <i>r</i> e	proponent, if any.
	No	rwalk	CA 90650		N	AME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT		
	Related Committees Not Included in this Statement included in this statement that are controlled by your contributions or make expenditures on behalf of your care	or are primarily for	•		ā	FFICE SOUGHT OR HELD			DISTRICT NO	). IF ANY
	COMMITTEE NAME	I.D. NUMBER	*		-				J	
				_					***	
	NAME OF TREASURER	CONTROLLED CO	MMITTEE?	7.		Primarily Formed Cand fficeholder(s) or candidate(s)				
		☐ YES [	□ NO		_					
	COMMITTEE ADDRESS (NO P.O. B	OX)			N	AME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
	CITY STATE ZIP C	CODE ARE	A CODE/PHONE		N	AME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER			- N	AME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HELD	
										SUPPORT OPPOSE
	NAME OF TREASURER	CONTROLLED CO	MMITTEE?  NO		N	AME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)			_			1		
	CITY STATE ZIP C	CODE ARE	A CODE/PHONE			Attac	h continuatio	n sheets if	necessany	
						Attac	n continuatio	n succes II	noocaaary	

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

I.D. NUMBER

1320290

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REYES ENGLISH HAWTHORNE COUNCIL 2020

Contributions Received	(1	TOTAL THIS PERIOD FROMATTACHED SCHEDULES)		COIUMN B CALENDAR YEAR TOTALTO DATE	Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	600.00	\$	600.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0.00		1,550.00	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	600.00	\$	2,150.00	20. Contributions  Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3		0,00		0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	600.00	\$	2,150.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	350.00	\$	350.00	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	350.00	\$	350.00	(if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		1,000.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	350.00	\$	1,350.00	/\$
Current Cash Statement					/\$
12. Beginning Cash Balance Previous Summary Page, Une 16	\$	990.33	То	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		600.00		nounts in Column A to the rresponding amounts	
14. Miscellaneous Increases to Cash		0.00	fro	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 ebove		350.00		oort. Some amounts in lumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	1,240.33	figi	ures that should be	
If this is a termination statement, Line 16 must be zero.			pe	btracted from previous riod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	e first report being filed this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts	•		fro	m Lines 2, 7, and 9 (if y).	
18. Cash Equivalents See Instructions on reverse	\$	0.00		••	-
19. Outstanding Debts Add Line 2 + Line 9 In Column B above	\$	2,550.00			

							SCHE	EDULE B - PART
Schedule B – Part 1	Amounts may be rounded to whole dollars.				Statement cov	ers period	CALIFORN	<sup>IA</sup> 460
Loans Received					from01/0:	1/2022	FORM	400
SEE INSTRUCTIONS ON REVERSE					through 02/19	9/2022	Page5	of
NAME OF FILER							I.D. NUMBER	
REYES ENGLISH HAWTHORNE COUNCIL 2020							1320290	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVI THIS PERIC	EN. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
ANGIE REYES ENGLISH	Sr. Field Deputy	1 5 1 5 1 5 1		☐ PAID	1 31 17 2 3			CALENDAR YEAR
LONG BEACH, CA 90802 Loan	City of Los Angeles City Council CD9			\$0_0	į t	0_0% RATE	\$_1,000_00	\$O_OO
<sup>†</sup> ⊠ IND □ COM □ OTH □ PTY □ SCC		\$_1,000_00	s0.00	\$	10/16/2010 DATE DUE	\$0.00	10/16/2009 DATE INCURRED	\$
ANGIE REYES ENGLISH LONG BEACH, CA 90802 loan	Sr. Field Deputy City of Los Angeles City Council CD9			SO_C  FORGIVEN	1	0_00% RATE	\$250_00	\$ 0.00 PER ELECTION
tm was Good Gottle Gray Good		\$250_00	\$0_00	\$0.0	01/16/2014 DATE DUE	\$0.00	01/16/2013 DATE INCURRED	\$
T⊠ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC ANGIE REYES ENGLISH	Sr. Field Deputy				DATE DOL		DATE INCOMINED	CALENDAR YEAR
LONG BEACH, CA 90802 LOAN	City of Los Angeles City Council CD9			\$O_C  FORGIVEN	, , , , , , , , , , , , , , , , , , , ,	0.00% RATE	\$300_00	\$O_O(
TIND □ COM □ OTH □ PTY □ SCC		\$300_00	\$0_00	\$0_0	07/17/2014 DATE DUE	\$0.00	07/17/2013 DATE INCURRED	\$
		SUBTOTALS \$	0.00	\$ 0.	00\$ 1,550.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period				\$	0.00			
(Total Column (b) plus unitemized loan			*****************	Ψ		( to	ontributor Codes	;
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha	0 paid or forgiven.)			\$	0.00	O. O.	D – Individual DM – Recipient Co	ommittee PTY or SCC) business entity)
3. Net change this period. (Subtract Line	e 2 from Line 1.)	•••••	•••••	NET \$ _	0.00 (May be a negative number)		CC – Small Contril	

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

\*\* If required.

Enter the net here and on the Summary Page, Column A, Line 2.

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

350.00

350.00

Schedule F Accrued Expenses (Unpaid Bills)  SEE INSTRUCTIONS ON REVERSE	Amounts may be round to whole dollars.	ded	Statement cove  from01/01/  through02/19/	2022	CALIFO FOI Page _		
NAME OF FILER					I.D. NUME		
REYES ENGLISH HAWTHORNE COUNCIL 2020					132029	0	
CODES: If one of the following codes accurately described compaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  Independent expenditure supporting/opposing others (explain)*  LEG legal defense  LTT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ns nces earch messenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse transfer betwe VOT voter registrati	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals			
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) (c AMOUNT INCURRED AMOUN THIS PERIOD THIS PE (ALSO REPO		OD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
Jose Ugarte North Hills, CA 93143	CNS	1,000.00	0.00		0.00	1,000.00	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 1,000.00\$	0.003	\$	0.00\$	1,000.00	
Schedule F Summary			1				
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized and services accordingly).			INCU	RRED TOTA	\LS \$	0.00	
<ol><li>Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized  </li></ol>				PAID TOTA	\LS \$	0.00	
3. Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	ter the difference here and	d		N	IET\$	0.00 y be a negalive number	

Destricted Consentation					COVERPAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Date Stamp	\$1000 miles	LIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period  from 02/20/2022  through 03/19/2022	Date of election if applicable: (Month, Day, Year)	TEQ.		For Official Use Only  5: 42
Type of Recipient Committee: All Committees	Formulate Parts 1, 2, 2, and 4	2. Type of Statement:	One of the Control of		
	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement     Semi-annual Statement     Termination Statement     (Also file a Form 410 Terminati     Amendment (Explain below)	(non)	Quarterly Standard Special Odd	観察を含
3. Committee information	I,D. NUMBER 1320290	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE REYES ENGLISH HAWTHORNE COUNCIL 2020		NAME OF TREASURER DAVID L. GOULD MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)	The state of the s	CITY	STATE	ZIP CODE	AREA CODE/PHONE
	CODE AREA CODE/PHONE	Norwalk  NAME OF ASSISTANT TREASURER, IF  INGRID ORELLANA	CA ANY	90650	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.C.		MAILING ADDRESS	•		
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY Norwalk	STATE CA	ZIP CODE 90650	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4. Verification					
I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califo					and complete. I certify
Executed on03/21/2022					
Executed on			,		
Executed onOate	Ву	Signature of Controlling Officeholder, Candidato, State Medan	iin Proponent	and the second s	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Meass	ne Proponent		EDDO E Jones (1964)

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

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

	COVE	R PAGI	E-PAR	Γ2
CALIF FC		A <u>Z</u>	160	
Page _	2	. of_	6	-

. Officeholder or Candidate Controlled Cor	mmittee	6.	Primarily Formed Ballo	t Measure Committe	e
NAME OF OFFICEHOLDER OR CANDIDATE	· · · · · · · · · · · · · · · · · · ·		NAME OF BALLOT MEASURE	agual an ag Anna ann an an Anna an Ann	
ANGIE REYES ENGLISH					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICABLE	<u> </u>	BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT
City Council Member CITY OF HAWTHORNE					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE  Norwalk CA	ZIP 90650	Identify the controlling office	ceholder, candidate, or s	tate measure proponent, if any.
	NOTWAIK CA	30030	NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROPONENT	
Related Committees Not Included in this not included in this statement that are controlled by y contributions or make expenditures on behalf of your	ou or are primarily formed to		OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY
COMMITTEE NAME	I.D. NUMBER				
Angie Reyes English for Assembly 2022	1444986				
NAME OF TREASURER	CONTROLLED COMMITTE	7.	Primarily Formed Cand	idate/Officeholder C	ommittee List names of
	X YES NO	:E7	officeholder(s) or candidate(s)	for which this committee i	s primarlly formed.
DAVID GOULD  COMMITTEE ADDRESS STREET ADDRESS (NO P.			NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SOL	JGHT OR HELD
COMMITTEE ADDRESS STREET ADDRESS (NO.P.	0.80%)				SUPPORT OPPOSE
CITY STATE 2	ZIP CODE AREA CODE	/PHONE	NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SOL	JGHT OR HELD
Norwalk CA	90650				SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICE IOLDED OD O	ANDIDATE OFFICE COL	JGHT OR HELD
Angie Reyes English for Assembly 2022 Special	1444666		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SOL	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTE	E?	NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SOL	JGHT OR HELD
DAVID GOULD	X YES NO		.,,,,,,		SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)	Security Constitution of the Constitution of t			
CITY STATE 2	ZIP CODE AREA CODE	PHONE	Attac	h continuation sheets if	necessary
Norwalk CA	90650				•

### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

		OOININALLI VOL
Stater	nent covers period	CALIFORNIA 460
from	02/20/2022	FORM 40U
through .	03/19/2022	Page3 of6
		I.D. NUMBER

SHIMMARY PAGE

NAME OF FILER REYES ENGLISH HAWTHORNE COUNCIL 2020 1320290 Column A Calendar Year Summary for Candidates Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1. Monetary Contributions ....... Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 2. Loans Received ...... Schedule B, Line 3 0.00 1,550.00 20. Contributions 0.00 2,150.00 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions ...... Schedule C, Line 3 0.00 0.00 21. Expenditures Made 0.00 2,150.00 **Expenditures Made Expenditure Limit Summary for State** Candidates 59.30 409.30 7. Loans Made ...... Schedule H. Line 3 0.00 0.00 22. Cumulative Expenditures Made\* 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6+7 \$ 59.30 409.30 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) ......Schedule F, Line 3 0.00 1,000.00 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment ...... Schedule C, Line 3 0.00 0.00 59.30 \$ 1,409.30 **Current Cash Statement** To calculate Column B. add amounts in Column A to the 0.00 13. Cash Receipts ...... Column A. Line 3 above corresponding amounts \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 0.00 from Column B of your last reported in Column B. report. Some amounts in 59.30 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 1,181.03 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_\_ 0.00 carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ 2,550.00 FPPC Form 460 (Jan/2016)

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

ANGIE REYES ENGLISH  Sr. Field Deputy City of Los Angeles City LONG BEACH, CA 90802 Loan  Sr. Field Deputy Council CD9  Signature Signat	Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.  from 02/20/2022			•	california 460			
FULL NAME, STREET ADDRESS AND ZIP CODE   FOR A MODERNAL ENTER   COLORATIONAL ENTER   COLORA						through03/1	9/2022	I.D. NUMBER	of6
St.   Fleld Deputy   Council CD9   St.   Fleld Deputy   St.   Fleld Deputy   Council CD9   St.   Fleld Deputy   Council	REYES ENGLISH HAWTHORNE COUNCIL 2020				<b>,</b>			<u> </u>	Ty
St. Fleid Deputy	OF LENDER	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	RECEIVED THIS	AMOUNT PAIL OR FORGIVE	BALANCE AT CLOSE OF THIS	INTEREST PAID THIS	ORIGINAL AMOUNT OF	CUMULATIVE CONTRIBUTION
DATE DUE	LONG BEACH, CA 90802	City of Los Angeles City			\$0.00				CALENDAR YEAR \$O_OO PER ELECTION*
CALENDARYEN   Caley of Los Angeles City   Council CD9   Council CD9   S	†⊠IND □COM □OTH □PTY □SCC		\$_1,000_00	s0.00	\$0.00		\$0.00		\$
Note that period   Subtract Line 2 from Line 1,   Loans received this period   Column (b) plus unitemized loans of less than \$100.)    Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)    Total Column (b) plus under the net here and on the Summary Page, Column A, Line 2.	ANGIE REYES ENGLISH LONG BEACH, CA 90802	City of Los Angeles City			\$0.00	\$ 250.00		\$250_00	\$O_OO PER ELECTION *
ST. Field Deputy City of Los Angeles City LONG BEACH, CA 90802  SUBTOTALS \$ 0.00 \$	<sup>†</sup> ⊠ IND □ COM □ OTH □ PTY □ SCC		\$250_00	\$0_00	s <u> </u>		\$0.00		\$
Substance   Substa	LONG BEACH, CA 90802 LOAN	City of Los Angeles City	\$300_00	s0_00	\$O_OC	07/17/2014	RATE	07/17/2013	CALENDAR YEAR \$0_00 PER ELECTION*
Schedule B Summary  1. Loans received this period	TIND COM OTH PTY SCC					DATEDUE		DATE INCURRED	_
1. Loans received this period			SUBTOTALS	0.00	0.0	1,550.00	(Enler (e) on	<u> </u>	
(Total Column (b) plus unitemized loans of less than \$100.)  2. Loans paid or forgiven this period	Schedule B Summary						Schedule E, Line 3)		
Enter the net here and on the Summary Page, Column A, Line 2.	<ol> <li>(Total Column (b) plus unitemized loan</li> <li>Loans paid or forgiven this period</li></ol>	ns of less than \$100.)  O paid or forgiven.) It are also itemized on Sched	lule A.)		\$	0.00	TO IN CO	ID – Individual OM – Recipient Co (other than TH – Other (e.g., TY – Political Part	ommittee PTY or SCC) business entity)
	Enter the net here and on the Summar	ry Page, Column A, Line 2.	_		()	May be a negative number)			

\*\* If required.

								SC	CHEDULE E
Schedule E Payments Made	Amounts may be rounded to whole dollars.			St	Statement covers period CALIF				460
rayments made				from	02/2	0/2022	FOR	VI	-3-
SEE INSTRUCTIONS ON REVERSE				thro	ugh03/1	9/2022	Page5	of _	6
NAME OF FILER							I.D. NUMB	ER	
REYES ENGLISH HAWTHORNE COUNCIL 2020							1320290		
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance ses lating survey resea livery and me	es	RAD RFD SAL TEL TRC TRS	radio airtime returned cor campaign w t.v. or cable candidate tra staff/spouse transfer betw voter registra	and production cos tributions orkers' salaries airtime and producti vel, lodging, and me travel, lodging, and veen commiltees of	ion costs eals I meals I the same		te/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTION	N OF PAYMENT			IUOMA	NT PAID
* Payments that are contributions or independent expenditures	must also be summ	arized on S	chedule D.			SUBT	OTAL\$		0.00
Schedule E Summary									
Itemized payments made this period. (Include all Schedule	e E subtotals.)						\$		0.00
2. Unitemized payments made this period of under \$100	••••		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$		59.30
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. E	Enter here and on t	ne Summa	ry Page, Colur	nn A, Line 6.	)	T <b>OTA</b> I	L \$		59.30

Schedule F Accrued Expenses (Unpaid Bills)  SEE INSTRUCTIONS ON REVERSE	Amounts may be round to whole dollars.	ded	2022 <b>F</b>	FORNIA 460 6 of6	
NAME OF FILER				I.D. NU	-
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNP campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filling/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services ( PRT print ads	ns nces earch messenger services	RAD radio airlime and RFD returned contribution of the contributio	he payment.  Ind production costs butions kers' salaries  Itime and production cost  Itine, lodging, and meals  avel, lodging, and meals  avel, committees of the salary	its i ame candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.O. 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
Jose Ugarte North Hills, CA 93143	CNS	1,000.00	0.00	0.00	1,000.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	1,000.00\$	0.00	\$ 0.00	\$ 1,000.00
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized at the period of	accrued expenses under S	\$100.)		RRED TOTALS \$ _	0.00
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized       Not change this period. (Subtract Line 3 from Line 1. End.)	payments on accrued exp	enses under \$100.).		PAID TOTALS \$ _	0.00
Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	er the difference here and		***************************************	NET \$ <sub>-</sub>	0.00 May be a negative number

Recipient Committee Campaign Statement Cover Page			Dale Slamp	(9)	ALIFORNIA 460
(Government Code Sections 84200-84216.5)	Statement covers period from 03/20/2022	Date of election if applicable: (Month, Day, Year)	90	Pag	ge 1 of 6 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>04/23/2022</u>	11/03/2020			
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		jn 10 3	
<ul> <li>◯ State Candidate Election Committee</li> <li>◯ Recall</li> <li>(Also Complete Part 5)</li> <li>◯ General Purpose Committee</li> <li>◯ Sponsored</li> <li>◯ Small Contributor Committee</li> </ul>	Primarily Formed Ballot Measure Committee Controlled Sponsored Wan Complete Pert 6) Primarily Formed Candidate/ Office holder Committee Also Complete Pert 7)	⊠ Preelection Statement     Semi-annual Statement     Termination Statement     (Also file a Form 410 Te     Amendment (Explain bu	CANE DEAG runination)	Quarterly S Special Od Supplemer Statement	
3. Committee Information	D. NUMBER 1320290	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) REYES ENGLISH HAWTHORNE COUNCIL 2020 STREET ADDRESS (NO P.O. BOX)		DAVID L. GOULD MAILING ADDRESS CITY Norwalk	STATE CA	ZIP CODE 90650	AREA CODE/PHONE
CITY STATE ZIP CO	ODE AREA GODE/PHONE	NAME OF ASSISTANT TREASUR	ER, IF ANY		
Norwalk CA 906 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I		INGRID ORELLANA			CV-1804ABSHMERRADIO ENGLISHO GUARARA CARACTERIA
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY Norwalk	STATE CA	ZIP CODE 90650	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS		
4. Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ  Executed on 04/27/2022 Date  Executed on 09/27/2022 Date  Executed on 0ata		ant ann an ann ann an air an guargeach ann an Ann ann ann an air an Ann ann ann an an Ann ann ann an Ann ann a	ana ing palawai isani di angaratat di alam kalifadhar Annasa an	iles is t	rue and complete. I certify
Executed on	<b>19,</b>	Signature of Controlling Officeholder, Candidate, St	ale Measure Proponent	302000A2	FPPC Form 460 (Jan/2016)

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

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

CC	OVER PAGI	E-PART2
CALIFO	RNIA	27
FOR	m 4	
Page	2 of	6

Officeholder or Candidate Controlled Committee				6. Primarily Formed Ballot Measure Committee						
NAME OF OFFICEHOLDER OR CANDID	DATE					NAME OF BALLOT MEASURE				
ANGIE REYES ENGLISH										***************************************
OFFICE SOUGHT OR HELD (INCLUDE	LOCATION AND DIST	RICT NUMBER	R IF APPLICAB	LE)		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT
City Council Member CITY OF	HAWTHORNE								L	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (I	NO. AND STREET)	CITY	STATE	ZIP						
		Norwalk	CA	90650		Identify the controlling off	iceholder, ca	indidate, or s	tate measure	proponent, if any
						NAME OF OFFICEHOLDER, CAN	IDIDATE, OR P	ROPONENT		
Related Committees Not Inc	cluded in this S	Statement:	Listany co	mmittage						
not included in this statement that contributions or make expenditures	are controlled by yo	ou or are prin	•			OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME		I.D. NUM	BER			<u> </u>			1	
Angie Reyes English for Ass Special	embly 2022	1444	666		_		44		***	
NAME OF TREASURER		CONTRO	LLED COMMIT	TEE?	7.	Primarily Formed Can officeholder(s) or candidate(s				
DAVID GOULD		X YE	s 🗌 NC	)					· · · · · · · · · · · · · · · · · · ·	
COMMITTEE ADDRESS STREE	ET ADDRESS (NO P.O	). BOX)				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY	STATE ZII	P CODE	AREA COI	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	
Norwalk	CA 9	0650								SUPPORT OPPOSE
COMMITTEE NAME		I.D. NUM	BER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	
						TANKE OF OFFICE RESERVOICE	SANDIDATE	017102 000	JOHN ON HELD	SUPPORT OPPOSE
NAME OF TREASURER			LLED COMMIT			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
		☐ YE	S NC	)						OPPOSE
COMMITTEE ADDRESS STREE	ET ADDRESS (NO P.O	). BOX)				****				
CITY	STATE ZIJ	P CODE	AREA COI	DE/PHONE		•				
3.1.1	JINIL ZII	CODE	ANLA COL	DET TIONE		Atta	ch continuat	ion sheets if	necessary	

#### Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE				through .	04/23/2022	Page oi	
NAME OF FILER						I.D. NUMBER	
REYES ENGLISH HAWTHORNE COUNCIL 2020						1320290	
Contributions Received		Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections		
1. Monetary Contributions	\$		\$	600.00		rough 6/30 7/1 to Date	
2. Loans Received Schedule B, Line 3		0.00		1,550.00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	2,150.00	20. Contributions  Received \$	\$	
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21. Expenditures		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0.00	\$	2,150.00	Made \$	\$	
Expenditures Made					Expenditure Limit S	Summary for State	
6. Payments Made Schedule E, Line 4	\$	59.30	\$	468.60	Candidates		
7. Loans Made Schedule H, Line 3		0.00		0.00	22 Cumulativ	e Expenditures Made*	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	59.30	\$	468.60		Voluntary Expenditure Limit)	
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		1,000.00	Date of Election	Total to Date	
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE	\$	59.30	\$	1,468.60		\$	
Current Cash Statement						_ \$	
12. Beginning Cash Balance	\$	1,181.03	To	calculate Column B, add			
13. Cash Receipts Column A, Line 3 above		0.00		nounts in Column A to the presponding amounts	*A (alla Outa a auta a a	litter of the contract of	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	om Column B of your last	reported in Column B.	nay be different from amounts	
15. Cash Payments Column A, Line 8 above		59.30		port. Some amounts in olumn A may be negative			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	1,121.73		pures that should be obtained by the should be			
If this is a termination statement, Line 16 must be zero.			р∈	eriod amounts. If this is e first report being filed			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	r this calendar year, only arry over the amounts			
Cash Equivalents and Outstanding Debts		:		om Lines 2, 7, and 9 (If ny).			
18. Cash Equivalents See instructions on reverse	\$	0.00					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	2,550.00					
			l		1	EPPC Form 460 (Jan/20)	

							SCHE	EDULE B - PART	
Schedule B – Part 1	Amounts may be rounded				Statement cov	ers period	CALIFORNIA 460		
Loans Received		to whole dollar	rs.		from03/2	0/2022	FORM	230)U	
SEE INSTRUCTIONS ON REVERSE					through04/2	3/2022	Page 4	of <u>6</u>	
NAME OF FILER									
REYES ENGLISH HAWTHORNE COUNCIL 2020							1320290	<del>,</del>	
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 PA OR FORGIV THIS PERIC	EN I CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE	
ANGIE REYES ENGLISH	Sr. Field Deputy City of Los Angeles City			PAID				CALENDAR YEAR	
LONG BEACH, CA 90802 Loan	Council CD9			\$O(		00% RATE	\$ 1,000 00	\$O_O	
<sup>†</sup> ⊠ IND □ COM □ OTH □ PTY □ SCC		s_1,000_00	s0.00	\$0_0	10/16/2010 DATE DUE	\$0.00	10/16/2009 DATE INCURRED	\$	
ANGIE REYES ENGLISH	Sr. Field Deputy City of Los Angeles City			PAID				CALENDAR YEAR	
LONG BEACH, CA 90802 loan	Council CD9			\$0_(		0_00% RATE	\$ 250.00	\$O_O	
<sup>†</sup> ⊠ IND □ COM □ OTH □ PTY □ SCC		\$250_00	so_o	so(	01/16/2014 DATE DUE	\$0,00	01/16/2013 DATE INCURRED	s	
ANGIE REYES ENGLISH LONG BEACH, CA 90802	Sr. Field Deputy City of Los Angeles City Council CD9			☐ PAID				CALENDAR YEAR	
LOAN	Council CD5			\$OC	l l	0_0% RATE	\$30000	\$0_0 PER ELECTION	
<sup>†</sup> ⊠ IND □ COM □ OTH □ PTY □ SCC		\$300_00	s0_00	s	07/17/2014 DATE DUE	\$0.00	07/17/2013 DATE INCURRED	\$	
		SUBTOTALS \$	0.00	\$ 0.	.00\$ 1,550.00	\$ 0.00			
Schedule B Summary				1914		(Enter (e) on Schedule E, Line 3)			
Loans received this period				\$	0.00	ı			
(Total Column (b) plus unitemized loan		••••••				, to	Contributor Codes		
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha	0 paid or forgiven.)			\$	0.00	. CI	D – Individual OM – Recipient Co (other than TH – Other (e.g., TY – Political Part	PTY or SCC) business entity	
3. Net change this period. (Subtract Line	e 2 from Line 1.)	••••••		. NET \$	0.00 (May be a negative number)	9	CC – Small Contril		

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

\*\* If required.

Enter the net here and on the Summary Page, Column A, Line 2. \*Amounts forgiven or paid by another party also must be reported on Schedule A.

Schedule E Payments Made	Amounts may to whole d		Statement covers period from03/20/2022	SCHEDULE CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through04/23/2022	Page5 of6
NAME OF FILER				I.D. NUMBER
REYES ENGLISH HAWTHORNE COUNCIL 2020				1320290
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearances ases lating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and TRS staff/spouse travel, lodging,	duction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
* Payments that are contributions or independent expenditures n	nust also be summ	arized on Schedule D.	SU	BTOTAL\$ 0.0
Schedule E Summary				

2. Unitemized payments made this period of under \$100 ......\$

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

0.00

59.30

0.00

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	led	Statement cove  from03/20/  through04/23/	2022	ORNIA 460 RM of 6
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Part Market Control of the Control o			I.D. NUM	1BER
				1,000	
REYES ENGLISH HAWTHORNE COUNCIL 2020				13202	90
CODES: If one of the following codes accurately described comparing paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	es the payment, you may MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services of PRT print ads	ns nces earch messenger services	RAD radio airtime an RFD returned contribate campaign work TEL t.v. or cable air TRC candidate trave trass staff/spouse traffs transfer between VOT voter registration.	nd production costs butions kers' salaries time and production cost l, lodging, and meals avel, lodging, and meals en committees of the sal	me candidate/sponsor
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
North Hills, CA 93143	CNS	1,000.00	0.00	0.00	1,000.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 1,000.00\$	0.00	\$ 0.00\$	1,000.00
Schedule F Summary					
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized)	accrued expenses under S	\$100.)		RRED TOTALS \$ _	0.00
<ol><li>Total accrued expenses paid this period. (Include all Schaccrued expenses of \$100 or more, plus total unitemized</li></ol>				PAID TOTALS \$_	0.00
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and	i 		NET\$	0.00 lay be a negalive number

Recipient Committee Campaign Statement Cover Page			Date Stamp		LIFORNIA 460 FORM
(Government Code Sections 84200-84216,5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from04/24/2022 through05/21/2022	Date of election if applicable: (Month, Day, Year) 11/03/2020			e 1 of 6  For Official Use Only
	rimarily Formed Ballot Moasuro	2. Type of Statement:		2 50 Quarterly St	alement
O Recall (Also Complete Part 5)  General Purpose Committee O Sponsored O Small Contributor Committee	Committee ) Controlled ) Sponsored No Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Misa Complete Part 7)	Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)	Supplement	I-Year Report al Preefection Altach Form 495
5. Committee Information	). NUMBER 1320290	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) REYES ENGLISH HAWTHORNE COUNCIL 2020		MAME OF TREASURER DAVID L. GOULD MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY Norwalk	STATE CA	ZIP CODE 90650	AREA CODE/PHONE
CITY STATE ZIP CO Norwalk CA 9065 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I	2	NAME OF ASSISTANT TREASUR INGRID ORELLANA MAILING ADDRESS			
CITY STATE ZIP CO	ODE AREA GODE/PHONE	CITY Norwalk	STATE CA	ZIP CODE 90650	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS		
Verification     I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ		outledge the intermedian contained to			e and complete. I certify
Executed on	By _				
Executed on	Ву				
Executed on Orde	Ву	Signature of Controlling Officeholder, Carobdate, S	late Meassen Peopone of		
Executed on	Вү	Signature of Controlling Officeholder, Condidate, S	tale Messure Proponent		FPPC Form 460 (Jan/2016)

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

Officeholder or Candidate Control	lled Comm	ittee			6.	. Prima	arily Formed Ball	ot Measure	Committee	•	
NAME OF OFFICEHOLDER OR CANDIDATE						NAMEC	OF BALLOT MEASURE				
ANGIE REYES ENGLISH											
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO	N AND DISTRIC	T NUMBER IF	APPLICABL	_E)		BALLO	T NO. OR LETTER	JURISDICTIO	N		SUPPORT
City Council Member CITY OF HAWTHORNE											OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CI	TY	STATE	ZIP							
	No	rwalk	CA	90650		ldenti	fy the controlling off	iceholder, ca	ndidate, or s	tate measure	proponent, if any.
	NO.	IWAIK	CA	30030		NAME	OF OFFICEHOLDER, CA	IDIDATE, OR PR	OPONENT		
Related Committees Not Included	in thic Sta	tomont: 1	Int an								
not included in this statement that are contr			_			OFFICE	SOUGHT OR HELD	***************************************		DISTRICT NO	. IF ANY
contributions or make expenditures on beha			-								
COMMITTEE NAME		I.D. NUMBE	R			·				<u> </u>	· · · · · · · · · · · · · · · · · · ·
Angie Reyes English for Assembly	2022	1444986	5								
					7.	. Prima	arily Formed Can	didate/Offic	eholder Co	ommittee #	List names of
NAME OF TREASURER		CONTROLLE					older(s) or candidate(s				
DAVID GOULD  COMMITTEE ADDRESS STREET ADDRE	No no no	X YES		)		NAME	OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	GHT OR HELD	
COMMITTEEADDRESS STREETADDRE	:88 (NO P.O. BC	DX)									SUPPORT OPPOSE
CITY	ATE ZIP C	ODE	AREA COD	DE/DHONE				· · · · · · · · · · · · · · · · · · ·	<b> </b>		
			AREA COL	JE/PHONE		NAME	OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	IGHT OR HELD	☐ SUPPORT
	906										OPPOSE
COMMITTEENAME Angle Reyes English for Assembly 2	2022	I.D. NUMBER				NAME	OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	IGHT OR HELD	
Special	2022	1444666	0								SUPPORT OPPOSE
NAME OF TREASURER		CONTROLLE	-D COMMITT	TEE?							
DAVID GOULD	4	X YES	ON []			NAME	OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	∐ SUPPORT
COMMITTEE ADDRESS STREET ADDRE	SS (NO PO. BO										OPPOSE
	(	<b>/</b>						,	1,		
CITY STA	ATE ZIP C	ODE	AREA COL	DE/PHONE			Λ <i>Η</i> α	ch continuatio	an chaote if	nococcani	
Norwalk CA	906	50					Atta	on continuati	m shee(s li	necessary	
	540.		-								

### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	_ SUMMARY PAGE
Statement covers period	CALIFORNIA / CO
from04/24/2022	FORM FTUU
through05/21/2022	Page3 of6
	I.D. NUMBER
	1

REYES ENGLISH HAWTHORNE COUNCIL 2020 1320290 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 600,00 1. Monetary Contributions ...... Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 1,550.00 0.00 Contributions 0.00 2,150.00 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ Received 0.00 0.00 4. Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures Made 0.00 2,150.00 **Expenditures Made** Expenditure Limit Summary for State 497,15 Candidates 7. Loans Made ...... Schedule H, Line 3 0.00 0.00 22. Cumulative Expenditures Made\* 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ 28.55 497.15 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) .......Schedule F, Line 3 1,000.00 0.00 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 28.55 1,497.15 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 1,121.73 To calculate Column B. add 0.00 amounts in Column A to the 13. Cash Receipts ...... Column A, Line 3 above corresponding amounts \*Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 28.55 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 1,093.18 figures that should be 16. ENDING CASH BALANCE ......... Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_\_\_ 0.00 carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 18. Cash Equivalents ...... See instructions on reverse \$ 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ 2,550.00 FPPC Form 460 (Jan/2016)

							SCHI	FOOLE R- PAKT
Schedule B – Part 1	Amo	unts may be re			Statement co	vers period	CALIFORN	14 2[60]
Loans Received		to whole dollars.						**************************************
SEE INSTRUCTIONS ON REVERSE					through05/2	21/2022	Page4	of <u>6</u>
NAME OF FILER							I.D. NUMBER	
REYES ENGLISH HAWTHORNE COUNCIL 2020							1320290	
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) AMOUNTPA OR FORGIVI THIS PERIC	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION: TO DATE
ANGIE REYES ENGLISH LONG BEACH, CA 90802 Loan	Sr. Field Deputy City of Los Angeles City Council CD9			□ PAID \$0.0 □ FORGIVEN	1 '	0_00% RATE	\$_1,000_00	\$0_00 PER ELECTION*
T⊠ IND □ COM □ OTH □ PTY □ SCC		\$_1,000_00	s0_00	\$0_0	10/16/2010 DATE DUE	\$0.00	10/16/2009 DATE INCURRED	\$
ANGTE REYES ENGLISH LONG BEACH, CA 90802 loan	Sr. Field Deputy City of Los Angeles City Council CD9			\$O_C  FORGIVEN	1	000% RATE	\$250_00	\$O_OO PER ELECTION *
<sup>†</sup> ⊠ IND □ COM □ OTH □ PTY □ SCC		s250_00	so_oo	\$0_0	01/16/2014 DATE DUE	\$0.00	01/16/2013 DATE INCURRED	\$
ANGIE REYES ENGLISH LONG BEACH, CA 90802 LOAN	Sr. Field Deputy City of Los Angeles City Council CD9			\$O_C		0.0% RATE	\$300_00	\$O_OO PER ELECTION*
TIND COM OTH PTY SCC		\$300_00	\$0.00	\$	07/17/2014 DATE DUE	\$0.00	07/17/2013 DATE INCURRED	\$
		SUBTOTALS S	0.00	\$ 0.	00\$ 1,550.0			
Schedule B Summary						(Enler (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loan		***************************************	***********************	\$	0.0		Contributor Code	s
Loans paid or forgiven this period     (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	D paid or forgiven.)			\$	0.0			PTY or SCC) , business entity)
3. Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.)y Page, Column A, Line 2.	•••••		. NET \$ _	0 , 0 (May be a negative number)	0 (	CC – Small Contr	ibutor Committee

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

\*\* If required.

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

Schedule E Payments Made	Amounts may b to whole d		State from _	ement covers <b>p</b> eriod 04/24/2022	67/11/26 (20)	:M
SEE INSTRUCTIONS ON REVERSE			throug	h05/21/2022		5 of 6
NAME OF FILER					I.D. NUM	IBER
REYES ENGLISH HAWTHORNE COUNCIL 2020					132029	10
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearances ises lating	RAD ra   RFD re   SAL ca   TEL t.v   TRC ca   TRS strices   TSF tra   TSF	cribe the payment.  dio airtime and production turned contributions umpaign workers' salaries or cable airtime and pro- undidate travel, lodging, ar aff/spouse travel, lodging, ansfer between committee ter registration formation technology cost	duction costs and meals and meals and meals as of the san	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION O	F PAYMENT		AMOUNT PAID
	111000					
* Payments that are contributions or independent expenditures r	must also be summ	arized on Schedule D.		SI	UBTOTAL\$	0.0
Schedule E Summary						
Itemized payments made this period. (Include all Schedule	E subtotals.)				\$	0.00
2. Unitemized payments made this period of under \$100					\$	28.55

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

0.00

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	led	Statement cove from04/24/ through05/21/	2022	1FORNIA 4.60
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER					UMBER
					1
REYES ENGLISH HAWTHORNE COUNCIL 2020					0290
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and PRO professional services ( PRT print ads	ns nces earch messenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse transfer betwee VOT voter registrati	nd production costs butions kers' salaries time and production coll, lodging, and meals avel, lodging, and meals en committees of the	ils same candidate/sponsor
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
North Hills, CA 93143	CNS	1,000.00	0.00	0.1	1,000.00
				ŧ	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	\$ 1,000.00\$	0.00	0.0	1,000.00
Schedule F Summary					
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized accrued)	Schedule F, Column (b) su accrued expenses under S	btotals for \$100.)	INCU	RRED TOTALS \$	0.00
<ol><li>Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized)</li></ol>				PAID TOTALS \$	0.00
Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	ter the difference here and	d 		NET \$	0.00 May be a negalive number

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216,5)	Statement covers period trom 05/22/2022	Date of election if applicable: (Month, Day, Year)	Data Stamp	Pag	COVER PAGE ALIFORNIA 460 FORM of 6
SEE INSTRUCTIONS ON REVERSE	from 05/22/2022 through 06/30/2022	11/03/2020			For Official Use Only
	,	All I		77 1 4	
State Candidate Election Committee  Recall (Nso Complete Part 5)  General Purpose Committee  Sponsored  Small Contributor Committee	omplete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure  Committee  Controlled  Spensored  Also Complete Part 6)  Primarily Formed Candidate/  Office holder Committee  Also Complete Part 7)	2. Type of Statement:  Preclection Statement  Semi-annual Statement  Termination Statement  (Also file a Form 410 To	erminalion)	Supplemer	Statement d-Year Report stal Preelection - Attach Form 495
3. Committee information	D. NUMBER: 1320290	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) REYES ENGLISH HAWTHORNE COUNCIL 2020		NAME OF TREASURER  DAVID L. GOULD  MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE CA	ZIP CODE 90650	AREA CODE/PHONE
CITY STATE ZIP CO Norwalk CA 906! MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	50	Norwalk  NAME OF ASSISTANT TREASUM  INGRID ORELLANA  MAILING ADDRESS		30030	
CITY STATE ZIP CO	DDE AREA GODE/PHONE	CITY Norwalk	STATE CA	ZIP CODE 90650	ÁREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDE	RESS	opporter and the American Control of The Control of Con	
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California.					rue and complete. I certify
Executed on					
Executed on					
Executed onOate		eignature of Controung Unicendidal, Candidate, S	ше мельие Proporent		
Executed on	Ву	Signature of Controlling Office holder, Candidate, S	tala Measure Proponem		FPPC Form 460 (Jan/2016)

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

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

	COVE	RPAG	E-PAF	RT2
CALIF	ORNI	A	161	
FO	RM			4
_	2			
Page	2	.of_	ь	_ [

Officeholder or Candidate Controlled	Commi	ittee			6.	Primarily Formed Bal	lot Measure	Committee	9	
NAME OF OFFICEHOLDER OR CANDIDATE			···.··			NAME OF BALLOT MEASURE				
ANGIE REYES ENGLISH										
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRIC	T NUMBER I	IF APPLICABL	E)		BALLOT NO. OR LETTER	JURISDICT	ON		SUPPORT
City Council Member CITY OF HAWTHORNE									[	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRE	T) CI	TY	STATE	ZIP						
	No	rwalk	CA	90650		Identify the controlling o	fficeholder, ca	indidate, or s	tate measure	proponent, if any.
	110.	LHUIK		70050		NAME OF OFFICEHOLDER, CA	ANDIDATE, OR P	ROPONENT		
Related Committees Not Included in t	hia Cta	tomont:								
not included in this statement that are controlled contributions or make expenditures on behalf of	by you d	or are prima				OFFICE SOUGHT OR HELD			DISTRICT NO	, IF ANY
COMMITTEE NAME		I.D. NUMB							<u> </u>	
Angie Reyes English for Assembly 2022		144498								
NAME OF TREASURER		CONTROL	LED COMMITT	TEE?	7.	Primarily Formed Car				
DAVID GOULD		X YES	□ NO	)		officeholder(s) or candidate	(s) for which th	is commiπee i	s primarily for	тва.
COMMITTEE ADDRESS STREET ADDRESS (I	IO P.O. BO	DX)				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
,		•						-		OPPOSE
CITY STATE	ZIP C	ODE	AREA COD	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	i
Norwalk CA	906	50						0		SUPPORT OPPOSE
COMMITTEE NAME		I.D. NUMB	ED.							☐ OPPOSE
Angie Reyes English for Assembly 2022		144466				NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	JGHT OR HELD	☐ SUPPORT
Special			-							OPPOSE
NAME OF TREASURER		CONTROL	LED COMMITT	TEE?		NAME OF OFFICE IOLDER OF	CANDIDATE	OFFICE COL	IOUT OD LIELD	
DAVID GOULD		X YES	□ NO	)		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	JGHT OR HELD	∐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (N	Ю Р.О. ВО	DX)								☐ OPPOSE
,		•								
CITY STATE	ZIP C	ODE	AREA COD	DE/PHONE		Δ#	ach continuat	lan sheets If	nococeani	
Norwalk CA	906	50				Att	aon commude	on sneers n	nevessary	

# Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY	PAGE

Statem	ent covers period	CALIFORNIA 160
from	05/22/2022	FORM TOU
through	06/30/2022	Page3 of6
		I.D. NUMBER
		1320290

REYES ENGLISH HAWTHORNE COUNCIL 2020					1320290	
Contributions Received	(	Column A TOTALTHIS PERIOD FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Running in Both the State Pr General Elections	
1. Monetary Contributions Schedule A, Line 3	\$	0.00	\$	600.00	1/1 through 6/30	7/1 to Date
2. Loans Received Schedule B, Line 3		0.00		1,550.00		III to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	2,150.00	20. Contributions  Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21. Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0.00	\$	2,150.00	Made \$	\$
Expenditures Made					Expenditure Limit Summary	for State
6. Payments Made Schedule E, Line 4	\$	58.00	\$	555.15	Candidates	
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expendit	urae Mada*
3. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	58.00	\$	555.15	(If Subject to Voluntary Experior	
Accrued Expenses (Unpaid Bills)		0.00		1,000.00	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$	58.00	\$	1,555.15		
Current Cash Statement					\$	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	1,093.18	То	calculate Column B, add		
13. Cash Receipts Column A, Line 3 above		0.00		nounts in Column A to the rresponding amounts		
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last	*Amounts in this section may be differe reported in Column B.	nt from amounts
15. Cash Payments		58.00		oort. Some amounts in Slumn A may be negative		
16. ENDING CASH BALANCE Add Llnes 12 + 13 + 14, then subtract Line 15	\$	1,035.18	fig	ures that should be		
If this is a termination statement, Line 16 must be zero.			рe	btracted from previous riod amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	e first report being filed this calendar year, only rry over the amounts		
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if y).		
18. Cash Equivalents See instructions on reverse	\$	0.00				
19. Outstanding Debts Add Line 2 + Line 9 In Column B above	\$	2,550.00				
			I		FPPC Advice: advice@fppc	C Form 460 (Jar

Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.			Statement coverage from05/22	ers period 2/2022	CALIFORN FORM	<sup>A</sup> 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through06/30	)/2022	Page4 I.D. NUMBER	of <u>6</u>
REYES ENGLISH HAWTHORNE COUNCIL 2020						7.3	1320290	(5)
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 PAII OR FORGIVE THIS PERIOI	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
ANGIE REYES ENGLISH  LONG BEACH, CA 90802  Loan	Sr. Field Deputy City of Los Angeles City Council CD9			PAID  \$0_0  FORGIVEN	,	0_00% RATE	\$ 1,000.00	\$O_OO PER ELECTION**
<sup>†</sup> ⊠ IND □ COM □ OTH □ PTY □ SCC		\$_1,000_00	\$0.00	\$0_0	0. 10/16/2010 DATE DUE	\$0_0	DATE INCURRED	\$
ANGIE REYES ENGLISH LONG BEACH, CA 90802 loan	Sr. Field Deputy City of Los Angeles City Council CD9			\$0_0	\$250_00	00% RATE	\$250_00	\$O_OO PER ELECTION ***
<sup>†</sup> ⊠ IND □ COM □ OTH □ PTY □ SCC		\$250_00	\$0_00	\$0.0	0 01/16/2014 DATE DUE	\$0.00	01/16/2013 DATE INCURRED	\$
ANGIE REYES ENGLISH LONG BEACH, CA 90802 LOAN	Sr. Field Deputy City of Los Angeles City Council CD9			\$OOI	0 \$300_00	00% RATE	\$300_00	\$O_OO PER ELECTION ***
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$300_00	\$0_00	\$0_0	0. 07/17/2014 DATE DUE	\$0.00	07/17/2013 DATE INCURRED	s
		SUBTOTALS \$	0.00	\$ 0.0	00\$ 1,550.00	\$ 0.00		
Schedule B Summary						· (Enter (e) on Schedule E, Line 3)		
Loans received this period  (Total Column (h) plus unitemized loan			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	0.00	C.		
(Total Column (b) plus unitemized loans of less than \$100.)  2. Loans paid or forgiven this period				(other than PTY OTH – Other (e.g., busin PTY – Political Party			ommittee PTY or SCC) business entity) y	
<ol> <li>Net change this period. (Subtract Line Enter the net here and on the Summar</li> </ol>			••••••	NET \$	0.00 (May be a negative number)		oo – Smail Contin	outor 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 from05/22/2022		SCHEDULE E ORNIA 460 RM
SEE INSTRUCTIONS ON REVERSE				thro	ugh <u>06/30/2022</u>	Page	5 of6
NAME OF FILER						I.D. NU	MBER
REYES ENGLISH HAWTHORNE COUNCIL 2020						132029	90
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*  LEG legal defense campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearance nses llating s survey resea livery and me	es	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and pro- returned contribution campaign workers' s t.v. or cable airtime a candidate travel, lodg staff/spouse travel, lo	duction costs s alaries and production cost ging, and meals odging, and meals miltees of the san	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE	OR DE	SCRIPTION	N OF PAYMENT		AMOUNT PAID
FedEx Pasadena, CA 91109		POS	7-777-09740/6604	-2920-4			31.40
FedEx Pasadena, CA 91109		POS					26.60
* Payments that are contributions or independent expenditures	must also be summ	narized on S	Schedule D.	,		SUBTOTAL\$	58.00
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)			**********	********************	\$	58.00

2. Unitemized payments made this period of under \$100 ......\$\_\_\_\_\_\_\$

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

FPPC Form 460 (Jan/2016) ne: 866/ASK-FPPC (866/275-3772)

0.00

0.00

					SCHEDULE F	
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement cove	EO	california 460 form	
SEE INICIDIUCTIONS ON DEVEDRE			through06/30/	2022 Page	6 of6	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				I.D. NUM	BER	
REYES ENGLISH HAWTHORNE COUNCIL 2020				13202	90	
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundralsing events  ND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LTC campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ns inces earch messenger services	RAD radio airtime at returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave staff/spouse tra transfer betwee VOT voter registrati	nd production costs butions kers' salaries time and production costel, lodging, and meals avel, lodging, and meals en committees of the sar	me candidate/sponsor	
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	
Jose Ugarte North Hills, CA 93143	CNS	1,000.00	0.00	0.00	1,000.00	
* Payments that are contributions or independent expenditures must also be	SUBTOTALS	1 000 000	\$ 0,00	\$ 0.00\$	1,000,00	
summarized on Schedule D.	SUBTOTALS	\$ 1,000.00	• 0.00:	p 0.004	1,000.00	
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized			INCU	IRRED TOTALS \$ _	0.00	
<ol><li>Total accrued expenses paid this period. (Include all Schaccrued expenses of \$100 or more, plus total unitemized)</li></ol>				PAID TOTALS \$ _	0.00	

on the Summary Page, Column A, Line 9.)

NET \$

O.00

May be a negative number

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

·	