

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Date Stamp	CALIFORNIA FORM <b>460</b>
<b>RECEIVED</b> 2023 JAN 19 P 5:05 <b>CITY CLERK DEPARTMENT</b>	Page <u>1</u> of <u>7</u> For Official Use Only

<b>Statement covers period</b> from <u>07/01/2022</u> through <u>12/31/2022</u>	<b>Date of election if applicable:</b> (Month, Day, Year) <u>11/03/2020</u>
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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<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |  |   |
|--|---|
| <input type="checkbox"/> Preelection Statement   | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement   | <input type="checkbox"/> Special Odd-Year Report                              |
| <input checked="" type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)   |   |

**3. Committee Information**

I.D. NUMBER  
1320290

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
REYES ENGLISH HAWTHORNE COUNCIL 2020

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Norwalk</u>	<u>CA</u>	<u>90650</u>	<u>[REDACTED]</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS  
[REDACTED]

**Treasurer(s)**

NAME OF TREASURER

DAVID L. GOULD

MAILING ADDRESS  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Norwalk</u>	<u>CA</u>	<u>90650</u>	<u>[REDACTED]</u>

NAME OF ASSISTANT TREASURER, IF ANY

INGRID ORELLANA

MAILING ADDRESS  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Norwalk</u>	<u>CA</u>	<u>90650</u>	<u>[REDACTED]</u>

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to [REDACTED] complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is [REDACTED]

Executed on 01/09/2023  
Date

Executed on 01/09/2023  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

[REDACTED SIGNATURE]

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

Page 2 of 7

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

ANGIE REYES ENGLISH

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

City Council Member CITY OF HAWTHORNE

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

[REDACTED] Norwalk CA 90650

**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 Angie Reyes English for Assembly 2022	I.D. NUMBER 1444986
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NAME OF TREASURER DAVID GOULD	CONTROLLED COMMITTEE? <input checked="" 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

Norwalk CA 90650 [REDACTED]

COMMITTEE NAME Angie Reyes English for Assembly 2022 Special	I.D. NUMBER 1444666
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NAME OF TREASURER DAVID GOULD	CONTROLLED COMMITTEE? <input checked="" 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

Norwalk CA 90650 (213) 489-4792

**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
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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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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 from <u>07/01/2022</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2022</u>	
Page <u>3</u> of <u>7</u>	I.D. NUMBER <u>1320290</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REYES ENGLISH HAWTHORNE COUNCIL 2020

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... <i>Schedule A, Line 3</i>	\$ <u>0.00</u>	\$ <u>600.00</u>
2. Loans Received ..... <i>Schedule B, Line 3</i>	<u>0.00</u>	<u>1,550.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ <u>0.00</u>	\$ <u>2,150.00</u>
4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>0.00</u>	\$ <u>2,150.00</u>

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

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

**Expenditures Made**

	Column A	Column B
6. Payments Made ..... <i>Schedule E, Line 4</i>	\$ <u>1,035.18</u>	\$ <u>1,590.33</u>
7. Loans Made ..... <i>Schedule H, Line 3</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>1,035.18</u>	\$ <u>1,590.33</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	<u>0.00</u>	<u>1,000.00</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>1,035.18</u>	\$ <u>2,590.33</u>

**Expenditure Limit Summary for State  
Candidates**

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

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

**Current Cash Statement**

12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>	\$ <u>1,035.18</u>
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	<u>0.00</u>
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	<u>0.00</u>
15. Cash Payments ..... <i>Column A, Line 8 above</i>	<u>1,035.18</u>
16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>0.00</u>

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

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

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

17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i>	\$ <u>0.00</u>
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... <i>See instructions on reverse</i>	\$ <u>0.00</u>
19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>2,550.00</u>

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2022	
through	12/31/2022	Page <u>4</u> of <u>7</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  REYES ENGLISH HAWTHORNE COUNCIL 2020	I.D. NUMBER  1320290
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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
ANGIE REYES ENGLISH [REDACTED] LONG BEACH, CA 90802 Loan	Sr. Field Deputy City of Los Angeles City Council CD9	\$ 1,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00 10/16/2010 DATE DUE	0.00% RATE \$ 0.00	\$ 1,000.00 10/16/2009 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
ANGIE REYES ENGLISH [REDACTED] LONG BEACH, CA 90802 loan	Sr. Field Deputy City of Los Angeles City Council CD9	\$ 250.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 250.00 01/16/2014 DATE DUE	0.00% RATE \$ 0.00	\$ 250.00 01/16/2013 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
ANGIE REYES ENGLISH [REDACTED] LONG BEACH, CA 90802 LOAN	Sr. Field Deputy City of Los Angeles City Council CD9	\$ 300.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 300.00 07/17/2014 DATE DUE	0.00% RATE \$ 0.00	\$ 300.00 07/17/2013 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<b>SUBTOTALS \$</b>		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 loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 0.00  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

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

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

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/2022  
through 12/31/2022

SCHEDULE D

**CALIFORNIA  
FORM **460****

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I.D. NUMBER  
1320290

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REYES ENGLISH HAWTHORNE COUNCIL 2020

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/16/2022	Angie Reyes English City Council Member City of Hawthorne	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		385.18	385.18	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL \$</b>				385.18		

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 385.18
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 385.18

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

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REYES ENGLISH HAWTHORNE COUNCIL 2020		1320290

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REYES ENGLISH HAWTHORNE 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
GOULD & ORELLANA, LLC [REDACTED] DOWNEY, CA 90650	PRO		Per Report Fee	350.00
Angie Reyes Hawthorne Council 2024 (ID# 1455575) [REDACTED] Norwalk, CA 90650	TSF			385.18
GOULD & ORELLANA, LLC [REDACTED] DOWNEY, CA 90650	PRO		Termination Fee	300.00

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

**SUBTOTAL \$** 1,035.18

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$	1,035.18
2. Unitemized payments made this period of under \$100 .....	\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$</b>	1,035.18

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

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2022	
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REYES ENGLISH HAWTHORNE COUNCIL 2020		1320290

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REYES ENGLISH HAWTHORNE 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 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
<b>SUBTOTALS \$</b>		1,000.00\$	0.00\$	0.00\$	1,000.00

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

**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 \$** 0.00
- 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 \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 0.00  
May be a negative number