ipient Committee apaign Statement Jver Page (Government Code Sections 84200-84216.5)	Statement course poriod	Dete of election if each lead	Date Stamp	Construction of the second	cover page IFORNIA ORM 460
	Statement covers period from09/20/2020	Date of election if applicable: (Month, Day, Year)	CEIVED	Page	
SEE INSTRUCTIONS ON REVERSE	through10/17/2020	11/03/2020 2020 00	126 A II: 35		For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	mplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee) Controlled) Sponsored Noo Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Noo Complete Part 7)	2. Type of Statement	RTMENT	Quarterly Stat Special Odd-Y Supplemental Statement - At	/ear Report
3 Committee Information	D. NUMBER 1375353	Treasurer(s) NAME OF TREASURER Yolanda Miranda MAILING ADDRESS 728 W. Edna Place			
STREET ADDRESS (NO P.O. BOX) 11981 York Ave		CITY	STATE	ZIP CODE	AREA CODE/PHONE
-CITY STATE ZIP CO Hawthorne CA 9025 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B 11981 York Ave.	0 (310) 528-6899	Covina NAME OF ASSISTANT TREASUR MAILING ADDRESS	CA ER, IF ANY	91722	(626)915-7635
CITY STATE ZIP CO Hawthorne CA 9025 OPTIONAL: FAX / E-MAIL ADDRESS		CITY OPTIONAL: FAX / E-MAIL ADDRE	STATE	ZIP CODE	AREA CODE/PHONE
Atvargas34@yahoo.com 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	a that the foregoing is true and correct.	wledge the information contained here	und	schedules is true	and complete. I certify

10/22/2020

Date

Date

Date

Executed on _

Executed on _

Executed on ____

By Jointh Much
Signature of Treasurer or Assistant Treasurer
 By
 By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

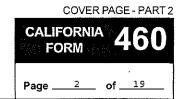
Recipient Committee Campaign Statement Cover Page — Part 2

5.	Officeholder or Candidate Cont	rolled Committee
		•

NAME OF OFFICEHOLDER OR CANDIDATE			
Alejandro Vargas	•		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER I	APPLICABL	.E)
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Mayor Hawthorne			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
11963 Ramona Ave., Unit C	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. NUM	BER
NAME OF TREASURER		CONTRO	LLED COMMITTEE?
			IS 🗌 NO
COMMITTEE ADDRESS	STREET ADDRESS (I	NO P.O. BOX)	
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME		I.D. NUM	BER
NAME OF TREASURER		CONTRO	LLED COMMITTEE?
NAME OF TREASURER			
COMMITTEE ADDRESS	STREET ADDRESS (I	NO P.O. BOX)	·····
ÇITY	STATE	ZIP CODE	AREA CODE/PHONE



6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	
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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	<u> </u>

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

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

Attach continuation sheets if necessary

Campaign Disclosure Statement	• • • •			<u> </u>	SUMMARY PAGE
Summary Page	Amounts may be round to whole dollars.	led	Stater	ment covers period	CALIFORNIA 460
			from	09/20/2020	FORM TOO
SEE INSTRUCTIONS ON REVERSE			through .	10/17/2020	Page3 of9
NAME OF FILER					I.D. NUMBER
Mayor Alex Vargas 2020	Area and area				1375353
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column Calendar y Total to Da	EAR		nmary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3	\$35,059.00	\$83,	955.00		
2. Loans Received Schedule B, Line 3	0.00		0.00	1/1 ti	hrough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$35,059.00	\$83,	955.00	20. Contributions Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3	2,084.00	14,	051.00	21 Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$37,143.00	\$ <u> </u>	006.00	Made \$	
Expenditures Made				Expenditure Limit	Summary for State
6. Payments Made Schedule E, Line 4	\$60,690.86	\$184,	771.36	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		\$184,	771.36		Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3			7.15	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3			051.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$62,782.01	\$198,	829.51	/	\$
Current Cash Statement				/	\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$51,570.72	To calculate Colun	nn B, add		
13. Cash Receipts Column A, Line 3 above	35,059.00	amounts in Colum corresponding am			,
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	from Column B of	your last	*Amounts in this section n reported in Column B.	nay be different from amounts
15. Cash Payments Column A, Line 8 above	60,690.86	report. Some amo Column A may be			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$25,938.86	figures that should	d be		
If this is a termination statement, Line 16 must be zero.		subtracted from p period amounts.	If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	the first report bei for this calendar y carry over the am	year, only nounts		
Cash Equivalents and Outstanding Debts		from Lines 2, 7, an any).	nd 9 (if		
18. Cash Equivalents See instructions on reverse	\$0_00				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$7.15				EPPC Form 460 (Jan/201)

WARE AND INVESTIGATION OF A DESCRIPTION OF A DESCRIPTIONO

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Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement cove			ornia 460
SEE INSTRUCTIO	DNS ON REVERSE			through <u>10/17/20</u>		Page _	of9
NAME OF FILER		<u></u>				I.D. NUN	1BER
Mayor Alex	Vargas 2020					137535	53
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/29/2020	Advanced Air, LLC 12101 Crenshaw Blvd. Hawthorne, CA 90250	□IND □COM ⊠OTH □PTY □SCC		10,000.00	16,2	251.00	
10/17/2020	Manuel Balboa 4535 W. 133rd Street Hawthorne, CA 90250	∑IND □COM □OTH □PTY □SCC	Retired N/A	500.00	1,(000.00	
09/28/2020	BizFed PAC (ID# 1305594) 455 Capitol Mall, Suite 600 Sacramento, CA 95814	□IND XCOM □OTH □PTY □SCC		1,000.00	1,0	000.00	
10/14/2020	California Real Estate PAC - (CREPAC) (ID# 890106) 525 S. Virgil Ave. Los Angeles, CA 90020	□IND IND IND COM OTH □PTY □SCC		1,500.00	1,5	500.00	<u>,</u>
10/14/2020	California Real Estate PAC - (CREPAC) (ID# 890106) 525 S. Virgil Ave. Los Angeles, CA 90020	□IND XCOM □OTH □PTY □SCC		1,500.00	1,5	500.00	
			SUBTOTAL \$	14,500.00			
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	34,950.00	IND – COM	(other th	It Committee han PTY or SCC)
2. Amount re	eceived this period – unitemized monetary contributions	of less than S	\$100 \$	109.00		– Other (e - Political I	e.g., business entity) Party
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colur	mn A, Line 1.)) TOTAL \$	35,059.00			ontributor Committee

	A (Continuation Sheet) Contributions Received	Amounts may to whole o		Statement cove from09/20/ through10/17/	2020	CALIF FO	SCHEDULE A (CONT. ORNIA 460 5 of 19
NAME OF FILER						I.D. NUM	BER
Mayor Alex Va	argas 2020					137535	3
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/16/2020	California Real Estate PAC - (CREPAC) (ID# 890106) 525 S. Virgil Ave. Los Angeles, CA 90020 Check returned	☐IND IX COM ☐OTH ☐PTY ☐SCC		-1,500.00	1,5	00.00	
10/11/2020	Neyadhish Chakma 14563 Cerise Avenue Hawthorne, CA 90250	⊠IND □COM □OTH □PTY □SCC	Healthcare Executive Kheir	100.00	1	00.00	
09/27/2020	Jane L. Comitz 13025 Park Place, Unit 302 Hawthorne, CA 90250	⊠IND □COM □OTH □PTY □SCC	Retired N/A	100.00	1	00.00	
10/14/2020	Shirley M. Hoffmann 12109 South Menlo Ave. Hawthorne, CA 90250	XIND COM OTH PTY SCC		150.00	1	50.00	umany, - La or - Mayrre
10/07/2020	International Long Shore & Warehouse Union (ILWU) Local 13 (ID# 1386983) 630 Centre Street San Pedro, CA 90731	☐IND XCOM OTH PTY SCC		1,000.00	1,0	00.00	
			SUBTOTAL	\$ -150.00			

*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) SCHEDULE A (CONT.) **Monetary Contributions Received** Amounts may be rounded Statement covers period CALIFORNIA 460 to whole dollars. FORM 09/20/2020 from 10/17/2020 through Page _____6___ of ____19___ NAME OF FILER I.D. NUMBER Mayor Alex Vargas 2020 1375353 AMOUNT CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME PERIOD (IF REQUIRED) (JAN, 1 - DEC, 31) OF BUSINESS) 09/23/2020 Reginal King 1,000.00 1.000.00 X IND Accountant Global Capital Financial 12519 Crenshaw Blvd COM Hawthorne, CA 90250 Services ОТН **PTY □**SCC LA County Firefighters Local 1014 Legislative 10/14/2020 10,000.00 10,000.00 **IND** Fund Committee (ID# 742008) X COM 3460 Fletcher Ave. □отн El Monte. CA 91731 **PTY T**scc 09/24/2020 Lawndale Lugar Medical, LLC 200.00 200.00 14623 Hawthorne Blvd Ste 208 ПСОМ Lawndale, CA 90260-1589 X OTH PTY □scc 10/17/2020 Richardson Leong Retired 200.00 300.00 X IND 4207 W. 130th St. N/A ПСОМ Hawthorne, CA 90250 ПОТН **PTY □**SCC 09/28/2020 2,500.00 2,500.00 Shotwell's Pool & Spa Service 4878 W. 142nd Street ПСОМ Hawthorne, CA 90250 X OTH SCC SUBTOTAL\$ 13,900.00

*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

	A (Continuation Sheet) Contributions Received	Amounts may t to whole d	(Statement cove	2020		DRNIA 460
				through10/17/	2020		_7 of19
NAME OF FILER						I.D. NUM	BER
Mayor Alex Va	argas 2020					1375353	3
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 CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/07/2020	Southern CA Edison International 2244 Walnut Grove Ave, Rosemead, CA 91770	☐IND ☐COM ⊠OTH ☐PTY ☐SCC		500.00	5	00.00	
09/24/2020	Southern CA Pipe Trades District Council #16 (ID# 760715) 501 Shatto Place, Suite 400 Los Angeles, CA 90020	☐IND XCOM ☐OTH ☐PTY ☐SCC		2,500.00	2,5	00.00	
10/07/2020	Southwest Regional Council of Carpenters PAC (ID# 870169) 533 South Fremont Ave., 10th Los Angeles, CA 90071	☐IND ☐COM ☐OTH ☐PTY ∑SCC	<u> </u>	1,200.00	1,2	00.00	
09/28/2020	Zaharoni Partners, Inc. 5400 W. Rosecrans Ave. Hawthorne, CA 90250	□IND □COM ⊠OTH □PTY □SCC		2,500.00	2,5	00.00	
		□IND □COM □OTH □PTY □SCC					
**************************************			SUBTOTAL	5 6,700.00			

*Contributor Codes

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

Schedu	le C						SCHEDULE C
Nonmonetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers p	eriod CAI		
					from09/20/202		FORM 460
	TIONS ON REVERSE				through10/17/202	Page	e8 of <u>19</u>
NAME OF FILE		<u></u>			<u> </u>	1.D. N	UMBER
Mayor Ale	x Vargas 2020	1/4 1/6 10 III				1375	353
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION O GOODS OR SERVIC		CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	TO DATE
09/29/2020	Advanced Air, LLC 12101 Crenshaw Blvd. Hawthorne, CA 90250 In-kind Contribution	□IND □COM ☑OTH □PTY □SCC		Polling	2,084.00	16,251	. 0 0
		□IND □COM □OTH □PTY □SCC					
		DIND COM OTH PTY SCC					
		□IND □COM □OTH □PTY □SCC					
Attach ad	ditional information on appropriately labe	eled continuati	ion sheets.	SUBTOT	TAL\$ 2,084.00		
1. Amount	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.)				.\$2,084.0		ual pient Committee
	received this period – unitemized nonmone	•	ns of less than \$100		.\$0.0	00 OTH – Othe PTY – Politic	er than PTY or SCC) r (e.g., business entity) cal Party

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Schedule E	Amounts may be rounded	Statement covers period	CALIFORNIA 460				
Payments Made	to whole dollars.	from09/20/2020	FORM 400				
SEE INSTRUCTIONS ON REVERSE		through10/17/2020	Page _9 of _19				
NAME OF FILER		·····	I.D. NUMBER				
Mayor Alex Vargas 2020			1375353				

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	РЮ	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ND	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)

ЦГ	campaign literature and mailings
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT		AMOUNT PAID
Campaign LA 15518 S. Broadway Street Gardena, CA 90248	LIT			845.00
CampaignRep 12655 W. Jefferson Blvd., Floor 4 Los Angeles, CA 90066	PHO	Texting services		1,600.00
DCR International, Inc. 5721 W. Slauson Ave., #110 Culver City, CA 90230	LIT			9,910.00
* Payments that are contributions or independent expenditures must also	be summarized on S	chedule D.	SUBTOTAL \$	12,355.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	60,678.86
2. Unitemized payments made this period of under \$100	\$	12.00
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.)	TOTAL \$	60,690.86

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.			Statement covers period from 09/20/2020 through 10/17/2020	SCHEDULE E (CONT.) CALIFORNIA 460 FORM 0f 19
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					I.D. NUMBER
Mayor Alex Vargas 2020					1375353
CODES: If one of the following codes accurately describe 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 expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance ses lating survey resear ivery and me	95	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, ai TRS staff/spouse travel, lodging	n costs s oduction costs nd meals , and meals es of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DES	CRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections 2831 G Street Suite 120 Sacramento, CA 95816		OFC	Processing fee		23.00
eFundraising Connections 2831 G Street Suite 120 Sacramento, CA 95816		OFC	Processing fee	ν.	45.50
eFundraising Connections 2831 G Street Suite 120 Sacramento, CA 95816		OFC	Processing Fee		5.00
eFundraising Connections 2831 G Street Suite 120 Sacramento, CA 95816		OFC	Processing fee		1.63
eFundraising Connections 2831 G Street Suite 120 Sacramento, CA 95816		OFC	Processing fee		7.58
* Payments that are contributions or independent expenditures must also	o be summarized on t	Schedule D.			JBTOTAL \$ 82.71

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		from <u>09/20/2020</u> through <u>10/17/2020</u>	Page <u>11</u> of <u>19</u>
NAME OF FILER			I.D. NUMBER
Mayor Alex Vargas 2020			1375353
CODES: If one of the following codes accur	rately describes the payment, you may enter the code	e Otherwise describe the paymen	t

	,,,,,,,			,	
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
ШΤ	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
Facebook, Inc. 1601 Willow Rd. Menlo Park, CA 94025	WEB	Advertising	400.70
Facebook, Inc. 1601 Willow Rd. Menlo Park, CA 94025	WEB	Advertising	600.00
Facebook, Inc. 1601 Willow Rd. Menlo Park, CA 94025	WEB	Advertising	315.11
Facebook, Inc. 1601 Willow Rd. Menlo Park, CA 94025	WEB	Advertising	900.00
Mailchimp 675 Ponce De Leon Ave., NE Suite 5000 Atlanta, GA 30308	WEB		84.99

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

SUBTOTAL \$ 2,300.80

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER		s may be rounded hole dollars.			atement covers perio 09/20/2020 gh10/17/2020	Dd CALIFOF FORM	SCHEDULE E (CONT.) CALIFORNIA FORM 460 Page 12 of 19 I.D. NUMBER I.D. NUMBER I.D. NUMBER I.D. NUMBER	
Mayor Alex Vargas 2020 CODES: If one of the following codes accurately describ 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 and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance ses lating survey resear- ivery and me	s	RAD RED 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, lodg staff/spouse travel, lo transfer between con- voter registration	oduction costs ns salaries and production costs ging, and meals		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			DR	DESCRIPTION	OF PAYMENT		AMOUNT PAID	
Mailing Pros Inc. 5261 Business Dr. Huntington Beach, CA 92649 Mailing Pros Inc. 5261 Business Dr. Huntington Beach, CA 92649		LIT					9,323.17	
Mailing Pros Inc. 5261 Business Dr. Huntington Beach, CA 92649		LIT					5,511.47	
Mailing Pros Inc. 5261 Business Dr. Huntington Beach, CA 92649		LIT					4,486.63	
Mailing Pros Inc. 5261 Business Dr. Huntington Beach, CA 92649		LIT		<u> </u>	<u></u>		2,269.87	
* Payments that are contributions or independent expenditures must a	lso be summarized on	Schedule D.				SUBTOTAL \$	22,791.95	

Schedule E (Continuation Sheet) Payments Made	Amounts may b to whole do		Statement covers period from09/20/2020 through10/17/2020	SCHEDULE E (CONT.) CALIFORNIA 460 FORM 9460
NAME OF FILER Mayor Alex Vargas 2020	I.D. NUMBER 1375353			
CODES: If one of the following codes accurately describe 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 LT campaign literature and mailings	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s postage, del	munications d appearances ses lating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and proc TRC candidate travel, lodging, and TRS staff/spouse travel, lodging,	luction costs I meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR E	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mailing Pros Inc. 5261 Business Dr. Huntington Beach, CA 92649		LIT		2,876.07

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* Payments that are contributions or independent expenditures must also be summarized on	Schedule D.	SUBTOTAL \$	9,678.75
Mitchell Publishing, Inc. 127 South Anderson Street Los Angeles, CA 90033	LIT		82.13
Menace Studio 4332 W. 133rd Street Hawthorne, CA 90250	LIT	Design	275.00
Mailing Pros Inc. 5261 Business Dr. Huntington Beach, CA 92649	LIT		2,947.23
Mailing Pros Inc. 5261 Business Dr. Huntington Beach, CA 92649	LIT		3,498.32
Huntington Beach, CA 92649			

Schedule E		SCHEDULE E (CONT.)	
(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from09/20/2020	FORM 400
SEE INSTRUCTIONS ON REVERSE		through <u>10/17/2020</u>	Page <u>14</u> of <u>19</u>
NAME OF FILER			I.D. NUMBER
Mayor Alex Vargas 2020			1375353
CODES: If one of the following codes accurately des	cribes the payment, you may enter the code.	Otherwise, describe the payment	•
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and productio	n costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	_
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office expenses PET petition circulating	SAL campaign workers' salaries TEL t.v. or cable airtime and pro	
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, a	
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging	
ND independent expenditure supporting/opposing others (explain)			es 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 cos	ts (Internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Calling 417 Mace Blvd., #J-188 Davis, CA 95618	PHO		926.50
Political Data, Inc. 12501 Imperial Hwy., Suite 200 Norwalk, CA 90650	LIT		345.51
Ryan Press 6400 Dale Street Buena Park, CA 90621	LIT		10,939.64
Yolanda Miranda & Associates 728 W Edna Place Covina, CA 91722	PRO		500.00
Yolanda Miranda & Associates 728 W Edna Place Covina, CA 91722	OFC		8.00
* Payments that are contributions or independent expenditures must also be sum	marized on Schedule D.	SUBTOTAL \$	12,719.65

Schedule E							SCHEDULE E (CONT.)
(Continuation Sheet)	Amounts may be rounded to whole dollars.			SI	tatement covers period	CALIFC	RNIA 460
Payments Made				from	09/20/2020	FOF	
SEE INSTRUCTIONS ON REVERSE				throu	igh <u>10/17/2020</u>	Page	<u>15</u> of <u>19</u>
NAME OF FILER						I.D. NUME	ER
Mayor Alex Vargas 2020						137535	3
CODES: If one of the following codes accurately d	escribes the payment, y	ou may er	ter the code. Oth	nerwise,	describe the paymen	t.	
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		d appearance ses lating survey resear ivery and me		RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro- candidate travel, lodging, a staff/spouse travel, lodging, transfer between committee voter registration information technology cost	es roduction cost: and meals g, and meals ees of the sar	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DE	ESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Yolanda Miranda & Associates 728 W Edna Place Covina, CA 91722		PRO					750.00
* Payments that are contributions or independent expenditures	must also be summarized on	Schedule D.	A		S		
							· · · · · · · · · · · · · · · · · · ·

SCHEDULE F

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole doilars.	Statement cover from 09/20/ through 10/17/	2020	LIFORNIA FORM 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			L	i D	NUMBER
Mayor Alex Vargas 2020				13	75353
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.CMPcampaign paraphernalia/misc.MBRmember communicationsRADradio airtime and production costCNScampaign consultantsMTGmeetings and appearancesRFDreturned contributionsCTBcontribution (explain nonmonetary)*OFCoffice expensesSALcampaign workers' salariesCVCcivic donationsPETpetition circulatingTELt.v. or cable airtime and productionFILcandidate filing/ballot feesPHOphone banksTRCcandidate travel, lodging, and meFNDfundraising eventsPOLpolling and survey researchTRSstaff/spouse travel, lodging, and meNDindependent expenditure supporting/opposing others (explain)*POSpostage, delivery and messenger servicesTSFtransfer between committees ofLEGlegal defensePROprofessional services (legal, accounting)VOTvoter registrationLITcampaign literature and mailingsPRTprint adsWEBinformation technology costs (inter				nd production costs butions kers' salaries time and production el, lodging, and meals avel, lodging, and me en committees of the on	als 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
Yolanda Miranda & Associates 728 W Edna Place Covina, CA 91722	POS	0.00	7.15	Ο.	00 7.15
• •					
				-	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	5 0_00 \$	7.15) 0.	00\$ 7.15
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S					
accrued expenses of \$100 or more, plus total unitemized	,	,		RRED TOTALS	7.15
 Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total uniternized 				PAID TOTALS	6 0.00
3. Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and	1			7.15 May be a negative number

Schedule G

SCHEDULE G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from09/20/2020	CALIFORNIA FORM 460	
SEE INSTRUCTIONS ON REVERSE		through <u>10/17/2020</u>	- Page <u>17</u> of <u>19</u>	
NAME OF FILER		······	I.D. NUMBER	
Mayor Alex Vargas 2020			1375353	
NAME OF AGENT OR INDEPENDENT CONTRACTOR		······································		
Mailing Pros Inc.				
CODES: If one of the following codes accurately describ	es the payment, you may enter the code.	Otherwise, describe the payme	nt.	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and productio	n costs	
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and appearances OFC office expenses	RFD returned contributions SAL campaign workers' salarie	S	
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and pro		
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, a	nd meals	
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging		
ND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committe	es of the same candidate/sponsor	
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration		

PRT print ads

- LEG legal defense
- ЦΠ campaign literature and mailings

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

- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postal Service 12700 Inglewood Ave Hawthorne, CA 90250	POS		2,792.44
U.S. Postal Services 9029 Airport Blvd. Los Angeles, CA 90009	POS		3,664.74
U.S. Postal Services 9029 Airport Blvd. Los Angeles, CA 90009	POS		1,108.95
U.S. Postal Services 9029 Airport Blvd. Los Angeles, CA 90009	POS		2,900.22
Attach additional information on appropriately labeled continuation sh	ets	n na na ana ana ana ana ana ana ana ana	TOTAL* \$ 10,466,35

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 10,466.35

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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

Schedule G (Continuation Sheet)		SCHEDULE G (CONT.)			
Payments Made by an Agent or Independent	Amounts may be rounded	Statement covers period	CALIFORNIA 460		
Contractor (on Behalf of This Committee)	to whole dollars.	from09/20/2020	FORM 400		
SEE INSTRUCTIONS ON REVERSE		through	Page8 of9		
NAME OF FILER	and and an		I.D. NUMBER		
Mayor Alex Vargas 2020			1375353		
NAME OF AGENT OR INDEPENDENT CONTRACTOR					
Mailing Pros Inc.					
CODES: If one of the following codes accurately describe	es 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 produ	uction costs		
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and	l meals		
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, a	and meals		
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees	of the same candidate/sponsor		

professional services (legal, accounting)

VOT

voter registration

WEB information technology costs (internet, e-mail)

- independent expenditure supporting/opposing others (explain)* IND.
- LEG legal defense
- campaign literature and mailings ШТ

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

PRO

PRT

print ads

NAME AND ADDRESS OF PAYEE OR CREDITOR CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 2,373.65 U.S. Postal Services POS 9029 Airport Blvd. Los Angeles, CA 90009 2,140.32 U.S. Postal Services POS 9029 Airport Blvd. Los Angeles, CA 90009 U.S. Postal Services POS 1,693.67 9029 Airport Blvd. Los Angeles, CA 90009 1,750.64 U.S. Postal Services POS 9029 Airport Blvd. Los Angeles, CA 90009 Attach additional information on appropriately labeled continuation sheets. TOTAL* \$ 7,958.28

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from09/20/2020	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through	- Page <u>19</u> of <u>19</u>
NAME OF FILER		┶ <u>┙╾┉╾╴</u> ╗╴┑╪╸╬╪╼╌┿┶┿╌┑ _┇ ╸╼╻╴┑╎╴┑╎╴┑╎╴╸╎╴╸╎╴╸╎╴╸╎╴╸╎╴╸	I.D. NUMBER
Mayor Alex Vargas 2020			1375353
NAME OF AGENT OR INDEPENDENT CONTRACTOR			——————————————————————————————————————
Ryan Press			
CODES: If one of the following codes accurately describes t	he payment, you may enter the cod	le. Otherwise, describe the payme	nt.
CMP campaign paraphernalia/misc. Mi	BR member communications	RAD radio airtime and production	1 costs

MTG meetings and appearances

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

petition circulating

OFC office expenses

PHO phone banks

PRT print ads

PET

- 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

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

- 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
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postal Services 9029 Airport Blvd. Los Angeles, CA 90009	POS			4,438.00
				· · · · · · · · · · · · · · · · · · ·
ttach additional information on appropriately labeled continuation sheets.			TOTAL* 1	\$ 4,438.00

Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or dependent contractor as reported on Schedule E.

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