P	aginiant Committee		_			COVERPAGE
C	ecipient Committee ampaign Statement over Page overnment Code Sections 84200-84216.5)			Date Stamp	C/	FORM 460
		Statement covers period from07/01/2024	Date of election if applicable: (Month, Day, Year)	D.c.o		ge 1 of 17 For Official Use Only
SEE INSTRUCTIONS ON REVERSE through09/21/2024			11/04/2024	RECE		
1.	Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	2024 SEP 2	Ain	3L
	 ☑ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall (Also Complete Part 5) ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ Political Party/Central Committee 	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ロ CITY ロ DEPARロ ermination)	Quarterly S Special Od Supplemer	tatement d-Year Report stal Preelection - Attach Form 495
3.	Committee Information	I.D. NUMBER 1455575	Treasurer(s)			
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE		NAME OF TREASURER	······································		
	REYES ENGLISH HAWTHORNE COUNCIL 2024		Angie Reyes English			
			MAILING ADDRESS		***************************************	
	STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
	<u> </u>		Norwalk	CA.	90650	
	CITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY		
		650	David L. Gould		·	
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.C	D. BOX	MAILING ADDRESS			
	CITY STATE ZIP	CODE AREA CODE/PHONE	CITY Norwalk	STATE CA	ZIP CODE 90650	AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS (213)489-4818 / DLGOULD@GOULDORELLANA.COM		OPTIONAL: FAX / E-MAIL ADDR	ESS		
4.	Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califo	ring this statement and to the best of my knorning that the foregoing is true and correct	owledge the information contained her	rein and in the attached s	chedules is t	rue and complete. I certify
	Executed on	Ву	Signature of Treasurer or Assistant	Treasurer		
	Executed on	By Signature of Co	ntrolling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of S	ponsor	
	Executed on	Ву	Signature of Controlling Officeholder, Candidate, Si	ate Measure Proponent		
	Executed on	Ву	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent		FPPC Form 460 (Jan/2016

Officeholder or Candidate Controlled Comm	nittee	•	6.	Primarily Formed Ballo	t Measure	Committee	•	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				_
Angie Reyes English								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	ICT NUMBER IF APPLICABI	LE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
City Council Member Hawthorne								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO, AND STREET)	DITY STATE	ZIP		Identify the controlling office	ceholder, car	ndidate or st	ate measu	re proponent, if any
	orwalk CA	90650		NAME OF OFFICEHOLDER, CAND				- proported a unit
Related Committees Not Included in this St	atement: List any coi	mmittees		·				
not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed indidacy.	to receive		OFFICE SOUGHT OR HELD			DISTRICT N	O. IF ANY
COMMITTEENAME	I.D. NUMBER			-				<u> </u>
Angie Reyes English for Assembly 2022 Special			_					
NAME OF TREASURER	CONTROLLED COMMIT	TEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)				
David Gould	YES NO			Officendiden(5) of Californiate(5)	TOT WINCH DIR	S COMMITTEE 13	primarny ic	////ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	BOX)			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HEL	D SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA COL	DE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HEL	<u> </u>
	650							SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HEL	D SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	CONTROLLED COMMIT			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HEL	SUPPORT OPPOSE
		DE/PHONE		Attaci	h continuatio	on sheets if r	necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

NAME OF FILER					I.D. NUMBER	
REYES ENGLISH HAWTHORNE COUNCIL 2024					1455575	
Contributions Received	 Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and		
1. Monetary Contributions	\$ 18,299.00	\$	30,799.00	General Elections		
2. Loans Received	0.00		0.00	1/1 1	hrough 6/30 7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 18,299.00	\$	30,799.00	20. Contributions Received \$	\$	
4. Nonmonetary Contributions Schedule C, Line 3	0.00		0.00	21 Eynenditures	•	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 18,299.00	\$	30,799.00	Made \$	\$	
Expenditures Made				Expenditure Limit	Summary for State	
6. Payments Made Schedule E, Line 4	\$ 17,719.03	\$	23,365.63	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					Voluntary Expenditure Limit)	
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3				Date of Election	Total to Date	
10. Nonmonetary Adjustment	0.00		0.00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE	\$ 19,369.92	\$	25,017.52		\$	
Current Cash Statement	****			/	\$	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	To	calculate Column B, add			
13. Cash Receipts	18,299.00		nounts in Column A to the responding amounts	************	and the second second	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	fro	m Column B of your last	reported in Column B.	пау be different from amounts	
15. Cash Payments	17,718.03		oort. Some amounts in lumn A may be negative			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 28,850.98	figi	ures that should be btracted from previous			
If this is a termination statement, Line 16 must be zero.		pei	riod amounts. If this is			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	the first report being filed for this calendar year, only carry over the amounts				
Cash Equivalents and Outstanding Debts		fro: an	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 8 above	\$ 1,651.89					
		ŧ		1	FPPC Form 460 (Jan/2 dvice@fppc.ca.gov (866/275-3	

Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement covers period from07/01/2024		california 460	
SEE INSTRUCTION	ONS ON REVERSE			through <u>09/21/2</u>	024	Page _	4 of <u>17</u>
NAME OF FILER						I.D. NUM	BER
REYES ENGLI	SH HAWTHORNE COUNCIL 2024	,				145557	5
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR ((FCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
07/15/2024	Nicholas Ruderman Venice, CA 90291	⊠IND □COM □OTH □PTY □SCC	Sound Mixer Spinrad Sound	500.00	5	00.00	
07/16/2024	BizFed PAC (ID# 1305594) Sacramento, CA 95814	□IND ©COM □OTH □PTY □SCC		500.00	5	00.00	
07/17/2024	Shaun Anderson Hawthorne, CA 90250	⊠IND □COM □OTH □PTY □SCC	Consultant Busionari Llc	500.00	5	00.00	West of the second seco
07/17/2024	Rosecrans Veterinary Clinic Hawthorne, CA 90250	□IND □COM ☑OTH □PTY □SCC		500.00	5	00.00	
07/18/2024	Hawthorne, CA 90250	⊠IND □COM □OTH □PTY □SCC	Ceo Mgi	250.00	2	50.00	
			SUBTOTAL\$	2,250.00		a S	
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions. Ill Schedule A subtotals.)				IND-) COM-	(other th	t Committee lan PTY or SCC)
2. Amount re	eceived this period – unitemized monetary contributions	of less than	\$100\$	400.00	PTY~	Political P	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)TOTAL \$	18,299.00	scc-	Small Co	ntributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		Statement coverage from 07/01/	CALIFORNIA 460			
				through 09/21/	2024	Page_	5 of	17
NAME OF FILER			· · · · · · · · · · · · · · · · · · ·			I.D. NUN	IBER	
REYES ENGLIS	H HAWTHORNE COUNCIL 2024					145557	75	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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	TO	LECTION DATE QUIRED)
07/18/2024	Culver City, CA 90232	⊠IND □COM □OTH □PTY □SCC	Broker Great One Realty	250.00	2	50.00		
07/18/2024	Michael Zhang Lawndale, CA 90260	⊠IND □COM □OTH □PTY □SCC	Retired None	100.00	1	00.00		
07/20/2024	Socyeon Lee Hawthorne, CA 90250	⊠IND □COM □OTH □PTY □SCC	SelfEmployed Not Applicable	300.00	3	00.00		•
07/23/2024	Paulette Francis Gardena, CA 90249	☑IND □COM □OTH □PTY □SCC	Councilmember City of Gardena	100.00	1	00.00		·
07/23/2024	Sweet Science Boxing Corp Hawthorne, CA 90250	□IND □COM ☑OTH □PTY □SCC	-	350.00	3	50.00		
			SUBTOTALS	1,100.00				

*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		to whole		Statement cove		CALIFORNIA 460 FORM 460 Page 6 of 17	
				through 09/21/2024			
NAME OF FILER		· ··· -,,				I.D. NUMBER	
REYES ENGLIS	H HAWTHORNE COUNCIL 2024					1455575	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR TODA	ATE
07/28/2024	Kenneth Lamarr Hawthorne, CA 90250	⊠IND □COM . □OTH □PTY □SCC	Retired None	100.00	150	0.00	
07/28/2024	Christopher Falmer Carson, CA 90746	⊠IND □COM □OTH □PTY □SCC	Planner Carson	250.00	250	0.00	
07/28/2024	Mark Stanlev Los Angeles, CA 90034	⊠IND □COM □OTH □PTY □SCC	Tech Genesys	100.00	100	0.00	
08/05/2024	Windhaven LLC(Danny Morvaty) Vernon, CA 90058	□IND □COM ☑OTH □PTY □SCC		5,500.00	8,000	0.00	
08/16/2024	Republic Services LE03-Awin Management Inc Phoenix, AZ 85054	□IND □COM ☑OTH □PTY □SCC		1,500.00	1,500	0.00	
			SUBTOTAL	\$ 7,450.00			

*Contributor Codes

IND-Individual

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(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 to whole		Statement covers period from07/01/2024		california 460	
				through 09/21/	2024	Page_	7 of17
NAME OF FILER						I,D. NUI	MBER
REYES ENGLIS	H HAWTHORNE COUNCIL 2024	,				14555	75
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER L.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 - 31)	PER ELECTION TO DATE (IF REQUIRED)
08/20/2024	Elizabeth Vera Hawthorne, CA 90250	⊠IND □COM □OTH □PTY □SCC	Hairstyles Liz Hair Nails	200.00	2	00.00	
08/30/2024	Aspen, CO 81611	□IND □COM ☑OTH □PTY □SCC		5,500.00	5,5	00.00	
09/02/2024	Magda Rios Fontana, CA 92336	⊠IND □COM □OTH □PTY □SCC	Business Owner Workers Comp Solutions, Inc.	300.00	3	00.00	
09/08/2024	James Matthews Hawthorne, CA 90250	⊠IND □COM □OTH □PTY □SCC	Retired None	200.00	2	00.00	
09/17/2024	Ron Ober Phoenix, AZ 85016	⊠IND □COM □OTH □PTY □SCC	Public Affairs Consultant Folicy Development Group	249.00	2	49.00	
			SUBTOTALS	6,449.00	- 18 - 18 - 15 mer (* 18 1)		

*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
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Monetary Contributions Received		to whole		Statement cover		CALIFORNIA 460	
				through 09/21/	2024	Page	8 of17
NAME OF FILER		,				I.D. NUN	MBER
REYES ENGLIS	H HAWTHORNE COUNCIL 2024					14555	75
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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 YE (JAN. 1 - DEC,	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/21/2024	Carbon Millennium Management Llc(Benjamin Veloz) Los Angeles, CA 90291	☐IND ☐COM ②OTH ☐PTY ☐SCC		500.00	5(00.00	
09/21/2024	Kenneth Lamarr Hawthorne, CA 90250	⊠IND □COM □OTH □PTY □SCC	Retired None	50.00	1:	50.00	
09/21/2024	Yvette Young Redondo Beach, CA 90277	⊠IND □COM □OTH □PTY □SCC	PHR Los Angeles County Department of Public Works	100.00	1.	00.00	
		DIND COM OTH PTY SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL\$	650.00			

*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 E
Schedule E	Amounts may be rounded to whole dollars.			Statement covers period CALIF			
Payments Made				from	07/01/2024	FOR	M TOO
SEE INSTRUCTIONS ON REVERSE				through .	09/21/2024	Page _9	of
NAME OF FILER		·				I.D. NUME	
REYES ENGLISH HAWTHORNE COUNCIL 2024						1455575	;
CODES: If one of the following codes accurately describes	s the navment w	ou may en	ter the code. Other	wice descri	he the navment		
CMP campaign 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	MBR member con MTG meetings ar OFC office exper PET petition circt PHO phone bank POL polling and POS postage, de PRO professional	nmunications and appearance ases allating s survey resea livery and m	es	RAD radio RFD retur SAL cam; TEL t.v. o TRC cand TRS staff/ TSF trans VOT votes	a airtime and production of ned contributions baign workers' salaries or cable airtime and produ- idate travel, lodging, and spouse travel, lodging, a fer between committees registration	uction costs meals and meals of the same	•
LIT campaign literature and mailings	PRT print ads			WEB infor	mation technology costs	(internet, e-r	nail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF P	AYMENT		AMOUNT PAID
Gould & Orellana LLC		PRO		<u> </u>			350.00
Norwalk, CA 90650							
Efundraising Connections Sacramento, CA 95816		FND	Credit Card Donat	ion Proces	sing Fee		23.00
D'Angelo's Photos Gardena, CA 90248		CMP	Photography Servi	ces			300.00
* Payments that are contributions or independent expenditures of	nust also be summ	larized on S	Schedule D.		SUE	BTOTAL\$	673.00
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule	E subtotals.)	**********			***************************************	\$	17,718.03
2. Unitemized payments made this period of under \$100							
3. Total interest paid this period on loans. (Enter amount from							
4. Total payments made this period. (Add Lines 1, 2, and 3. E							

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.) Statement covers period **CALIFORNIA** FORM 07/01/2024

through ___09/21/2024 Page _____10 ___ of ____17

> I.D. NUMBER 1455575

REYES ENGLISH HAWTHORNE COUNCIL 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CVP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances RFD returned contributions CNS campaign consultants CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries TEL. Lv. or cable airtime and production costs CVC civic donations PET petition circulating FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL. polling and survey research staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor ND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services LEG legal defense PRO professional services (legal, accounting) VOT voter registration 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	АМ	OUNT PAID
Pasadena, CA 91109	POS			9.78
FedEx Office	CMB	Retractable Banners		485.08
Insite Grafix	LIT	Banner		320.00
Efundraising Connections Sacramento, CA 95816	FND	Credit Card Donation Processing Fee		23.00
Efundraising Connections Sacramento, CA 95816	FND	Credit Card Donation Processing Fee		23.95
* Payments that are contributions or independent expenditures must also be sur	mmarized on Schedule I	D.	SUBTOTAL \$	861.78

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

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

ſ	Statement covers period	CALIFORNIA ACO
	from07/01/2024	FORM 400
	through 09/21/2024	Page 11 of 17
-		I.D. NUMBER
		1455575

REYES ENGLISH HAWTHORNE COUNCIL 2024 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* OFC CVC civic donations PET FIL. candidate filing/ballot fees PHO polling and survey research FND fundraising events POL

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

MBR member communications MTG meetings and appearances office expenses petition circulating phone banks

POS postage, delivery and messenger services professional services (legal, accounting) PRT print ads

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

RFD returned contributions

SAL campaign workers' salaries

WEB information technology costs (internet, e-mail)

TEL Lv. or cable airtime and production costs

RAD radio airtime and production costs

Campaign meratore and mainings	110 print ado	VILD INDITIATION (ECHNOLOGY	costs (internet e-man)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Efundraising Connections Sacramento, CA 95816	END	Credit Card Donation Processing Fee	23.
Efundraising Connections Sacramento, CA 95816	FND	Credit Card Donation Processing Fee	32.
Efundraising Connections Sacramento, CA 95816	FND	Credit Card Donation Processing Fee	14.
COGS South Signs Santa Ana, CA 92707	rit	Campaign Signs	1,111.
ERW Group, LLC Slidell, LA 70458	WEB	Website Revamp/Transfer	3,220.
*Payments that are contributions or independent expenditures must	also be summarized on Schedule		SUBTOTAL \$ 4,401.

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE			froi		07/01/2024 ugh09/21/2024	CALIFO FOI	SCHEDULE E (CONTINUE AND CALIFORNIA FORM 460	
NAME OF FILER REYES ENGLISH HAWTHORNE COUNCIL 2024						I.D. NUMI 145557		
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CNS contribution (explain nonmonetary)* cvic donations CNC 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	munication d appearan ises lating survey rese ivery and n	s ces	RAD RFD SAL TEL TRC TRS ices TSF	radio airtime and produc returned contributions campaign workers' sala t.v. or cable airtime and candidate travel, lodging staff/spouse travel, lodgi transfer between commi voter registration	ries production cost , and meals ing, and meals ittees of the sa	me candidate/sponso	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	ON OF PAYMENT		AMOUNT PAID	
FedEx Pasadena, CA 91109		POS					32.9	
FedEx Pasadena, CA 91109		POS					32.9	
FedEx		POS					47.5	

Pasadena, CA 91109			
FedEx Pasadena, CA 91109	POS		47.55
Impact Posting Santa Ana, CA 92735	LIT	200 2-sided signs posted in 1 increment	540.00
Efundraising Connections Sacramento, CA 95816	FND	Credit Card Donation Processing Fee	16.75

SUBTOTAL \$

670.20

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

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.			Statement covers period from07/01/2024	CALIFO FOR	RNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER REYES ENGLISH HAWTHORNE COUNCIL 2024				through 09/21/2024	Page I.D. NUMBI 1455575	
CODES: If one of the following codes accurately describ CMP campaign paraphemalia/misc. CNS campaign consultants CTB 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 and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications I appearance ses ating urvey researd very and mes	s ch	erwise, describe the paymen RAD radio airtime and production RFD returned contributions SAL campaign workers' salarie t.v. or cable airtime and protuction TRC candidate travel, lodging, a Staff/spouse travel, lodging, a TSF transfer between committe VOT voter registration WEB information technology cos	on costs es oduction costs and meals g, and meals ees of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
City of Hawthorne Hawthorne, CA 90250		FIL				1,800.00
Gould & Orellana LLC Norwalk, CA 90650		PRO				350.00
FedEx Pasadena, CA 91109		POS				32.95
Adrian Hernandez Baldwin Park, CA 91706		CMP	Videography			350_00
Efundraising Connections Sacramento, CA 95816		FND	Credit Card Charg	es		5.00
* Payments that are contributions or independent expenditures must al	so be summarized on S	Schedule D.		S	UBTOTAL \$	2,537.95
			·			

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA 460
from07/01/2024	FORM TOU
through09/21/2024	Page 14 of 17
	LD. NUMBER
	1455575

NAME OF FILER REYES ENGLISH HAWTHORNE COUNCIL 2024 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 PET petition circulating CVC civic donations TEL tv. or cable airtime and production costs candidate filing/ballot fees РНО phone banks TRC candidate travel, lodging, and meals FIL FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals 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 legal defense campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Efundraising Connections FND Credit Card Donations Processing Fee 9.50 Sacramento, CA 95816 ERW Group, LLC WEB Website Updates & Maintenance 2.085.00 Slidell, LA 70458 FedEx POS 9.75 Pasadena, CA 91109 MI California Resturant FND Campaign/Birthday Celebration 353.00 Hawthorne, CA 90250 3D Strategies 2,000.00 Carson, CA 90746

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL. \$ 4,457.25

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE	through 09/21/2024	Page 15 of 17
NAME OF FILER		I.D. NUMBER
REYES ENGLISH HAWTHORNE COUNCIL 2024		1455575

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 MTG meetings and appearances RFD returned contributions CNS campaign consultants CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PET FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events 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 professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE OR CODE DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Gould & Orellana LLC PRO 350,00 Norwalk, CA 90650 Cops Voter Guide (ID# 599014) LIT Slate Mailer 800.00 Sacramento, CA 95821 Efundraising Connections FND Credit Card Donation Processing Fee 248.00 Sacramento, CA 95816 United Democratic Campaign Committee (ID# 590027) Slate Mailer 1,030.00 Inglewood, CA 90301

United Democratic Campaign Committee (ID# 590027)

LIT Slate Mailer 1,030.00

Inglewood, CA 90301

FedEx

Pos 9.75

Pasadena, CA 91109

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 2,437-75

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA 460				
from 07/01/2024	FORM TOO				
through 09/21/2024	Page 16 of 17				
	I.D. NUMBER				
 	1455575				

REYES ENGLISH HAWTHORNE COUNCIL 2024 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphemalia/misc. MBR member communications MTG meetings and appearances CNS campaign consultants 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 candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FIL TRC polling and survey research staff/spouse travel, lodging, and meals FND fundraising events POL independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services IND POS TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration 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
Efundraising Connections Sacramento, CA 95816	FND	Credit Card Donation Processing Fee	9.50
Efundraising Connections Sacramento, CA 95816	FND	Credit Card Donation Processing Fee	2.75
Served2Enjoy Los Angeles, CA 90011			1,150.00
Stewart Digital Riverside, CA 92507	WEB	Advertising Facebook And Instagram	505.00
Efundraising Connections Sacramento, CA 95816	FND	Credit Card Donations Processing Fee	11.71
* Payments that are contributions or independent expenditures must also be summariz	ed on Schedule [<u> </u>	SUBTOTAL \$ 1,678.96

Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE	Amounts may be rounded to whole dollars.		Statement cover	2024 FC	FORNIA 460
NAME OF FILER REYES ENGLISH HAWTHORNE COUNCIL 2024				I.D. NUN 14555	
CODES: If one of the following codes accurately describ CMP campaign paraphemalia/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 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 search messenger services	RAD radio airtime ar returned contril SAL campaign work TEL f.v. or cable air TRC candidate trave TRS staff/spouse tra transfer between VOT voter registration.	nd production costs butions ters' salaries time and production cost il, lodging, and meals evel, lodging, and meals committees of the salar	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
Impact Posting Santa Ana, CA 92735	LIT 200 2-sided signs posted in 1 increment	0.00	540.00	0.00	540.00
COGS South Signs Santa Ana, CA 52707	LIT Campaign Signs	0.00	1,111.89	0.00	1,111.89
* Fayments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0.00\$	1,651.89\$	0.00\$	1,651.89
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized seconds).	accrued expenses under s	\$100.)		RRED TOTALS \$ _	1,651.89
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized	payments on accrued exp	enses under \$100.)	*******************************	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	d 		NET \$	1,651.89 ay be a negative number

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