Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from09/22/2024 through10/19/2024	RECEIM 2024 DCT 24 Date of election if applicable: (Month, Day, Year) CITY CLF DEPARTM 11/05/2024	р <b>ц:21</b> 58%	COVER PAGE CALIFORNIA FORM 460 Page 1 of 18 For Official Use Only
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) D. NUMBER	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below) Treasurer(s)	Special Sup	rterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Vargas for Mayor 2024 STREET ADDRESS (NO P.O. BOX)	1375353	NAME OF TREASURER Lysa Ray MAILING ADDRESS CITY Santa Ana		CODE AREA CODE/PHONE
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		
Hawthorne CA 902				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	BOX	MAILING ADDRESS		
CITY STATE ZIP C Santa Ana CA 927 OPTIONAL: FAX / E-MAIL ADDRESS		CITY OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP (	CODE AREA CODE/PHONE
4. Verification	or this statement and to the best of my kno	wiledge the information contained herein and in th	altached sched	ulas is true and complete. I cordifu

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and complete and complete.

Executed on	Ву
Executed on	By Signature of Controlling Unicencider, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on	By Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	BySignature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (Jan/2016)
netfile.com	FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF	APPLICABL	E)
Mayor			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	СІТҮ	STATE	ZIP
	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?
		I YE	S 🗌 NO
COMMITTEE ADDRESS	STREET ADDRESS (N	IO P.O. BOX)	y
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME		I.D. NUM	BER
NAME OF TREASURER		CONTRO	LLED COMMITTEE?
		C YE	s 🗌 NO
COMMITTEE ADDRESS	STREET ADDRESS (N	IO P.O. BOX)	
CITY	STATE	ZIP CODE	AREA CODE/PHONE

## 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

······································		
BALLOT NO, OR LETTER	JURISDICTION	
		OPPOSE
		I CI OPPOSE

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

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	
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 Summary Page	Amounts may be rounded to whole dollars.		Statement covers period rom 09/22/2024	CALIFORNIA FORM 46(
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Vargas for Mayor 2024		tř	10/19/2024	Page 3 of 18
Contributions Received         1. Monetary Contributions	0.00	Column B CALENDAR YEAR TOTAL TODATE 72,20 57,00 129,20	Running in Both th       7.00       0.00       7.00       20, Contributions	nmary for Candidates ne State Primary and Ihrough 6/30 7/1 to Date
<ol> <li>Nonmonetary Contributions</li></ol>	2,982.08 \$37,731.08	7,98 137,18	2.08 21. Expenditures	
Expenditures Made         6. Payments Made       Schedule E, Line 4         7. Loans Made       Schedule H, Line 3         8. SUBTOTAL CASH PAYMENTS       Add Lines 6 + 7         9. Accrued Expenses (Unpaid Bills)       Schedule F, Line 3         10. Nonmonetary Adjustment       Schedule C, Line 3         11. TOTAL EXPENDITURES MADE       Add Lines B + 9 + 10	5,434.30 \$ <u>36,040.44</u> 0.00 2,982.08	<ul> <li>102,43</li> <li>8,30</li> <li>110,74</li> <li>3,51</li> <li>7,98</li> <li>122,24</li> </ul>	8.58     Candidates       9.30     22. Cumulating in Subject to the s	Summary for State ve Expenditures Made* o Voluntery Expenditure Limit) Total to Date \$\$
Current Cash Statement         12. Beginning Cash Balance       Previous Summary Page, Line 16         13. Cash Receipts       Column A, Line 3 above         14. Miscellaneous Increases to Cash       Schedule I, Line 4         15. Cash Payments       Column A, Line 8 above         16. ENDING CASH BALANCE       Add Lines 12 + 13 + 14, then subtract Line 16         If this is a termination statement, Line 16 must be zero.       Schedule B, Part 2	34,749.00 2,148.00 36,040.44 \$ 47,702.67 \$ 0.00	To calculate Column amounts in Column A corresponding amou from Column B of yo report. Some amoun Column A may be ne figures that should b subtracted from prev period amounts. If the first report being for this calendar yea	A to the ants *Amounts in this section a reported in Column B, be be vious his is filed ar, only	may be different from amounts
Cash Equivalents and Outstanding Debts         18. Cash Equivalents       See instructions on reverse         19. Outstanding Debts       Add Line 2 + Line 9 in Column B above	\$8,309.30	carry over the amou from Lines 2, 7, and any).		

Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	from09/22/2			CALIFORNIA FORM 460		
SEE INSTRUCTIO	NS ON REVERSE			through <u>10/19/2</u>	024	Page 4	of18		
NAME OF FILER						I.D. NUMBER			
Vargas for N	łayor 2024			·/·····		1375353			
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 (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR ` (JAN, 1 - DEC	/EAR	ER ELECTION TO DATE F REQUIRED)		
10/01/2024	Al Watson Restaurant Inc. Hawthorne, CA 90250	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500.00		500.00 G2024	\$500.00		
10/18/2024	Alez Padilla for City Council 2026 (ID# 1349062) Inglewood, CA 90301	☐IND ☑COM ☐OTH ☐PTY ☐SCC		1,000.00	1,	000,00 G2024	\$1,000.00		
09/25/2024	Republic Bervices Awin Management Inc Phoenix, AZ 85054	☐IND ☐COM ☑OTH ☐PTY ☐SCC		3,000.00	3,	000.00 G2024	\$4,500.00		
10/01/2024	Javed Bava Hawthorne, CA 90250	⊠IND □COM □OTH □PTY □SCC	Manager So Cal Self Storage	1,500.00	3.	500.00 G2024	\$1,500.00		
09/25/2024	DeCoste Real Estate Inc. Manhattan Beach, CA 90266	☐IND ☐COM ⊠OTH ☐PTY ☐SCC		100.00		100.00 32024	\$100.00		
			SUBTOTAL	\$ 6,100.00					
1. Amount re (Include al	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)				IND COI		PTY or SCC)		
3, Total mone	ceived this period – unitemized monetary contribution etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu				PT)	- Political Party	business entity) / putor Committee		

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

	A (Continuation Sheet) Contributions Received	Amounts may to whole (		from09/22/2024		SCHEDULE A (CONT. CALIFORNIA FORM 460	
NAME OF FILER				through	i ug	e NUMBER	of
	2024					5353	
Vargas for Ma DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (F COMMITTEE, ALSO ENTER I.O. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	Amount Received this Period	CUMULATIVE TO DATH CALENDAR YEAR (JAN. 1 - DEC, 31)		ELECTION FO DATE REQUIRED)
10/01/2024	Firoze Fakhri Los Angeles, CA 90049	IND COM OTH PTY SCC	President International Trading Co.	500,00	500.0	0 G2024	\$500.00
10/01/2024	Jameela Fakhri Los Angeles, CA 90049	©IND □COM □OTH □PTY □SCC	Housewife	500,00	500.0	0 G2024	\$500.00
10/01/2024	Don Harris Hawthorne, CA 90250	IND COM OTH PTY SCC	Retired	100.00	100.0	0 02024	\$100.00
09/25/2024	Hawthorne Police Officers Association PAC (ID# 1320711) Inglewood, CA 99301	☐ IND © COM ☐ OTH ☐ PTY ☐ SCC		2,500.00	2,500.0	0 G2024	\$3,500.00
10/01/2024	L <u>CO</u> N & Ikon Inc, Lawndale, CA 90260	□IND □COM ☑OTH □PTY □SCC		500.00	500,0	90 G2024	\$500.00
			SUBTOTAL	\$ 4,100.00			

\*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

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	A (Continuation Sheet) Contributions Received	Amounts may to whole c		Statement covers period from09/22/2024		CALIF	SCHEDULE A (CONT.) CALIFORNIA FORM 460		
				through <u>10/19/</u>	2024	Page	<u>    6                                </u>	9f18	
NAME OF FILER						I.D. NUM	ABER		
Vargas for Ma	ayor 2024	· · · · · · · · · · · · · · · · · · ·				137539	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 GALENDAR Y (JAN. 1 - DEC	'EAR	T	ELECTION D DATE EQUIRED)	
09/25/2024	ILWU Local 13 San Pedro, CA 90731			1,000.00	1, C	000.00	32024	\$1,000.00	
09/25/2024	LA County Firefighters Local 1014 (ID# 742008) El Monte, CA 91731			5,000.00	5,0	00.00	32024	\$5,000.00	
10/18/2024	Laborers International Union of North America Local 1309 Lakewood, CA 90712	☐IND ©COM ☐OTH ☐PTY ☐SCC		2,500.00	2,5	500.00	32024	\$2,500.00	
10/01/2024	Lawndale Lugar Medical LLC(Fred Lavi) Palos Verdes Peninsula, CA 90274	□IND □COM ©OTH □PTY □SCC		200.00	2	200.00	32024	\$200.00	
10/01/2024	Deanna Leong Hawthorne, CA 90250		Retired	200.00	2	200.00	G2024	\$200,00	
			SUBTOTAL	\$ 8,900.00					

\*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 to whole (			00/00/000/		SCHEDULE A (CONT.) CALIFORNIA FORM 460		
				through 10/19/	<u>2024</u> P	age7	of18		
NAME OF FILER						D. NUMBER			
Vargas for Ma	ayor 2024				1	37,5353			
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 DA CALENDAR YEAI (JAN. 1 - DEC. 31		R ELECTION TO DATE REQUIRED)		
10/18/2024	Office United Culver City, CA 90230	IND COM XOTH PTY SCC		250.00	250	.00 G2024	\$250.00		
10/01/2024	Gary Premeaux Hawthorne, CA 90251	© IND □ COM □ OTH □ PTY □ SCC	Owner South Bay Ford	500.00	500	.00 32024	\$500.00		
10/01/2024	RS International LA Wholesalers Torrance, CA 90503	□IND □COM ☑OTH □PTY □SCC		5,000.00	5,000	.00 G2024	\$5,000.00		
09/25/2024	Felipe Segovia Torrance, CA 90503	∏IND □COM □OTH □PTY □SCC	Engineer Self	1,000.00	1,000	.00 G2024	\$1,000.00		
10/18/2024	James Shire Hawthorne, CA 90250	©IND □COM □OTH □PTY □SCC	Retired.	100,00	100	.00 32024	\$100.00		
			SUBTOTAL	\$ 6,850.00					

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

	A (Continuation Sheet) Contributions Received	Amounts may to whole o	1	Statement cove from09/22/ through10/19/	2024	CALIF FC	FORNIA DRM	ule A (CONT.) 460
NAME OF FILER						I.D. NUK		
Vargas for Ma	ayor 2024					137539	53	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.O. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	Amount Received This Period	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	٦	ELECTION TO DATE REQUIRED)
10/01/2024	Southern California Pipe Trades District #16 (ID# 760715) Los Angeles, CA 90020			2,500.00	2,5	00.00	32024	\$2,750.00
09/25/2024	Suneel Inc. dba BMW Liquor Inglewood, CA 90304	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,0	00.00	32024	\$1,500.00
09/25/2024	Miquel Talleda Hawthorne, CA 90250		Real Estate Shoreline West Inc.	200.00	2	00.00	G2024	\$200.00
10/01/2024	UA Journeymen & Apprentices #250 (ID# 743959) Gardena, CA 90248	IND COM OTH PTY SCC		2,500.00	2,5	00.00	G2024	\$2,750.00
10/03/2024	Dan Zaharoni Hawthorne, CA 90250	© IND □ COM □ OTH □ PTY □ SCC	Lawyer Zaharoni PC	2,500.00	2,5	500.00	32024	\$2,500.00
	1		SUBTOTAL	\$ 8,700.00				

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

Schedule B – Part 1 Loans Received		unts may be ro to whole dollar			Statement cove	ers period			
Loans Received		to whole dollar		1		-	CALIFORNIA 460		
		ans Received from				/2024	FORM	400	
SEE INSTRUCTIONS ON REVERSE					through <u>10/19</u>	/2024	Page9	of <u>18</u>	
NAME OF FILER							I.D. NUMBER		
Vargas for Mayor 2024							1375353		
	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b)	(c)		(e)	(f)	(g)	
FULL NAME, STREET ADDRESS AND ZIP CODE OF 1.ENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PA OR FORGIV THIS PERIC	EN CLOSE OF THIS	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
	'eacher 'entinela Valley USD			D PAID				CALENDAR YEAR	
Hawthorne, CA 90250				ş. <u>0.</u> (	00 \$ 7,000.00	0,00%	s7,000.00	\$	
				- FORGIVEN		RATE		PER ELECTION**	
		\$ 7,000.00	s 0.00	e 0.0	00	¢ 0.00	10/11/2023	G2024 57,100.00	
		¥	¥	4	DATE DUE	9	DATEINCURRED	*	
	eacher Mentinela Valley USD			PAID				CALENDAR YEAR	
Hawthorne, CA 90250				\$0.1	00 \$ 50,000.00	0.00%	\$ 50,000.00	\$ 50,100.00	
				FORGIVEN		RATE		PER ELECTION **	
		\$	s0.00	s0.	00	s0.00	05/30/2024	\$ G2024 57,100.00	
1 2 СОМ □ ОТН □ РТҮ □ SCC					DATE DUE		DATE INCURRED		
				D PAID				CALENDAR YEAR	
				\$	\$	%	\$	\$	
				FORGIVEN		RATE		PER ELECTION**	
		\$	\$	\$		\$		\$	
	******				DATEDUE		DATE INCURRED		
		SUBTOTALS \$	0.00	\$ o	.00\$ 57,000.00	\$ 0.00			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)			
1. Loans received this period				\$	0.00				
(Total Column (b) plus unitemized loans		. # 4 1 f + 4 1 # 4 4 3 # 4 4 4 # # # # # # # # # # # #		Ψ		(to	Contributor Codes		
						f i i	D-Individual		
<ol> <li>Loans paid or forgiven this period</li></ol>				\$	0.00	C	OM - Recipient Co	ommittee PTY or SCC)	
(Include loans paid by a third party that a		ule A.)				0	TH - Other (e.g.,	business entity)	
		·			-		rY – Political Part CC – Smali Contri		
3. Net change this period. (Subtract Line) Enter the net here and on the Summary				. NET \$	0 , 00 (May be a negative number)	<u> </u>		·	
*Amounts forgiven or paid by another party also m	ust be reported on Schedule A.	٦							
** If required.	•	J					FPPC F	orm 460 (Jan/2010	

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Schedul	eC								SCHEDULE C	
Nonmor	netary Contributions Received		Amounts may be rounded to whole dollars.			Statement covers pe	riod			
	-			from	09/22/202	4	CALIFORNIA FORM 460			
					41	uah 10/19/202	4		10 - 10	
	TIONS ON REVERSE				thro	ugh		Page	<u>10</u> , of <u>18</u>	
NAME OF FILE	R							I.D. NUMB	ER	
Vargas for	Mayor 2024							1375353		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (F COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE		TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
10/14/2024	Tina McKinnor for Assembly 2024 (ID# 1262979) Los Angeles, CA 90071			LIT & POS		2,982.08		2,982.08	G2024 \$2,982.04	
Attach ad	ditional information on appropriately labe	led continuat	ion sheets.	SUBTO	TAL \$	2,982.08				
		· · · · · · · · · · · · · · · · · · ·				···				
1. Amount	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.)	y contributions			\$	2,982.0	IND	ntributor Co — Individual M → Recipien	des t Committee	
•	received this period – unitemized nonmonel							(other th	an PTY or SCC) .g., business entity)	
	nmonetary contributions received this period			*****	Ψ		-   PTY	' – Political F		
	les 1 and 2. Enter here and on the Summary		n A, Lines 4 and 10.)	ТОТА	L \$	2,982.0				

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be ro to whole dollar		Statement covers	CALIFORNIA FORM 460			
	ONS ON REVERSE			through <u>10/19/20</u>	24		<u>11</u> 0	f_ <u>18</u>
NAME OF FILER						I.D. NUM		
Vargas for	Mayor 2024	· · · · · · · · · · · · · · · · · · ·			<u></u>	137539	53	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDIGTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN, 1-I	R YEAR	TO	Lection Date Quired)
10/19/2024	Poindexter for City Council 2024 Payment for LIT & POS	Monetary     Contribution     Nonmonetary     Contribution     Independent     Expenditure		5,434.30		8,309.30	G2024	\$8,309.30
	Support Dppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure			-	*******		
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						444444944444444 
			SUBTOTA	AL\$ 5,434.30				
	D Summary lons and independent expenditures made this perio	od of \$100 or more. (Inc	lude all Schedule D st	ubtotals.)		\$_		5,434.30

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. D	Do not enter on the Summary Page.)	5,434.30
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2. Unitemized contributions and independent expenditures made this period of under \$100 ......

Schedule E Payments Made	Amounts may t to whole d				covers period 9/22/2024	CALIFORNIA FORM 46		
SEE INSTRUCTIONS ON REVERSE				through10	0/19/2024	Page 12	of <u>18</u>	
NAME OF FILER						I.D. NUMBER		
Vargas for Mayor 2024						1375353		
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 filling/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	amunications d appearances nses ilating	nger services	RAD radio alttin RFD returned of SAL campaign TEL t.v. or cabi TRC candidate TRS staff/spous TSF transfer bo VOT voter regis	ne and production c contributions workers' sataries le airtime and produ travel, lodging, and se travel, lodging, a etween committees	iction costs meals nd meals of the same cand	lidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DES	CRIPTION OF PAYME	NT	AM	OUNTPAID	
Anedot 30309		GC	processing				100.30	
Creative Printing		LIT					9,977.69	

narized on Schedule D. SUBT	ents that are contributions or independent expenditures must also be summarized on s
	each, 90809
-	
	each, 90809
LIT	7e Printing LIT
	re Printing

## Schedule E Summary

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1. Itemized payments made this period, (Include all Schedule E subtotals.)\$	30,606.14
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.)	30,606.14

1,891.18

11,969.17

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	Amounts may be rounded to whole dollars.			CALIFORNIA FORM 460			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through <u>10/19/2024</u>	Page <u>13</u> of	18		
Vargas for Mayor 2024				I.D. NUMBER 1375353			
CODES: If one of the following codes accurately describes the paym	ent, you may e	nter the code.	Otherwise, describe the paymen	t.			
CNS     campaign consultants     MTG     meetin       CTB     contribution (explain nonmonetary)*     OFC     office       CVC     civic donations     PET     petition       FIL     candidate filing/ballot fees     PHO     phone       FND     fundraising events     POL     polling       IND     independent expenditure supporting/opposing others (explain)*     POS     postar	er communications ngs and appearanc expenses in circulating banks g and survey resea ge, delivery and m ssional services (le ads	rch essenger services	RAD radio airtime and production returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and pr TRC candidate travel, lodging, a TRS staff/spouse travel, lodging TSF transfer between committe VOT voter registration WEB information technology cos	es roduction costs and meals g, and meals ees of the same candida	te/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	ÔR	DESCRIPTION OF PAYMENT	AMOUN	t Paid		
Creative Printing Long Beach, 90809	LIT				3,839.97		
Educate Your Vote (ID# 1345655) Encino, CA 91436	LIT				923.00		
Landslide Communications Laguna Niguel, CA 92677	LIT				1,074.00		
Lysa Ray Campaign Services Santa Ana, CA 92704	PRO				400.00		
Strategic Consulting Solutions Inc Cerritos, CA 90703	CNS				3,500.00		
* Payments that are contributions or independent expenditures must also be summari	zed on Schedule D	•	g	SUBTOTAL \$	9,736.97		

Schedule E (Continuation Sheet) Payments Made	Amounts may be to whole do			Statement covers per from09/22/2024	tod CALIFO		
SEE INSTRUCTIONS ON REVERSE				through <u>10/19/2024</u>	Page	<u>14</u> of <u>18</u>	
NAME OF FILER					I.D. NUMBE		
Vargas for Mayor 2024	······				1375353		
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/bailot 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 expension PET petition circul PHO phone banks POL polling and s POS postage, deli	munications ( appearance ses ating urvey resear very and me	9S	RAD radio airtime and p RFD returned contribuit SAL campaign workers TEL f.v. or cable airtime TRC candidate travel, lo TRS staff/spouse travel TSF transfer between o VOT voter registration	roduction costs ons ' salaries and production costs	e candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR E	DESCRIPTION OF PAYMENT		AMOUNT PAID	
Strategic Consulting Solutions Inc Cerritos, CA 90703							
* Payments that are contributions or independent expenditures must a	lso be summarized on	Schedule D.			SUBTOTAL \$	8,900.00	

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SCHEDULE F

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars,	Statement cover from <u>09/22/</u> through <u>10/19/</u>	2024	CALIFOI FORI	M 400	
NAME OF FILER			··· I · · · · · · · · · · · · · · · · ·		I.D. NUMBE	R
Vargas for Mayor 2024					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	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 PRT print ads	ns nces earch messenger services	RAD radio alrilme au RFD returned contri SAL campaign work TEL t.v. or cable alr TRC candidate trave TRS staff/spouse tra	nd production cos butions cers' salarles time and producti I, lodging, and m avel, lodging, and en committees of on	ion costs eais t meals f the same	candidate/sponsor ail)
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 PAI THIS PERIO (Also report o	D   E	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
COGS South Signs Santa Ana, CA 92707	CMP	3,512.21	0.00		0.00	3,512.21
			<u></u>			
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 3,512.21	0.00	\$	0.00\$	3,512.21
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S	Schedule F, Column (b) su	ibtotals for				
accrued expenses of \$100 or more, plus total unitemized 2. Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subto	tals for payments on				
<ol> <li>Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)</li> </ol>	ter the difference here an	d 		NI	ET \$	0.00 De a negalive number

Schedule G			SCHEDULE G
Payments Made by an Agent or Independent	Amounts may be rounded	Statement covers period	CALIFORNIA 160
Contractor (on Behalf of This Committee)	to whole dollars.	from09/22/2024	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through <u>10/19/2024</u>	Page16 of18
NAME OF FILER			I.D. NUMBER
Vargas for Mayor 2024		•	1375353
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
Creative Printing			
CODES: If one of the following codes accurately describe	es the payment, you may enter the code. C	therwise, describe the payment	it.
CMP campalgn paraphernalla/misc.	MBR member communications	RAD radio airlime and production	costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salarles	
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and proc	duction costs
FiL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, an	d 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 committee	s of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration	

- LEG legal defense
- LIT campaign literature and mailings

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

PRT

print ads

NAME AND ADDRESS OF PAYEE OR CREDITOR CODE ØR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) POS 4,935.00 USPS USPS POS 630,42 POS 1,461.60 USPS Attach additional information on appropriately labeled continuation sheets. TOTAL\* \$ 7,027.02

\* 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.

WEB information technology costs (internet, e-mail)

Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement covers period from09/22/2024 through10/19/2024		CALIFORNIA 460 FORM 0f 18	
SEE INSTRUCTIONS ON REVERSE								
Vargas for Mayor 2024							1375353	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(¢) REPAYMENT O FORGIVENES THIS PERIOD	S CLOSE OF THIS	(8) INTEREST RECEIVED	(1) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE LOANS TO DATE
Poindexter for City Council 2024 (ID# 1468434) Santa Ana, CA 92704				PAID     PAID     0.00     FORGIVEN		0.00 % Rate	\$ <u>2,875.00</u>	CALENDAR YEAR \$
		\$ <u>2,875.00</u>	\$0.00	\$0.01	DATE OUE	\$0.00	09/03/2024 DATE INCURRED	\$ G2024 \$8,309.3
Poindexter for City Council 2024 (ID# 1468434) Santa Ana, CA 92704. Payment for LIT & POS				PAID  S  FORGIVEN	5,434.30	0.00 % Rate	\$ <u>5,434.30</u>	CALENDAR YEAR \$ 8,309.30 PER ELECTION**
		\$0.00	\$	\$	DATE DUE	\$	10/19/2024 DATE INCURRED	\$G2024 \$8,309.3
*Loans that are contributions to another candida must also be summarized on Schedule D. Loans also be reported on Schedule E.		SUBTOTALS	\$ 5,434.30	\$ 0.	00\$ 8,309.30	\$ 0.00		
	initia a fato de la companya de la c					(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
1. Loans made this period (Total Column (b) plus unitemized loans					\$	5,434.3	<u>o</u>	**If Required
2. Payments received on loans (Total Column (c) plus unitemized paym	ents of less than \$100.)			******	\$	0.0	0	
3. Net change this period. (Subtract Line (Enter the net here and on the Summar	2 from Line 1.) y Page, Column A, Line 7.)	)		*****	NET \$	5,434.3 y be a negative number	<u>0</u>	

## Schodulal

Schedule I Miscellaneous Increases to Cash							
		Amounts may be rounded to whole dollars.		Statement covers period from09/22/2024		CALIFORNIA FORM 460	
NAME OF FILER	DNS ON REVERSE						
Vargas for M	Mayor 2024					1375353	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE DESC D (IF COMMITTEE, ALSO ENTER I.D. NUMBER)					AMOUNT OF INCREASE TO CASH	
09/25/2024	Landslide Communications	RE	REFUND			2,148.00	
	Laguna Niguel, CA 92677						
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		-					
<u></u>							
<u> </u>							
Attach add	ditional information on appropriately labeled continuation sheets.				SUBTOTAL \$	2,148.00	
Schedule	I Summary						
1. Itemized	increases to cash this period			\$	2,148.00		
2. Unitemized increases to cash of under \$100 this period				\$	0.00		
3. Total of a	Il interest received this period on loans made to others. (Sch	nedule H, Columi	n (e).)	\$	0.00		
	cellaneous increases to cash this period. (Add Lines 1, 2, a				0 240 20		
Summary	/ Page, Line 14.)		*******	IUIAL \$	2,148.00	FPPC Form 460 (Jan/2014	
						CELO COUR 490 PINUSO44	