Daniminut Committee			D of	COVER PAGE
Recipient Committee Campaign Statement Cover Page			Data Stamp	CALIFORNIA 460 FORM
	Statement covers period from 07/01/2020	Date of election if applicable: (Month, Day, Year)		Page 1 of 12 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through _09/19/2020	11/03/2020		
1. Type of Recipient Committee: All Committees - Col	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor 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 Amendment (Explain be	t 🗌 S ermination)	Quarterly Statement Special Odd-Year Report
s committee intormation	D. NUMBER 415337	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Maravilla For Council 2020		Myra Maravilla		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		21602 Belshire Avenue #2		P CODE AREA CODE/PHONE
22123 Clarkdale Avenue		Hawaiian Gardens		00716 562-338-3665
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		
Hawaiian Gardens CA 9071 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
21602 Belshire Avenue #2				
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZI	P CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ESS	
l. Verification			·	
I have used all reasonable diligence in preparing and reviewing	ng this statement and to the best of my	knowledge the information contained	I herein and in the attached	schedules is true and complete. I
certify under penalty of perjury under the laws of the State of			\ -()	
Executed on 09/16/2020	ву		7	
		Signature of freasurer of posistant	Theasurer Y	-
Executed on Date	By Signature or Con	trolling Utilcehelder, Candidate, State Measure Pr	oponent of Responsible Officer of S	ponsor
Executed on	Ву			
Date	•	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2

COVER	PAGE - PART 2
CALIFORNI FORM	⁴ 460
Page _2	of <u>12</u>

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Maravilla For Council 2020							
Maravilla For Council 2020 OFFICE SOUGHT OR HELD (INCLUDE LOCATION ANI	D DICTRICT WINNESS IS ADDITION IN	-	BALLOT NO. OR LETTER	JURISDICTI	ON		
SPRICE SOUGHT OR RELD (INCLUDE LOCATION AND	D DISTRICT NOWBER IF APPLICABLE)		BALLOT NO. OR LETTER	00111021011	OIT		SUPPORT
Hawaiian Gardens City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRE	EET) CITY STATE ZIP	_					
21602 Belshire Avenue #2	HG CA 90716		Identify the controlling office	eholder, candi	date, or state	measure propo	nent, if any.
21002 Politica III on a 1	110 011 70710	- .	NAME OF OFFICEHOLDER, CA	NDIDATE, OR I	PROPONENT		
Deleted Committees Not Instituted in th	io Ctotomonti III			•			
Related Committees Not Included in th not included in this statement that are controlled by			OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
contributions or make expenditures on behalf of yo							
COMMITTEE NAME	I o sussoco	_					
JOMMI REE NAME	I.D. NUMBER						
JAME OF TREASTIRED	CONTROLLED COMMITTEE?	_ 7.	. Primarily Formed Cand	didate/Offic	eholder Co	ommittee <i>Lis</i> e	t names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	- 7.	. Primarily Formed Cand officeholder(s) or candidate(s)	didate/Offic	eholder Co	ommittee List primarily formed	t names of I.
	YES NO	- 7. -	Primarily Formed Canc officeholder(s) or candidate(s)	for which this	committee is	ommittee List primarily formed	
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (N	YES NO	- 7. -	officeholder(s) or candidate(s)	for which this	committee is	primarily formed	L □ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO	-	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR	ofor which this	OFFICE SOL	primarily formed	support
	YES NO	-	officeholder(s) or candidate(s)	ofor which this	OFFICE SOL	primarily formed	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO	-	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR	ofor which this	OFFICE SOL	primarily formed	SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO	-	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	primarily formed JGHT OR HELD JGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO NO P.O. BOX) ZIP CODE AREA CODE/PHO	-	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	primarily formed	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO NO P.O. BOX) ZIP CODE AREA CODE/PHO	-	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	primarily formed JGHT OR HELD JGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO NO P.O. BOX) ZIP CODE AREA CODE/PHO	-	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOL	primarily formed JGHT OR HELD JGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N CITY STATE COMMITTEE NAME	YES NO NO P.O. BOX) ZIP CODE AREA CODE/PHOI	-	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOL	Primarily formed UGHT OR HELD UGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N CITY STATE COMMITTEE NAME	YES NO NO P.O. BOX) ZIP CODE AREA CODE/PHOI I.D. NUMBER CONTROLLED COMMITTEE? YES NO	-	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOL	Primarily formed UGHT OR HELD UGHT OR HELD	SUPPORT SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (N CITY STATE COMMITTEE NAME NAME OF TREASURER	YES NO NO P.O. BOX) ZIP CODE AREA CODE/PHOI I.D. NUMBER CONTROLLED COMMITTEE? YES NO	-	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOL	Primarily formed UGHT OR HELD UGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2020	FORM 460
through 09/19/2020	Page _3 of12
	I.D. NUMBER

Maravilla For Council 2020 1415337 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 14,550 14,550 1/1 through 6/30 7/1 to Date 0 0 Loans Received Schedule B. Line 3 20. Contributions 14,550 500 Received 2,634.63 2,634.63 21. Expenditures 17,184.63 17,184.63 Made **Expenditures Made Expenditure Limit Summary for State** 8,292.09 8,292.09 **Candidates** 0 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 8,292.09 8.292.09 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 0 Date of Election Total to Date 2,634.63 2,634.63 (mm/dd/yy) 10.926.72 10,926.72 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 14,550 add amounts in Column A to the corresponding *Amounts in this section may be different from amounts amounts from Column B reported in Column B. 8,292.09 of your last report. Some amounts in Column A may 6,257.91 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B. Part 2 \$ 0 only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received			nts may be rounded whole dollars.	Statement cov from <u>07/01/2020</u>	•	CALIFORNIA 460	
SEE INSTRUCTI	ONS ON REVERSE			through 09/19/20	020	Page	of of
NAME OF FILER Maravilla Fo	or Council 2020					I.D. N 14153	UMBER
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	AMOUNT RECEIVED THIS PERIOD	CALEND	VE TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/26/2020	Sergio Gil 11108 Abbywood Oklahoma, OK 73170	☑IND □COM □OTH □PTY □SCC	Self-Employed	\$500	\$500		
8/4/2020	Certified Roofing Applicators, Inc. 11914 Front St. Ste C Norwalk, CA 90650	☐IND ☐COM ☑OTH ☐PTY ☐SCC		\$500	\$500		
8/4/2020	John's Sweeper Repairs, Inc. DBA John's Fueling Team 11914 Front St., Ste B Norwalk, CA 90650	□IND □COM ☑OTH □PTY □SCC		\$500	\$500		
8/4/2020	Nationwide Environmental Services 11914 Front Street Norwalk, CA 90650	☐IND ☐COM ØOTH ☐PTY ☐SCC		\$500	\$500		
8/1/2020	Jesus Roman 22023 Juan Avenue Hawaiian Gardens, CA 90716	☑IND □COM □OTH □PTY □SCC	Machinist	\$2,000	\$2,000		
			SUBTOTAL	\$ 4,000			
1. Amount re	A Summary ceived this period – itemized monetary contributions. Il Schedule A subtotals)	•	s ¹⁴	.,550			

(Include all Schedule A subtotals.)

OTH – Other (e.g., business entity)
PTY – Political Party

2. Amount received this period – unitemized monetary contributions of less than \$100\$ $\frac{0}{2}$

PTY – Political Party SCC – Small Contributor Committee

	Schedule A Monetary Contributions Received		ounts may be rounded to whole dollars. Statement covers period from $\frac{7/1/2020}{}$			california 460		
SEE INSTRUCTI	IONS ON REVERSE			through 9/19/202	20	Page	5 of 12	
NAME OF FILER Maravilla fo	r or Council 2020					i.D. NU 141533	JMBER 37	
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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
8/7/2020	Luis Roa for City Council 2018 21802 Devlin Ave. Hawaiian Gardens, CA 90716	□IND □COM □OTH □PTY □SCC		\$250	\$250			
8/11/2020	Alvarado for Council 2018 728 E Edna Place Covina, CA 91722	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$300	\$300			
8/14/2020	P.D. Towing Only, Inc. DBA Mr. C's Towing 10821 Bloomfield St. #C Los Alamitos, CA 90720	IND COM OTH PTY SCC		\$500	\$500			
8/27/2020	Marian Shirvanian 23 Corporate Plaza Dr. Ste 247 Newport Beach, CA 92660	IND COM OTH PTY SCC	Homemaker	\$2,500	\$2,500			
8/27/2020	Transtech Engineers. Inc. Allen Cayir, Engineer 1047 Village Dr. Chino Hills, CA 91709	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$2,000	\$2,000			
			SUBTOTAL	5,550		*		
1. Amount re (Include a	A Summary eceived this period – itemized monetary contribution all Schedule A subtotals.)			,550	IND- COM OTH PTY	(other Other (Politica	ial ient Committee than PTY or SCC) (e.g., business entity)	

3. Total monetary contributions received this period.

Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from <u>7/1/2020</u>	 .	FC	RM 400
				through 9/19/202	20	Page _	of
NAME OF FILER						I.D. NUI	MBER
Maravilla for	Council 2020					141533	7
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
8/27/2020	Cherna Moscowitz 4744 North Bay Road Miami Beach, FL 33140	☑IND □COM □OTH □PTY □SCC	Retired	\$5,000	\$5,000		
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC		- Control of the Cont			
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$ 5,000			

*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

Schedu	le C		Amounts may be rounded						SCHEDULE
Nonmo	netary Contributions Received		to whole dollars.		fror	Statement covers n07/01/2020	period	CALIF	ORNIA AGO
	CTIONS ON REVERSE				thre	ough09/19/2020		Page 7	of
NAME OF FILI Maravilla F	ER For Council 2020	-						1.D. NUM 141533	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEN	LATIVE TO DATE IDAR YEAR 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
8/18/20	Farfan for City Council 2020 #1427192 12319 213th Street Hawaiian Gardens, CA 90716	□IND ☑COM □OTH □PTY □SCC		Yard Signs		\$1,922.53	\$1,92	2.53	
8/27/20	Del Rio for Council 2020 #1425690	☐IND ☑COM ☐OTH ☐PTY ☐SCC		Printing & Ma	iling	\$712.10	\$712.	10	
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	DTAL	\$ \$2,634.63			
1. Amount	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.)				\$_	2,634.63	IN	Contributor Co D – Individual OM – Recipier	

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$

3. Total nonmonetary contributions received this period.

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

PTY - Political Party

(other than PTY or SCC)
OTH – Other (e.g., business entity)

SCC - Small Contributor Committee

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

Amounts may be rounded to whole dollars.

SCHEDULE D Statement covers period **CALIFORNIA** from ____ **FORM** through <u>09/19/2020</u> I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Maravilla For Council 2020 1415337

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐ Monetary				
8/22/2020	Maria Teresa Del Rio	Contribution	Magnets	\$329.21		
8/27/2020	Hawaiian Gardens City Council	✓ Nonmonetary	Banners	\$85.30		
8/27/2020	Del Rio for Council 2020 #1425690	Contribution	Billboard	\$1,241.66		
9/2/2020	·	Independent	Website & Videos	\$666.67		
	✓ Support ☐ Oppose	Expenditure	8			
		☐ Monetary				
9/4/2020	Maria Teresa Del Rio	Contribution	Misc. Items	\$54.05]	
9/5/2020	Hawaiian Gardens City Council	✓ Nonmonetary	Facebook Ads	\$28.18		
9/10/2020	Del Rio for Council 2020 #1425690	Contribution	Banners	\$143.67		
9/14/2020		☐ Independent				
	✓ Support ☐ Oppose	Expenditure		8		
-		☐ Monetary				
8/22/2020	Victor Farfan	Contribution	Magnets	\$329.21		
8/27/2020	Hawaiian Gardens City Council	✓ Nonmonetary	Banners	\$85.30		
8/27/2020	Farfan for Council 2020 #1427192	Contribution	Billboard	\$1,241.66		
9/2/2020		Independent	Website & Videos	\$226.67		
	☑ Support ☐ Oppose	Expenditure				
			SUBTOTAL \$	4,431.58		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)		\$
Unitemized contributions and independent expenditures made this period of under \$100		\$ 0
	ΤΟΤΔΙ	4,884.15

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may b to whole de		Statement cover	rs period	california 460		
SEE INSTRUCT	TIONS ON REVERSE			through 9/19/2020	<u> </u>	Page	of	
Maravilla for	r Council 2020					1.D. NUME 1415332		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CALEND	/E TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
9/4/2020 9/5/2020 9/10/2020 9/11/2020	Victor Farfan Hawaiian Gardens City Council Farfan for City Council 2020 Support Oppose Support Oppose Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Independent Expenditure Nonmonetary Contribution Independent Expenditure	Misc. Items Facebook Ads Banners Video and Promo Clip	\$54.05 \$28.18 \$143.67 \$226.67				
			SUBTOTAL	\$ 452.57			1999 - 1994 - 19	
1. Itemized	D Summary contributions and independent expenditures made ed contributions and independent expenditures ma					\$ <u>4</u>	,884.15	

						SCHEDULE
Schedule E	Amounts may be rounded to whole dollars.			Statement covers period	CALIF	ORNIA 460
Payments Made				from	FC	ORM TOU
SEE INSTRUCTIONS ON REVERSE				through 09/19/2020		10 of 12
NAME OF FILER Maravilla For Council 2020					I.D. NUI	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	es the payment, y MBR member com meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	nmunications d appearances ses lating urvey research ivery and messenge	er services	RAD radio airtime and product RFD returned contributions SAL campaign workers' salart TEL t.v. or cable airtime and product TRC candidate travel, lodging TRS staff/spouse travel, lodging TSF transfer between commit voter registration web information technology c	tion costs ies production cost , and meals ng, and meals ttees of the san	s 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 Hawaiian Gardens 21815 Pioneer Blvd., Hawaiian Gardens, CA 90716		FIL				\$800
Myra Maravilla (Reimbursement) 21602 Belshire Avenue #2, Hawaiian Gardens, CA 90716		СМР				\$162.15
Oscar A. Villafane 1422 Cabrillo Park Dr., Santa Ana, CA 92701		WEB				\$1,800
* Payments that are contributions or independent expenditures must also b	e summarized on Sche	edule D.			SUBTOTAL	\$ 2,762.15
Schedule E Summary						
1. Itemized payments made this period. (Include all Schedul	le E subtotals.)	•••••	************		\$	8,292.09
2. Unitemized payments made this period of under \$100					\$_	0
3. Total interest paid this period on loans. (Enter amount from	m Schedule B, Par	t 1, Column (e))		\$_ ⁽	0

FPPC Form 460 (Jan/2016))

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

								SCHEDULE
Schedule E	Amounts may b				Statement covers p	period	n costs duction costs nd meals and meals es of the same candidate/sponsor	
Payments Made					from		FORM 400	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Maravilla for Council 2020				tł	nrough <u>9/19/2020</u>		Ī.D. NUM	BER
CODES: If one of the following codes accurately described campaign paraphernalia/misc, campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli PRO professional si PRT print ads	munications I appearances es ating urvey research very and mess	enger services	RA RF SA TE TR TR TS VO	D radio airtime and preturned contribution campaign workers t.v. or cable airtime candidate travel, los staff/spouse travel	production cost ons ons or salaries e and production odging, and m i, lodging, and committees of	ion costs leals meals the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R	DESCRIPT	TION OF PAYMENT			AMOUNT PAID
Coast to Coast Copy 18818 Teller Ave., Suite 120, Irvine, CA 92612		PRT						\$686.91
Facebook Ads		WEB						\$59.55
Concepcion Carrillo 519 North Soto Street, Los Angeles, CA 90033		CMP						\$987.62
Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.				SUBT	OTAL \$	1,734.08
Schedule E Summary								
1. Itemized payments made this period. (Include all Schedule E subtotals.)						\$ <u>_</u>	,292.09	
2. Unitemized payments made this period of under \$100			•••••				\$	
3. Total interest paid this period on loans. (Enter amount fron	n Schedule B. Par	t 1. Column	(e).)				\$_0	

Schedule E	
(Continuatio	n Sheet)
Payments M	lade

Amounts may be rounded

SCHEDULE E (CONT.)

Continuation Sheet) Payments Made	to whole dollars.	Statement covers period 7/1/2020 from	FORM 460
EE INSTRUCTIONS ON REVERSE		through <u>9/19/2020</u>	Page of
AME OF FILER			I.D. NUMBER
Maravilla for Council 2020			1415337

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 candidate filing/ballot fees FIL. PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* 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 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 LD. NUMBER) Myra Maravilla (Reimbursement) **CMP** \$45,86 21602 Belshire Avenue #2, Hawaiian Gardens, CA 90716

OUTFRONTmedia 1731 Workman Street, Los Angeles, CA 90031	PRT		\$3,725
Myra Maravilla (Reimbursement) 21602 Belshire Avenue #2, Hawaiian Gardens, CA 90716		Initial bank transfer to open account	\$25

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