

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Farfan for City Council 2020		Date of This Filing 9/24/2020	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 562-500-3281	I.D. NUMBER (if applicable) 1427192	Report No. _____		
STREET ADDRESS 12319 213 St		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Hawaiian Gardens	STATE CA	ZIP CODE 90716	No. of Pages 1-3	

1. Contribution(s) Received

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
9/24/2020	Paul A. Wolfe 1 Seal Shell Newport Coast, CA 92657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Komar Investment/Manager	\$1,000 <input type="checkbox"/> Check if Loan 0 _____% Provide interest rate
9/24/2020	Top Notch Commercial Truck Wash Inc 138 S. 6th St Los Angeles, CA 90640	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000 <input type="checkbox"/> Check if Loan _____ % Provide interest rate
9/24/2020	Marla Cholakian 906 Kilmary Ln Glendale, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Healthy Medicaitons, LLC/ Officer	\$1,000 <input type="checkbox"/> Check if Loan _____ % Provide interest rate

* 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

Reason for Amendment: _____

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AREA CODE/PHONE NUMBER 562-500-3281	I.D. NUMBER (if applicable) 1427102	Report No. _____		
STREET ADDRESS 12319 213 St		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Hawaiian Gardens	STATE CA	ZIP CODE 90716	No. of Pages 2-3	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
9/22/20	Maravilla for Council 2020 FPPC # 1415337 22123 Clarkdale Ave Hawaiian Gardens, CA 90710	Myra Maravilla City Council City of Hawaiian Gardens	\$1,179.35	11/3/2020
9/22/20	Del Rio for Council 2020 FPPC # 1425690 728 W. Edna Place West Covina, CA 91722	Maria Teresa Del Rio City Council City of Hawaiian Gardens	\$1,179.35	11/3/2020

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NAME OF FILER Farfan for City Council 2020		Date of This Filing 9-24-20	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 502-500-3281	I.D. NUMBER (if applicable) 1427192	Report No. _____		
STREET ADDRESS 12319 213 St		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Hawaitan Gardens	STATE CA	ZIP CODE 90716	No. of Pages 3-3	

1. Contribution(s) Received

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
9/24/2020	Tommy A. Gendal 400 Pioneer Dr Glendale, CA 91203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Waste Resources/ Executive	\$1,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
9/24/2020	Vache Hanessian 23 Corporate Plaza, Ste 247 Newport Beach CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KMS Properties, Inc/CFO	\$1,00.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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