

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 6

For Official Use Only

Date Stamp

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Statement covers period from <u>1/1/2020</u> through <u>09/24/2020</u>	Date of election if applicable: (Month, Day, Year) November, 3rd, 2020
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall <i>(Also Complete Part 5)</i> General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored <i>(Also Complete Part 6)</i> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i>
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2. Type of Statement:

<input checked="" type="checkbox"/> Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Quarterly Statement Special Odd-Year Report
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3. Committee Information

I.D. NUMBER
PENDING

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
NOYOLA FOR CITY COUNCIL 2020

STREET ADDRESS (NO P.O. BOX)
12509 221st Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hawaiian Gardens	CA	90716	562

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
12509 221st Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
Franknoyola@gmail.com

Treasurer(s)

NAME OF TREASURER
Francisco Noyola

MAILING ADDRESS
12509 221st Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hawaiian Gardens	CA	90716	562

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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 correct.

Executed on <u>09/24/2020</u> Date	By _____ Signature of Treasurer or Assistant Treasurer
Executed on <u>09/24/2020</u> Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Francisco Noyola

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Member of City Council (2 Year-Term)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
12509 221st Street Hawaiian Gardens CA 90716

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. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO 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	SUPPORT OPPOSE
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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
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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 OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2020	CALIFORNIA FORM 460
through 09/24/2020	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Francisco Noyola

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 3054	\$ 3054
2. Loans Received..... Schedule B, Line 3	2500	2500
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 5554	\$ 5554
4. Nonmonetary Contributions..... Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 5554	\$ 5554

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 3084.17	\$ 3084.17
7. Loans Made..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 3084.17	\$ 3084.17
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0	0
10. Nonmonetary Adjustment..... Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 3084.17	\$ 3084.17

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	
(If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 0
13. Cash Receipts..... Column A, Line 3 above	5554
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
15. Cash Payments..... Column A, Line 8 above	3084.17
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2469.83

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ 0
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 0

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

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Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2020	
through	09/24/2020	Page 4 of 6
NAME OF FILER Francisco Noyola		I.D. NUMBER PENDING

SEE INSTRUCTIONS ON REVERSE

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/10/2020	Francisco Noyola 12509 221st Street, Hawaiian Gardens 90716	✓ IND COM OTH PTY SCC	Recreation Leader, City of Hawaiian Gardens	40	40	
08/17/2020	Francisco Noyola 12509 221st Street, Hawaiian Gardens 90716	✓ IND COM OTH PTY SCC	Recreation Leader, City of Hawaiian Gardens	200	240	
09/10/2020	Rosario Vasquez 12509 221st Street, Hawaiian Gardens 90716	✓ IND COM OTH PTY SCC	Administrative Secretary Cerritos College	2220	2220	
		IND COM OTH PTY SCC				
		IND COM OTH PTY SCC				

SUBTOTAL \$ 2460

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2460
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 594
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 3054

*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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**Schedule B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Francisco Noyola

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (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 RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Francisco Noyola 12509 221st Street, Hawaiian Gardens 90716 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	E-Scooter	0 \$ _____	2000 \$ _____	<input checked="" type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ _____	\$ 2000 12/31/2020 DATE DUE	0 % RATE \$ 0	\$ 2000 09/01/2020 DATE INCURRED	CALENDAR YEAR \$ 2000 PER ELECTION** \$ _____
Francisco Noyola 12509 221st Street, Hawaiian Gardens 90716 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	E-Scooter	0 \$ _____	500 \$ _____	<input checked="" type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ _____	\$ 500 12/31/2020 DATE DUE	0 % RATE \$ 0	\$ 500 09/03/2020 DATE INCURRED	CALENDAR YEAR \$ 2500 PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS		\$ 2500	\$ 0	\$ 0	\$ 2500	\$ 0		

Schedule B Summary

(Enter (e) on Schedule E, Line 3)

- Loans received this period \$ 2500
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** 2500
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

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**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 01/01/2020 through 09/24/2020	CALIFORNIA FORM 460
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	I.D. NUMBER PENDING

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Francisco Noyola

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	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
LIT 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
The Blue Deal LLC 4115 Annandale Rd., Suite 105 Annandale, VA 22003 US	CMP	Invoice # QBO 15256 Yard Signs	2664.40
Political Data Inc. P.O. Box 59570 Norwalk, CA 90652	WEB	Online Software Subscription	400

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

SUBTOTAL \$ 3064.40

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 3064.40
2. Unitemized payments made this period of under \$100.....	\$ 19.77
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$ 3084.17

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