

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Californians for Better Education and Jobs		Date of This Filing <u>10/16/2020</u>	Date Stamp	<b>CALIFORNIA FORM 496</b> For Official Use Only
AREA CODE/PHONE NUMBER (323) 884-6758	I.D. NUMBER (if applicable) 1425412	Report No. <u>1</u>		
STREET ADDRESS 1306 S. Atlantic Drive Apt.6		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Compton	STATE CA	ZIP CODE 90221	No. of Pages <u>1</u>	

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Myra Maravilla				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City Council Member: Hawaiian Garden	DISTRICT NO. N/A	SUPPORT	OPPOSE X	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

## 2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/15/2020	Mailer	818.03

Reason for Amendment \_\_\_\_\_

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<b>CITY</b> Compton	<b>STATE</b> CA	<b>ZIP CODE</b> 90221	<b>No. of Pages</b> 2	

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Victor Farfan				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> City Council Member: Hawaiian Garden	<b>DISTRICT NO.</b> N/A	<b>SUPPORT</b>	<b>OPPOSE</b> X	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/15/2020	Mailer <span style="float: right;">+</span>	818.03

Reason for Amendment \_\_\_\_\_

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<b>CITY</b> Compton	<b>STATE</b> CA	<b>ZIP CODE</b> 90221	<b>No. of Pages</b> 3	

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b>				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
Maria Teresa Del Rio							
<b>OFFICE SOUGHT OR HELD</b>	<b>DISTRICT NO.</b>	<b>SUPPORT</b>	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>
City Council Member: Hawaiian Garden	N/A		X				

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