

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Date Stamp	CALIFORNIA FORM 460
	Page <u>1</u> of <u>17</u>
	For Official Use Only

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	Date of election if applicable: (Month, Day, Year) <u>11/03/2020</u>
--	--

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

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1425690

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Del Rio for Council 2020

STREET ADDRESS (NO P.O. BOX)
22008 Devlin Ave.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Hawaiian Gardens</u>	<u>CA</u>	<u>90716</u>	<u>(562) 338-1118</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
N/A

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS
delriotere@yahoo.com

Treasurer(s)

NAME OF TREASURER
Maria Teresa Del Rio

MAILING ADDRESS
22008 Delvin Ave.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Hawaiian Gardens</u>	<u>CA</u>	<u>90716</u>	<u>(562) 338-1118</u>

NAME OF ASSISTANT TREASURER, IF ANY
Yolanda Miranda

MAILING ADDRESS
728 West Edna Place

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Covina</u>	<u>CA</u>	<u>91722</u>	<u>(626) 915-7635</u>

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

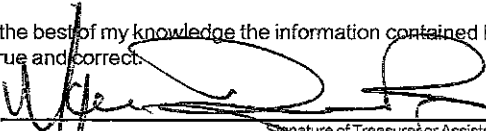
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and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

Executed on 10/20/2020
Date

Executed on 10/20/2020
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By 
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Maria Teresa Del Rio

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member Hawaiian Gardens

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

22008 Delvin Ave. 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>17</u>
	I.D. NUMBER 1425690

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Del Rio for Council 2020

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 6,250.00	\$ 12,521.00
2. Loans Received Schedule B, Line 3	0.00	3,100.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 6,250.00	\$ 15,621.00
4. Nonmonetary Contributions Schedule C, Line 3	10,550.77	13,787.05
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 16,800.77	\$ 29,408.05

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	Column B
6. Payments Made Schedule E, Line 4	\$ 4,412.69	\$ 9,014.54
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 4,412.69	\$ 9,014.54
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	-2,400.00	600.00
10. Nonmonetary Adjustment Schedule C, Line 3	10,550.77	13,787.05
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 12,563.46	\$ 23,401.59

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	\$ 4,769.15
13. Cash Receipts Column A, Line 3 above	6,250.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	4,412.69
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 6,606.46

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
---	---------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 3,700.00

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.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page <u>4</u> of <u>17</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Del Rio for Council 2020

I.D. NUMBER

1425690

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/29/2020	Infrastructure Architects, Inc. 222 S. Harbor Blvd., #705 Anaheim, CA 92805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	5,000.00	
10/12/2020	Rendon for Assembly 2020 (ID# 1414788) 555 Capitol Mall, Suite 400 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
09/29/2020	Dean A. Stepper 14 Marsala Irvine, CA 92606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner The Most Program	250.00	250.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 6,250.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 6,250.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 6,250.00

*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

**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 5 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Del Rio for Council 2020

I.D. NUMBER

1425690

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
Maria Teresa Del Rio 22008 Devlin Ave. Hawaiian Gardens, CA 90716	Manager Th MOST Program	\$ 100.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 100.00 DATE DUE	0.00% RATE \$ 0.00	\$ 100.00 04/02/2020 DATE INCURRED	CALENDAR YEAR \$ 3,100.00 PER ELECTION** \$
Maria Teresa Del Rio 22008 Devlin Ave. Hawaiian Gardens, CA 90716	Manager Th MOST Program	\$ 3,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 3,000.00 DATE DUE	0.00% RATE \$ 0.00	\$ 3,000.00 06/30/2020 DATE INCURRED	CALENDAR YEAR \$ 3,100.00 PER ELECTION** \$
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS		\$	\$ 0.00	\$ 0.00	\$ 3,100.00	\$ 0.00		

Schedule B Summary

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

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(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 \$** 0.00
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.

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>17</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER

1425690

Del Rio for Council 2020

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
09/22/2020	Farfan for City Council 2020 (ID# 1427192) 12319 213th Street Hawaiian Gardens, CA 90716	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Postage	511.66	5,800.83	
09/22/2020	Farfan for City Council 2020 (ID# 1427192) 12319 213th Street Hawaiian Gardens, CA 90716	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		T-shirts	667.69	5,800.83	
10/04/2020	Farfan for City Council 2020 (ID# 1427192) 12319 213th Street Hawaiian Gardens, CA 90716	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Supplies for event	135.66	5,800.83	
10/05/2020	Farfan for City Council 2020 (ID# 1427192) 12319 213th Street Hawaiian Gardens, CA 90716	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Event Costs	59.00	5,800.83	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,374.01

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 10,550.77
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 10,550.77

*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

**Schedule C (Continuation Sheet)
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C (CONT.)

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	CALIFORNIA FORM 460
Page <u>7</u> of <u>17</u>	I.D. NUMBER 1425690

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Del Rio for Council 2020

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/06/2020	Farfan for City Council 2020 (ID# 1427192) 12319 213th Street Hawaiian Gardens, CA 90716	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Video and pictures	726.66	5,800.83	
10/09/2020	Farfan for City Council 2020 (ID# 1427192) 12319 213th Street Hawaiian Gardens, CA 90716	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Video Services	726.66	5,800.83	
10/09/2020	Farfan for City Council 2020 (ID# 1427192) 12319 213th Street Hawaiian Gardens, CA 90716	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Masks	564.61	5,800.83	
10/14/2020	Farfan for City Council 2020 (ID# 1427192) 12319 213th Street Hawaiian Gardens, CA 90716 In-Kind contribution	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Mailer and postage	1,728.02	5,800.83	
09/20/2020	Maravilla for Council 2020 (ID# 1415337) 21602 Belshire Ave., #2 Hawaiian Gardens, CA 90716 In-Kind contribution	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Mailer	1,982.58	7,986.22	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 5,728.53

**Schedule C (Continuation Sheet)
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C (CONT.)

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>17</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1425690

Del Rio for Council 2020

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
09/20/2020	Maravilla for Council 2020 (ID# 1415337) 21602 Belshire Ave., #2 Hawaiian Gardens, CA 90716 In-Kind contribution	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Copies and Misc. print job	320.45	7,986.22	
09/23/2020	Maravilla for Council 2020 (ID# 1415337) 21602 Belshire Ave., #2 Hawaiian Gardens, CA 90716	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		In-N-Out deposit	333.34	7,986.22	
09/24/2020	Maravilla for Council 2020 (ID# 1415337) 21602 Belshire Ave., #2 Hawaiian Gardens, CA 90716	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Flyers and Banners	219.73	7,986.22	
10/04/2020	Maravilla for Council 2020 (ID# 1415337) 21602 Belshire Ave., #2 Hawaiian Gardens, CA 90716	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Payment for food for event	2,524.71	7,986.22	
10/04/2020	Maravilla for Council 2020 (ID# 1415337) 21602 Belshire Ave., #2 Hawaiian Gardens, CA 90716	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Desserts for event	50.00	7,986.22	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 3,448.23

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page <u>9</u> of <u>17</u>
NAME OF FILER		I.D. NUMBER
Del Rio for Council 2020		1425690

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Del Rio for Council 2020

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)
09/22/2020	Victor Farfan City Council Member City of Hawaiian Gardens In-Kind contribution	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Rental truck for an advertising	900.00	2,006.37	G2020 \$2,006.37
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
09/29/2020	Victor Farfan City Council Member City of Hawaiian Gardens In-Kind contribution	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Equipment	83.12	2,006.37	G2020 \$2,006.37
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/02/2020	Victor Farfan City Council Member City of Hawaiian Gardens In-Kind contribution	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Traffic Cones	115.00	2,006.37	G2020 \$2,006.37
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				1,098.12		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 2,588.54
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 2,588.54

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

SCHEDULE D (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 10 of 17

NAME OF FILER Del Rio for Council 2020	I.D. NUMBER 1425690
---	------------------------

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)
10/02/2020	Victor Farfan City Council Member City of Hawaiian Gardens In-Kind contribution	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Supplies	91.70	2,006.37	G2020 \$2,006.37
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/02/2020	Victor Farfan City Council Member City of Hawaiian Gardens In-Kind contribution	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Supplies	19.41	2,006.37	G2020 \$2,006.37
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/02/2020	Victor Farfan City Council Member City of Hawaiian Gardens In-Kind contribution	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Supplies	29.75	2,006.37	G2020 \$2,006.37
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/03/2020	Victor Farfan City Council Member City of Hawaiian Gardens In-Kind contribution	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Rental equipment	23.95	2,006.37	G2020 \$2,006.37
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$ 164.81

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

SCHEDULE D (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 11 of 17

NAME OF FILER Del Rio for Council 2020	I.D. NUMBER 1425690
---	------------------------

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)
10/14/2020	Victor Parfan City Council Member City of Hawaiian Gardens <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Tools	31.34	2,006.37	G2020 \$2,006.37
09/22/2020	Myra Maravilla City Council Member City of Hawaiian Gardens In-Kind contribution <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Rental truck for an advertising	900.00	2,006.37	G2020 \$2,006.37
09/29/2020	Myra Maravilla City Council Member City of Hawaiian Gardens In-Kind contribution <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Equipment	83.12	2,006.37	G2020 \$2,006.37
10/02/2020	Myra Maravilla City Council Member City of Hawaiian Gardens In-Kind contribution <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Traffic Cones	115.00	2,006.37	G2020 \$2,006.37

SUBTOTAL \$ 1,129.46

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>17</u>

NAME OF FILER Del Rio for Council 2020	I.D. NUMBER 1425690
---	----------------------------

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)
10/02/2020	Myra Maravilla City Council Member City of Hawaiian Gardens In-Kind contribution <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Supplies	91.70	2,006.37	G2020 \$2,006.37
10/02/2020	Myra Maravilla City Council Member City of Hawaiian Gardens In-Kind contribution <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Supplies	19.41	2,006.37	G2020 \$2,006.37
10/02/2020	Myra Maravilla City Council Member City of Hawaiian Gardens In-Kind contribution <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Supplies	29.75	2,006.37	G2020 \$2,006.37
10/03/2020	Myra Maravilla City Council Member City of Hawaiian Gardens In-Kind contribution <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Rental equipment	23.95	2,006.37	G2020 \$2,006.37

SUBTOTAL \$ 164.81

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 13 of 17

NAME OF FILER Del Rio for Council 2020	I.D. NUMBER 1425690
---	------------------------

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)
10/14/2020	Myra Maravilla City Council Member City of Hawaiian Gardens	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Tools	31.34	2,006.37	G2020 \$2,006.37
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$ 31.34

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page <u>14</u> of <u>17</u>
NAME OF FILER		I.D. NUMBER
Del Rio for Council 2020		1425690

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Del Rio for Council 2020

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
Costco Wholesale 5401 Katella Ave. Cypress, CA 90720			09/28/2020 Food for volunteers	168.43
Harbor Freight Tools 4171 Woodruff Ave. Lakewood, CA 90713	OFC			183.67
Harbor Freight Tools 4171 Woodruff Ave. Lakewood, CA 90713	OFC			89.25

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

SUBTOTAL \$ 441.35

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	4,337.84
2. Unitemized payments made this period of under \$100	\$	74.85
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.)	TOTAL \$	4,412.69

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 15 of 17
NAME OF FILER		I.D. NUMBER
Del Rio for Council 2020		1425690

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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
Harbor Freight Tools 4171 Woodruff Ave. Lakewood, CA 90713	OFC			58.25
Harbor Freight Tools 4171 Woodruff Ave. Lakewood, CA 90713	OFC			94.04
Led Truck Media LLC 2660 NE 52 Court Pompano Beach, FL 33064	TRC			2,700.00
Lowe's Home Center 7300 East Carson Street Long Beach, CA 90808	OFC			249.37
Lowe's Home Center 7300 East Carson Street Long Beach, CA 90808	OFC			48.86

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

SUBTOTAL \$ 3,150.52

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 16 of 17
NAME OF FILER		I.D. NUMBER
Del Rio for Council 2020		1425690

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Del Rio for Council 2020

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
Sam's Club 7480 Carson Blvd. Long Beach, CA 90808			Drinks and food for volunteers	125.87
Southern California Barricades 5930 Lakeshore Drive Cypress, CA 90630			Traffic Cones	345.00
The Home Depot 5800 Lincoln Ave. Cypress, CA 90630	OFC			275.10

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

SUBTOTAL \$ 745.97

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 17 of 17
NAME OF FILER		I.D. NUMBER
Del Rio for Council 2020		1425690

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Del Rio for Council 2020

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/balot 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 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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Yolanda Miranda & Assoc. 728 West Edna Place Covina, CA 91722	PRO	300.00	0.00	0.00	300.00
Led Truck Media LLC 2660 NE 52 Court Pompano Beach, FL 33064	TRC	2,700.00	0.00	2,700.00	0.00
Yolanda Miranda & Assoc. 728 West Edna Place Covina, CA 91722	PRO	0.00	300.00	0.00	300.00
SUBTOTALS \$		3,000.00\$	300.00\$	2,700.00\$	600.00

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED TOTALS \$	300.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	PAID TOTALS \$	2,700.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$	-2,400.00 <small>May be a negative number</small>