

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

|            |                            |
|------------|----------------------------|
| Date Stamp | <b>CALIFORNIA FORM 460</b> |
|            | Page <u>1</u> of <u>12</u> |
|            | For Official Use Only      |

|  |   |
|--|---|
| Statement covers period<br>from <u>09/20/2020</u><br><br>through <u>10/17/2020</u> | Date of election if applicable:<br>(Month, Day, Year)<br><br><u>11/3/2020</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<br><input checked="" type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small><br><br><input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small><br><br><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small> |
|--|---|

**2. Type of Statement:**

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

**3. Committee Information**

I.D. NUMBER  
1427192

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Farfan For City Council 2020

STREET ADDRESS (NO P.O. BOX)

|                         |           |              |                     |
|-------------------------|-----------|--------------|---------------------|
| <u>12319 213 St</u>     |           |              |                     |
| CITY                    | STATE     | ZIP CODE     | AREA CODE/PHONE     |
| <u>Hawaiian Gardens</u> | <u>CA</u> | <u>90716</u> | <u>562-500-3281</u> |

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

|                     |       |          |                 |
|---------------------|-------|----------|-----------------|
| <u>12319 213 St</u> |       |          |                 |
| CITY                | STATE | ZIP CODE | AREA CODE/PHONE |

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Victor Farfan

MAILING ADDRESS

|                         |           |              |                     |
|-------------------------|-----------|--------------|---------------------|
| <u>12319 213 St</u>     |           |              |                     |
| CITY                    | STATE     | ZIP CODE     | AREA CODE/PHONE     |
| <u>Hawaiian Gardens</u> | <u>CA</u> | <u>90716</u> | <u>562-500-3281</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

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 10/22/2020  
Date

Executed on 10/22/2020  
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

Victor Farfan

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

Hawaiian Gardens City Council

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

12319 213 St 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?<br><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?<br><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<br><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<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

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

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

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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<br>from <u>9/20/2020</u> | <b>CALIFORNIA FORM 460</b> |
| through <u>10/17/2020</u>                        |                            |
| Page <u>3</u> of <u>12</u>                       |                            |
| I.D. NUMBER<br>1427192                           |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Farfan for City Council 2020

## Contributions Received

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i>    | \$ 11,000  | \$ 23,050                                  |
| 2. Loans Received..... <i>Schedule B, Line 3</i>            | \$0  | \$1,100                                    |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>  | \$ 11,000  | \$ 24,150                                  |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | \$2,303.03   | 5,019.67                                   |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ 13,303.03   | \$ 29,169.67                               |

## 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<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made..... <i>Schedule E, Line 4</i>                   | \$ 14,290.31   | \$ 19,798.74                               |
| 7. Loans Made..... <i>Schedule H, Line 3</i>                      | 0  |  |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>             | \$ 14,290.31   | \$ 19,798.74                               |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | 0  |  |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>         | \$5,189.73   | 7,906.37                                   |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>      | \$ 19,480.04   | \$ 27,705.11                               |

## Expenditure Limit Summary for State Candidates

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

## Current Cash Statement

|   |             |
|---|-------------|
| 12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>             | \$ 7,641.57 |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i>                              | 11,000      |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>                | 0           |
| 15. Cash Payments..... <i>Column A, Line 8 above</i>                              | 14,290.31   |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ 4,351.26 |

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

|   |          |
|---|----------|
| 17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i> | \$ _____ |
|---|----------|

## Cash Equivalents and Outstanding Debts

|   |          |
|---|----------|
| 18. Cash Equivalents..... <i>See instructions on reverse</i>            | \$ _____ |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ _____ |

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<br>from <u>9/20/2020</u><br>through <u>10/17/2020</u> | <b>CALIFORNIA FORM 460</b> |
|   | Page <u>4</u> of <u>12</u> |

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Farfan for City Council 2020 | I.D. NUMBER<br>1427192 |
|---|------------------------|

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/24/20       | Top Notch Commercial Truck Wash Inc<br>136 S. 6th St<br>Los Angeles, CA 90640                   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$1,000                     |  |                                       |
| 9/24/20       | Paul A. Wolfe<br>1 Sea Shell<br>Newport Coast, CA 92657   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Komar<br>Investment/Manager   | \$1,000                     |  |                                       |
| 9/24/20       | Maria Cholakian<br>906 Kilmory Ln<br>Glendale, CA 91207   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Healthy Medications,<br>LLC/Officer   | \$1,000                     |  |                                       |
| 9/24/20       | Tommy A. Gendal<br>400 Pioneer Dr<br>Glendale, CA 91203   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Waste Resources/Executive   | \$1,000                     |  |                                       |
| 9/24/20       | Vache Hanessian<br>23 Corporate Plaza, Ste 247<br>Newport Beach, CA 92660                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | KMS Properties, Inc/CEO   | \$1,000                     |  |                                       |

**SUBTOTAL \$ 5,000**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 11,000
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 11,000

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>9/20/2020</u><br>through <u>10/17/2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|   | Page <u>5</u> of <u>12</u>     |
| I.D. NUMBER   |                                |

NAME OF FILER  
Farfan for City Council 2020

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/05/2020    | Infrastructure Architects ,Inc<br>222 S. Harbor Blvd, #705<br>Anaheim, CA 92805-3700            | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$5,000                     |  |                                       |
| 10/12/20      | Rendon for Assembly 2020, ID 1414788<br>555 Capital Mall, Suite 400<br>Sacramento, CA 95814     | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$1,000                     |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |

**SUBTOTAL \$ 6,000**

\*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

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>9/20/2020</u><br>through <u>10/17/2020</u> | <b>CALIFORNIA FORM 460</b> |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Farfan for City Council 2020

I.D. NUMBER

1427192

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*   | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN        | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE    |
|--|---|--|------------------------------------|---|--|----------------------------------|---------------------------------------|--|
| Victor Farfan<br>12319 213 St<br>Hawaiian Gardens, CA 90716<br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Spectrum Risk Mgt   | \$ 1,100   | \$ 0                               | <input checked="" type="checkbox"/> PAID \$ 1,100<br><input type="checkbox"/> FORGIVEN \$ 0 | \$ 0<br>DATE DUE                                   | 0 %<br>RATE<br>\$ 0              | \$ 1100<br>7/31/2020<br>DATE INCURRED | CALENDAR YEAR \$ 1100<br>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 \$<br><input type="checkbox"/> FORGIVEN \$                    | \$<br>DATE DUE                                     | %<br>RATE<br>\$                  | \$<br>DATE INCURRED                   | CALENDAR YEAR \$<br>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 \$<br><input type="checkbox"/> FORGIVEN \$                    | \$<br>DATE DUE                                     | %<br>RATE<br>\$                  | \$<br>DATE INCURRED                   | CALENDAR YEAR \$<br>PER ELECTION** \$      |
| <b>SUBTOTALS</b>   |   | <b>\$ 1</b>                                      | <b>\$ 1100</b>                     | <b>\$ 0</b>   | <b>\$ 0</b>  |                                  |                                       |  |

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

**Schedule B Summary**

- Loans received this period ..... \$ 1,100  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 1,100  
(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**  
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<br>from <u>9/20/2020</u><br>through <u>10/17/2020</u> | <b>CALIFORNIA FORM 460</b> |
| Page <u>7</u> of <u>12</u>  | I.D. NUMBER<br>1427192     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Farfan for City 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) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 9/20/20       | Maravilla for Council 2020, #1415337<br>22123 Clarkdale Ave<br>Hawaiian Gardens, CA 90716    | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Flyer's /Banners                 | \$660.86                  |   |                                    |
| 9/20/20       | Maravilla for Council 2020, #1415337<br>22123 Clarkdale Ave<br>Hawaiian Gardens, CA 90716    | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Cards/Print Job                  | \$106.82                  |   |                                    |
| 09/22/20      | Del Rio for City Council 2020, ID 1425690<br>728 W. Edna Place<br>Covina, CA 91722           | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | LED Truck                        | \$900.00                  |   |                                    |
| 09/23/20      | Maravilla for Council 2020, #1415337<br>22123 Clarkdale Ave<br>Hawaiian Gardens, CA 90716    | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | In-N-Out Deposit                 | \$333.34                  |   |                                    |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 2001.02**

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.).....\$ \_\_\_\_\_
- Amount received this period – unitemized nonmonetary contributions of less than \$100 .....\$ \_\_\_\_\_
- 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 \$** \_\_\_\_\_

\*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  
Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>9/20/2020</u><br>through <u>10/17/2020</u> | <b>CALIFORNIA FORM 460</b> |
|   | Page <u>8</u> of <u>12</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Farfan for City Council 2020

I.D. NUMBER

1427192

| 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) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 9/24/20       | Maravilla for Council 2020, #1415337<br>22123 Clarkdale Ave<br>Hawaiian Gardens, CA 90716    | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Flyer's /Banners                 | \$219.73                  |   |                                    |
| 9/29/20       | Del Rio for City Council 2020, ID 1425690<br>728 W. Edna Place<br>Covina, CA 91722           | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Lowe's Table Saw                 | \$83.12                   |   |                                    |
| 10/02/20      | Del Rio for City Council 2020, ID 1425690<br>728 W. Edna Place<br>Covina, CA 91722           | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Traffic Cones                    | \$115.00                  |   |                                    |
| 10/02/20      | Del Rio for City Council 2020, ID 1425690<br>728 W. Edna Place<br>Covina, CA 91722           | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Supplies                         | \$164.81                  |   |                                    |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 582.66**

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.).....\$ \_\_\_\_\_
- Amount received this period – unitemized nonmonetary contributions of less than \$100 .....\$ \_\_\_\_\_
- 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 \$** \_\_\_\_\_

\*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  
Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>9/20/2020</u><br>through <u>10/17/2020</u> | <b>CALIFORNIA FORM 460</b> |
| Page <u>9</u> of <u>12</u>  | I.D. NUMBER<br>1427192     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Farfan for City 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) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 10/04/20      | Maravilla for Council 2020, #1415337<br>22123 Clarkdale Ave<br>Hawaiian Gardens, CA 90716    | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | In-N-Out Truck                   | \$2,524.71                |   |                                    |
| 10/04/20      | Maravilla for Council 2020, #1415337<br>22123 Clarkdale Ave<br>Hawaiian Gardens, CA 90716    | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Cake                             | \$50.00                   |   |                                    |
| 10/14/20      | Del Rio for City Council 2020, ID 1425690<br>728 W. Edna Place<br>Covina, CA 91722           | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Supplies                         | \$31.34                   |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 2,606.05**

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.).....\$ 5,189.73
- Amount received this period – unitemized nonmonetary contributions of less than \$100 .....\$ \_\_\_\_\_
- 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 \$** 5189.73

\*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 E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|                              |            |                                |
|------------------------------|------------|--------------------------------|
| Statement covers period      |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                         | 09/20/2020 |                                |
| through                      | 10/17/2020 | Page 10 of 12                  |
| NAME OF FILER                |            | I.D. NUMBER                    |
| Farfan For City Council 2020 |            | 1427192                        |

SEE INSTRUCTIONS ON REVERSE

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| West Coast Artwear<br>3841 Catalina St, #B, Los Alamitos, CA 90720  | CMP     |                        | \$2,003.07  |
| Tony Hale<br>417 Emerald St., Redondo Beach, CA 90277               | LIT     |                        | \$1,535.00  |
| Walmart<br>12701 Towne Center Dr., Cerritos, CA 90703               | OFC     |                        | \$407.34    |

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

**SUBTOTAL \$ 3,945.41**

**Schedule E Summary**

- |   |                 |
|---|-----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | \$ 0            |
| 2. Unitemized payments made this period of under \$100.....   | \$              |
| 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.)..... | <b>TOTAL \$</b> |

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>09/20/2020</u><br>through <u>10/17/20</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>11</u> of <u>12</u>    |
|  | I.D. NUMBER<br>1427192         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Farfan for City 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)       | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Philadelphia Insurance<br>One Bala Plaza, Suite 100, Bala Cynwyd PA 19004 | OFC     |                        | \$177.00    |
| West Coast Artwear<br>3841 Catalina St, #B, Los Alamitos, CA 90720        | CMP     |                        | \$1,693.83  |
| Focal Views/Oscar Villafane<br>1422 Cabrillo Park Dr, Santa Ana, CA 92701 | PRO     |                        | \$2,180.00  |
| Coast to Coast Copy<br>18818 Teller Ave, Suite 120, Irvine, CA 92612      | LIT     |                        | \$2,063.81  |
| Coast to Coast Copy<br>18818 Teller Ave, Suite 120<br>Irvine, CA 92612    | LIT     |                        | \$129.39    |

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

**SUBTOTAL \$ 6,244.03**

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period<br>from <u>09/20/2020</u> |  | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>10/17/2020</u>                         |  |                                |
|   |  | Page <u>12</u> of <u>12</u>    |
| NAME OF FILER<br><br>Farfan For City Council 2020 |  | I.D. NUMBER<br><br>1427192     |

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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Coast to Coast Copy<br>18818 Teller Ave, Suite 120, Irvine, CA 9262 | LIT     |                        | \$2,990.87  |
| Victor Farfan<br>12319 213th Street, Hawaiian Gardens, CA 90716     |         | LOAN Repayment         | \$1,100     |
|   |         |                        |             |

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

**SUBTOTAL \$ 4,090.87**

**Schedule E Summary**

|   |                           |
|---|---------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | \$ 14,280.31              |
| 2. Unitemized payments made this period of under \$100.....   | \$ 10.00                  |
| 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.)..... | <b>TOTAL \$ 14,290.31</b> |