

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>10/26/2020</u>	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (323) 884-6758	I.D. NUMBER (if applicable) 1425412	Report No. <u>2</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
10/26/2020	Mailer Cumulative to date total \$1,636.06	818.03

Reason for Amendment _____

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1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Victor Farfan				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

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CITY Compton	STATE CA	ZIP CODE 90221	No. of Pages 3	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Maria Teresa Del Rio				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

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