Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in		Date Stamp	Appropriate and the control of the c	60
(Government Code Sections 64200-64216.5)	Statement covers period from01/01/2014	Date of election if applicable:	DIS JAN 22 PM CITY OF COMM CITY CLER	Page 1 of 5	
SEE INSTRUCTIONS ON REVERSE	through12/31/2014	03/03/2015			
<ul> <li>State Candidate Election Committee</li> <li>Recall</li> <li>(Aiso Complete Part 5)</li> <li>General Purpose Committee</li> <li>Sponsored</li> <li>Small Contributor Committee</li> </ul>	rimarily Formed Ballot Measure Committee Controlled Sponsored Siso Complete Part 6) Crimarily Formed Candidate/ Officeholder Committee Siso Complete Part 7)	2. Type of Statement:  Preelection Statement  Semi-annual Statement Termination Statement (Also file a Form 410 T  Amendment (Explain b	ermination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	
3. Committee mormation	). NUMBER 1373896	Treasurer(s)  NAME OF TREASURER  Yolanda Miranda  MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX) 5211 Washington Blvd., Ste. 2-357		728 W. Edna Place CITY Covina	STATE CA	ZIP CODE AREA CODE/ 91722 (626) 91	
CITY STATE ZIP CO Commerce CA 9004 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	0 (562)685-4589	NAME OF ASSISTANT TREASU	RER, IF ANY		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE	/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS (626)915-6626 / oralial@hotmail.com		OPTIONAL: FAX / E-MAIL ADDR	RESS		
4. Verification  I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California  Executed on 01/22/2015  Executed on Date  Executed on Date  Executed on Date	a that the foregoing is true and correct  By  By	law Mee	Treasurer  poponent or Responsible Officer of S  state Measure Proponent		certify

Officeholder or Candidate Controlled Com	mittee	6.	Primarily Formed Balle	ot Measure Committe	ee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			······································
Oralia Rebollo						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICAE	BLE)	BALLOT NO. OR LETTER	JURISDICTION	I F	SUPPORT
City Council Member: Cityof Commerce				***		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP	Identify the controlling of	icobaldor candidata ar	atata massura	
5211 Washington Blvd., Suite 2-357	Commerce CA	90040	NAME OF OFFICEHOLDER, CAN		State measure	proponent, it an
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your contributions.	u or are primarily formed		OFFICE SOUGHT OR HELD	The state of the s	DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER				1.	
NAME OF TREASURER	CONTROLLED COMMIT	7.	Primarily Formed Can	didate/Officeholder (	Committee Li	ist names of
	YES N	0	officeholder(s) or candidate(s	s) for which this committee	is primarily form	red.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE SC	DUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA CO	DDE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE SC	OUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEROR PER OR	AND DATE: OFFICE OF	NIOUT OR LIEUR	
			NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE SC	DUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMIT		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE SC	DUGHT OR HELD	<b>—</b>
COMMITTEE ADDRESS OTDEET ADDRESS	YES N	<u> </u>				SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	ROX)		***************************************			
CITY STATE ZIP	CODE AREA CO	DE/PHONE	<b>-</b>		_	
+···-			Atta	ch continuation sheets i	r necessary	

# **Campaign Disclosure Statement Summary Page**

Type or print in ink. Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period **CALIFORNIA FORM** 01/01/2014 from \_ through \_\_\_\_\_12/31/2014 Page \_\_\_3 \_\_\_ of \_\_\_5 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Oralia Rebollo for Council 2015 1373896 Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR

	(FROM ATTACHED SCHEDULES)		CALENDAR YEAR TOTAL TO DATE	Running in Both the State Primary and General Elections
1. Monetary Contributions	\$ 2,849.00	\$	2,849.00	
2. Loans Received Schedule B, Line 3	0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 2,849.00	\$	2,849.00	20. Contributions Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3	0.00		0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 2,849.00	\$	2,849.00	Made \$ \$
Expenditures Made				Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 1,389.00	\$	1,389.00	Candidates
7. Loans Made Schedule H, Line 3	0.00		0.00	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 1,389.00	\$	1,389.00	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment	0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 1,389.00	\$	1,389.00	\$
Current Cash Statement		T.		<i>J</i> \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 0.00	To	o calculate Column B. add	
13. Cash Receipts	2,849.00	ar	mounts in Column A to the	
14. Miscellaneous Increases to Cash	0.00		orresponding amounts om Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above	1,389.00		port. Some amounts in olumn A may be negative	roported in Coralin B.
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,460.00	fig	gures that should be	
If this is a termination statement, Line 16 must be zero.		p€	ubtracted from previous eriod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	fo	e first report being filed or this calendar year, only arry over the amounts	
Cash Equivalents and Outstanding Debts			om Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$ 0.00			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00			FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

www.netfile.com

# Schedule A **Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A Statement covers period **CALIFORNIA** 

from \_\_\_\_01/01/2014 **FORM** 

through 12/31/2014 Page \_\_\_\_4 \_\_\_ of \_\_\_5 LD. NUMBER

Oralia Rebollo for Council 2015 1373896 AMOUNT IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CALENDAR YEAR TO DATE RECEIVED CODE \* (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 12/26/2014 Joseph Aquilar Jr. Retired XIND 500.00 500.00 P2015 \$500.00 2547 Leo Ave. N/A ПСОМ Los Angeles, CA 90040 Потн □ PTY □scc 12/10/2014 CalMet Services, Inc. 1,000.00 1,000,00 P2015 \$1,000.00 7202 E Petterson Ln ПСОМ Paramount, CA 90723 X OTH PTY SCC 12/26/2014 Cecelia Annelle Grajeda Retired [X]IND 250.00 250.00 P2015 \$250.00 2547 Leo Ave. □ COM Los Angeles, CA 90040 OTH □ PTY □scc 12/10/2014 John's Sweeper Repairs, Inc. dba John's 500.00 500.00 P2015 □IND \$500.00 Fueling Team Псом 11914 Fron St., Ste. B Norwalk, CA 90650 **XIOTH** □ PTY □scc 12/31/2014 Patrick O Malley Mahoney West Coast Arborist 500.00 500-00 P2014 XIND \$500.00 220 E. Via Burton Chief Executive Officer ПСОМ Anaheim, CA 92806-1221 ПОТН PTY

**SUBTOTALS** 

2,750.00

#### Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ......\$ 2,750.00 2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$

SCC

Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 2,849.00 \*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

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E	Type or print in ink.			Stat	ement covers period		SCHEDULE		
Payments Made	•	Amounts may be rounded to whole dollars.			01/01/2014	CALIFO FOR			
SEE INSTRUCTIONS ON REVERSE				throug	h 12/31/2014	_ Page	5 of5		
NAME OF FILER						I.D. NUN	IBER		
Oralia Rebollo for Council 2015						137389	16		
CODES: If one of the following codes accurately describes	s the payment, yo	ou may ei	nter the code. Ot	therwise, des	cribe the payment.				
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member commeetings an OFC office exper PET petition circu phone banks POL polling and spostage, del	munications d appearan uses lating survey rese ivery and n	s ces	RAD ra RFD re SAL ca TEL t.V TRC ca TRS st TSF tra VOT vo	dio airtime and production turned contributions ampaign workers' salaries or cable airtime and production and date travel, lodging, an aff/spouse travel, lodging, ansfer between committee oter registration formation technology cost	s oduction costs nd meals , and meals es of the san	ne candidate/sponso		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION O	F PAYMENT		AMOUNT PAID		
Calderon Graphics 125 Lime Street Inglewood, CA 90301		LIT	Christmas card	ds			750.0		
City of Commerce 2535 Commerce Way Los Angeles, CA 90040		FIL					489.0		
Petty Cash 5211 Washington Blvd., Ste. 2-357 Commerce, CA 90040		OFC					100.0		
* Payments that are contributions or independent expenditures n	nust also be summ	arized on	Schedule D.		SI	UBTOTAL\$	1,339.0		
Schedule E Summary									
Itemized payments made this period. (Include all Schedule	E subtotals.)		Y7-4710000000000000000000000000		**************	\$	1,339.00		
2. Unitemized payments made this period of under \$100						•			
3. Total interest paid this period on loans. (Enter amount from							0.00		

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	ink.	Date Stamp \	F	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2015through01/17/2015	Date of election if applicable: (Month, Day, Year)  03/03/2015	2015 JAN 22 P CITY OF CON CITY CL	Page .	of For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	mplete Parts 1, 2, 3, and 4.  rimarily Formed Ballot Measure committee ) Controlled ) Sponsored liso Complete Part 6)  rimarily Formed Candidate/ ifficeholder Committee lso Complete Part 7)	2. Type of Statement:      Preelection Statement     Semi-annual Statement     Termination Statement     (Also file a Form 410 To     Amendment (Explain b)	•	Quarterly State Special Odd-Y Supplemental Statement - At	ear Report
3. Committee mormation	. NUMBER .373896	Treasurer(s)  NAME OF TREASURER  Yolanda Miranda  MAILING ADDRESS  728 W. Edna Place CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP CO  Commerce CA 9004  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B  CITY STATE ZIP CO  OPTIONAL: FAX / E-MAIL ADDRESS (626) 915-6626 / oralial@hotmail.com	0 (562)685-4589 OX	COVINA  NAME OF ASSISTANT TREASUR  MAILING ADDRESS  CITY  OPTIONAL: FAX / E-MAIL ADDR	STATE	91722 ZIP CODE	(626) 915-7635  AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California  01/22/2015  Executed on  Date  Executed on  Date  Executed on  Date	that the foregoing is true and correct.  By	' 1	Treasurer ponent or Responsible Officer of Sp tate Measure Proponent	DONSOF	and complete. I certify

Officeholder or Candidate Controlled Comm	mittee		6.	Primarily Formed Ballot	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		***************************************		NAME OF BALLOT MEASURE				
Oralia Rebollo								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABL	E)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
City Council Member: Cityof Commerce								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP		Identify the controlling office	eholder, car	ndidate, or state	measure i	proponent, if any,
5211 Washington Blvd., Suite 2-357	Commerce CA	90040		NAME OF OFFICEHOLDER, CANE		***************************************		
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your co	or are primarily formed t			OFFICE SOUGHT OR HELD		DIS	STRICT NO. I	FANY
NAME OF TREASURER	CONTROLLED COMMITT		7.	Primarily Formed Cand officeholder(s) or candidate(s)				
6-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	YES NO			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT	L VB HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	вох)			WANTE OF OFFICE PER ON OF	NIODATE	071102 3000111	ONTILLE	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA COD	E/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT	FOR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT	FOR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITT			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)							
CITY STATE ZIP	CODE AREA COD	E/PHONE		Attacl	n continuatio	on sheets if nece	essary	

# Campaign Disclosure Statement Summary Page

4. Nonmonetary Contributions ...... Schedule C, Line 3

Type or print in ink.

Amounts may be rounded to whole dollars.

Column A

TOTAL THIS PERIOD

(FROM ATTACHED SCHEDULES)

0.00

1,460.00

0.00

Stateme	ent covers period	CALI	FORI	NIA /	A	7
from	01/01/2015	F(	ORM		79	y
through	01/17/2015	Page _	3	of	8	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Oralia Rebollo for Council 2015

Contributions Received

	1373896
Calendar Year Sum	mary for Candidates
Running in Both th	e State Primary and
Ganaral Flactions	•

I.D. NUMBER

General Elections

1/1 through 6/30 7/1 to Date

20. Contributions
Received \$ \_\_\_\_\_\_\$

21. Expenditures
Made \$ \_\_\_\_\_\_\$

E	Expenditures Made									
6.	Payments Made Schedule E, Line 4	\$	1,449.51	\$	1,449.51					
7.	Loans Made Schedule H, Line 3		0.00		0.00					
8.	SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	1,449.51	\$	1,449.51					
9.	Accrued Expenses (Unpaid Bills)		226.87		226.87					
10	Nonmonetary Adjustment		0.00		0.00					
11	TOTAL EXPENDITURES MADE	\$	1,676.38	\$	1,676.38					

# Expenditure Limit Summary for State Candidates

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

(mm/dd/	уу)	
_		

Date of Election

Total to Date

SUMMARY PAGE

### **Current Cash Statement**

<u> </u>			
13. Cash Receipts	Column A, Line 3 above		2,000.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4		575.00
15. Cash Payments	Column A, Line 8 above	_	1,449.51
16. ENDING CASH BALANCE Add Lines 12 + 13 +	14, then subtract Line 15	\$	2,585.49
If this is a termination statement, Line 16 must be zero			
17. LOAN GUARANTEES RECEIVED			0.00

19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$

12. Beginning Cash Balance .................................. Previous Summary Page, Line 16 \$ \_\_\_\_\_\_

Cash Equivalents and Outstanding Debts

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).

To calculate Column B, add

Column B

CALENDAR YEAR

TOTAL TO DATE

2,000.00

2,000.00

2,000.00

0.00

0.00

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

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars

SCHEDULE A

Statement covers period **CALIFORNIA** to whole dollars. from \_\_\_01/01/2015 **FORM** through <u>01/17/2015</u> Page 4 of 8 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Oralia Rebollo for Council 2015 1373896 **AMOUNT** IF AN INDIVIDUAL, ENTER CUMULATIVE TO DATE PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR RECEIVED THIS OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CALENDAR YEAR TO DATE RECEIVED CODE \* (IF SELF-EMPLOYED, ENTER NAME **PERIOD** (JAN. 1 - DEC, 31) (IF REQUIRED) OF BUSINESS) 01/13/2015 Catherine Justman XIND Executive Officer 1,000.00 1,000.00 P2015 \$1,000.00 25408 Prado de la Felicidad Justman Packaging & ПСОМ Calabasas, CA 91302 Display □ OTH □ PTY SCC 01/13/2015 Justman Packaging & Display 1,000.00 1,000.00 P2015 \$1,000.00 5819 Telegraph Rd. □ COM Los Angeles, CA 90040 X OTH □ PTY □scc IND COM OTH PTY □scc IND □COM **∏OTH** PTY □scc IND COM OTH PTY SCC SUBTOTAL\$ 2,000.00 Schedule A Summary \*Contributor Codes 1. Amount received this period – itemized monetary contributions. IND - Individual (Include all Schedule A subtotals.) COM - Recipient Committee 2,000.00 (other than PTY or SCC) 2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$ OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee 3. Total monetary contributions received this period. 

SEE INSTRUCTIONS ON REVERSE  SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  CAPITAL SEE INSTRUCTIONS ON REVERSE  NAME or FILER  NAME or	Schedule E	Type or print in ink. Amounts may be rounded to whole dollars.			Statem	ent covers period		SCHEDULE	
NAME OF FILER  Oralia Rebollo for Council 2015  CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  CAP campaign parapheranialmise.  ABR member communications  MIRE member communications  RAD production costs  RAD radia airline and production costs  returned contributions  returned contributions  FIL candidate filing/ballot fees  PAD fundrating events  PAD fundrating events  NO independent expenditure supporting/opposing others (explain)  PAD fundrating events  PAD fundrating events  PAD fundrating events  NO independent expenditure supporting/opposing others (explain)  PAD fundrating events  PAD f	Payments Made					•			
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  CMF campaign paraphemalia/mise.  CMS campaign consultants  MIC meetings and appearances  MIC code donations  MIC meetings and appearances  MIC compaign consultants  MIC foffice expenses  SAL campaign workers' salaries  CVC civic donations  MIC phone banks  TRC candidate travel, lodging, and meals  TRS startifyspouse travel, lodging, and meals  TRS startifyspouse travel, lodging, and meals  MIC campaign interature and mailings  MIC production costs  TRS startifyspouse travel, lodging, and meals  TRS startifysmuse travel, lodging, and meals  TRS st					through	01/17/2015	Page5	of8	
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  OMP campaign paraphernalia/misc.  OMS campaign paraphernalia/misc.  OMS campaign nonmonetary)*  OFC office expenses  SAL campaign workers' salaries  CVC vice donations  FET petition circulating  FET pe	NAME OF FILER						I.D. NUM	BER	
CMP campaign paraphermalia/misc.  MEX campaign consultants  SCR Campaign consultants  MEX member communications  MEX campaign consultants  TEL tv or cable airline and production costs  MEX campaign workers' salaries  TEL tv or cable airline and production costs  MEX campaign workers' salaries  TEL tv or cable airline and production costs	Oralia Rebollo for Council 2015						137389	6	
NAME AND ADDRESS OF PAYEE (IFCOMMITTER ALSO INTERILD NUMBER)  CODE OR DESCRIPTION OF PAYMENT  AMOUNT F  CODE OR DESCRIPTION OF PAYMENT  AMOUNT F  Food for kick-off  COSTCO 12324 HOxie Ave. Norwalk, CA 90650  Michaele 4697 Firestone Blvd. South Gate, CA 90280  * Payments that are contributions or independent expenditures must also be summarized on Schedule D.  SUBTOTAL\$  Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E subtotals.)  S 1,089	CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and POS postage, dei PRO professional	nmunications Id appearance Ises Idating Is Idating Is Idating Is Idating Idati	ces arch essenger services	RAD radic RFD retur SAL camp TEL t.v. o TRC cand TRS staff, TSF trans VOT votel	a airtime and production ned contributions paign workers' salaries or cable airtime and producted idate travel, lodging, and spouse travel, lodging, and fer between committees registration	luction costs i meals and meals s of the sam	ne candidate/sponsor	
12324 Hoxie Ave. Norwalk, CA 90650  Costco 12324 Hoxie Ave. Norwalk, CA 90650  Michaels 4687 Firestone Blvd. South Gate, CA 90280  * Payments that are contributions or independent expenditures must also be summarized on Schedule D.  Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E subtotals.)			CODE	OR D			(memor, c	AMOUNT PAID	
12324 Hoxie Ave. Norwalk, CA 90650  Michaels 4687 Firestone Blvd. South Gate, CA 90280  * Payments that are contributions or independent expenditures must also be summarized on Schedule D.  Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E subtotals.)  \$ 1,089	12324 Hoxie Ave.		MTG	Food for kick-o	off			275.0	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.  * Substitution of independent expenditures must also be summarized on Schedule D.  * Substitution of independent expenditures must also be summarized on Schedule D.  * Substitution of independent expenditures must also be summarized on Schedule D.  * Substitution of independent expenditures must also be summarized on Schedule D.  * Substitution of independent expenditures must also be summarized on Schedule D.  * Substitution of independent expenditures must also be summarized on Schedule D.  * Substitution of independent expenditures must also be summarized on Schedule D.  * Substitution of independent expenditures must also be summarized on Schedule D.  * Substitution of independent expenditures must also be summarized on Schedule D.  * Substitution of independent expenditures must also be summarized on Schedule D.  * Substitution of independent expenditures must also be summarized on Schedule D.  * Substitution of independent expenditures must also be summarized on Schedule D.  * Substitution of independent expenditures must also be summarized on Schedule D.  * Substitution of independent expenditures must also be summarized on Schedule D.  * Substitution of independent expenditures must also be summarized on Schedule D.  * Substitution of independent expenditures must also be summarized on Schedule D.  * Substitution of independent expenditures must also be summarized on Schedule D.  * Substitution of independent expenditures must also be summarized on Schedule D.  * Substitution of independent expenditures must also be summarized on Schedule D.  * Substitution of independent expenditures must also be summarized on Schedule D.  * Substitution of independent expenditures must also be summarized on Schedule D.  * Substitution of independent expenditures must also be summarized on Schedule D.  * Substitution of independent expenditures must also be summarized on Schedule D.	12324 Hoxie Ave.		OFC			1		314.1	
Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1,089	4687 Firestone Blvd.		OFC					41.0	
Itemized payments made this period. (Include all Schedule E subtotals.)  \$ 1,089	* Payments that are contributions or independent expenditures n	nust also be summ	arized on \$	Schedule D.		SU	BTOTAL\$	630.2	
	Schedule E Summary		***************************************				***************************************		
	1. Itemized payments made this period. (Include all Schedule	E subtotals.)		********************	,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****************************	\$	1,089.86	
,									
3. Total interest poid this posied on leans. (Enter support from Orbert L. D. D. 14. O. L.									

# Schedule E

Type or print in ink.

(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from01/01/2015	FORM 400
SEE INSTRUCTIONS ON REVERSE		through	Page 6 of 8
NAME OF FILER			I.D. NUMBER
Oralia Rebollo for Council 2015			1373896
CODES: If one of the following codes accurate	ely describes the payment, you may enter the code	. Otherwise, describe the paymen	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	on 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 candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events polling and survey research POL TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* ND postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
OFC		74.70
MTG	Kick-off	125.00
OFC		42.74
OFC		21.88
OFC		195.27
	OFC OFC	OFC MTG Kick-off OFC

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 459.59

Schedule	F		
<b>Accrued</b>	<b>Expenses</b>	(Unpaid	Bills)

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460		
from 01/01/2015	FORM 400		
through 01/17/2015	Page7 of8		
	I.D. NUMBER		

1373896

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Oralia Rebollo for Council 2015

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 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 candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* IND postage, delivery and messenger services transfer between committees of the same candidate/sponsor legal defense LEG professional services (legal, accounting) VOT voter registration

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
Diaz for Council 2015 (ID# 1373928) 5027 Nobel Street Los Angeles, CA 90040	OFC Reimbursement for office supplies and meals for volunteers	0.00	226.87	0.00	226.87

\* Payments that are contributions or independent expenditures must also be **SUBTOTALS \$** 0.00\$ 226.87\$ 0.00\$ summarized on Schedule D. 226.87

#### Schedule F Summary

1. 1	lotal accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for	
а	accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	226.87

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 

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 \$ 226.87

May be a negative number

Schedule	1	There are no but to tools		SCHEDULE	
Miscellaneous Increases to Cash		Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 160	
			from 01/01/2015	FORM 400	
SEE INSTRUCTIO	NS ON REVERSE		through 01/17/2015	Page 8 of 8	
NAME OF FILER				I.D. NUMBER	
Oralia Rebol	llo for Council 2015			1373896	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
01/15/2015	Diaz for Council 2015 (ID# 1373928) 5027 Nobel Street Los Angeles, CA 90040	Reimbursement fo	or campaign expenses	575.0	
Attach add	ditional information on appropriately labeled continuation sheets.		SUBTOTAL	<b>\$</b> 575.0	
Schedule	I Summary				
1. Itemized	increases to cash this period.	***************************************	\$ 575.00		
2. Unitemize	ed increases to cash of under \$100 this period	***************************************	\$ 0.00		
3. Total of a	Il interest received this period on loans made to others. (Sch	edule H, Column (e).)	\$0.00		
4. Total miss	cellaneous increases to cash this period. (Add Lines 1, 2, a	nd 3. Enter here and on the			

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575.00