Recipient Committee Type or print in ink. Date Stamp CALIFORNIA Campaign Statement 200 1/02 Cover Page FORM (Government Code Sections 84200-84216.5) Date of election if applicable: Statement covers period (Month, Day, Year) 7/1/14 OTTY OF COMMERCE from For Official Use Only 12/31/14 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Officeholder, Candidate Controlled Committee Ballot Measure Committee Quarterly Statement () State Candidate Election Committee Primarily Formed Semi-annual Statement Special Odd-Year Report () Controlled () Recall Termination Statement Supplemental Preelection (Also Complete Part S) Sponsored Statement - Attach Form 495 Amendment (Explain below) (Auso Complete Part 6) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee (i) Small Contributor Committee (Also Complete Part 7) (Political Party/Central Committee LD. NUMBER Treasurer(s) 3. Committee Information 1334459 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Denise M. Robles Committee to Re-elect Denise Robles to City Council 2015 MAILING ADDRESS 3539 Travis Ave AREA CODE/PHONE CITY STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE CA 90040 562-822-9179 Commerce 3539 Travis Ave NAME OF ASSISTANT TREASURER, IF ANY CITY ZIP CODE AREA CODE/PHONE 90040 562-822-9179 CA Commerce MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS STATE ZIP CODE AREA CODE/PHONE ZIP CODE AREA CODE/PHONE CITY OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS dmrobles@yahoo.com dmrobles@yahoo.com 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 _____ Signature of Treasurer or Assistant Treasurer Executed on _____ Sensere of Convoling Officerables Convolide, State Macro de Proporant of Responsible Officer of Sporan Executed on ___ Signature of Controlling Officeholder, Carolidate, State Measure Progonent Executed on _____ FPPC Form 460 (June/01) Suprature of Coverolling Official pages, Candedate, State Measure Propored

FPPC Toll-Free Helpline: 865/ASK-FPPC

State of California

COVER PAGE

Officeholder or Candidate Controlled C	Committee	6.	Ballot Measure Comm	rittee			
NAME OF OFFICEHOLDER OR CANDIDATE	vonalens von autoritario en entre en e		NAME OF BALLOT MEASURE		gunge in the entries and entries the entries of t		region ne est plumegra per lega mega proposition france l'against au dys deligible (dans limite de 95 en 1800 f. Co
Denise M. Robles			Jahren and the state of the sta	en de la companya de		ar 10 Anii 19 Anii 19 Anii 19 Anii 1	e walijan ej janej lanej se en klein lanej e tidan ej este en jaron kleine e kleiniske klein en en en en servi
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT OPPOSE
Council Member							en e
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE			Identify the controlling o	fficeholder, ca	indidate, or s	tate measure	proponent, if any.
3539 Travis Ave Commerce CA 90040			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT	ammarkaan seleperkaan karekekeen alam ankara ankara kehistorin	gaggannya nyang yang gang yang mengungkan Sandami Sanda S
Related Committees Not Included in the not included in this statement that are controlled contributions or make expenditures on behalf of y	by you or are primarily formed to receive		OFFICE SOUGHT OR HELD	and design and the second seco	vannes avveniment et mission et mener revolution de financier	DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER	Nage 2	. Primarily Formed Co	nmittee //	t names of offi	iceholdaris) or i	candidate(s) for
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO	*.	which this committee is pri	marily formed.			
COMMITTEE ADDRESS STREET ADDRESS (N	O.P.O. BOX)		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.O. NUMBER		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
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CITY STATE	ZIP CODE AREA CODE/PHONE		Att	ach continua	tion sheets if	necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement	covers period	- A 1 1 F 7	-1117		
from	7/1/14	FOR	VIII.	Hol	J
through	12/31/14	Page3	of	7	
 *		I.D. NUMB	ER		
		100/450			

SUMMARY PAGE

Denise M. Robles 1334459 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TODATE **General Elections** 2460.00 3135.00 1. Monetary Contributions Schedule A, Line 3 \$ _____ 1/1 through 6/30 7/1 to Date 1483.65 1996.86 2. Loans Received Schedule B, Une 3 3943.65 5131.86 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ Received Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 3943.65 5131.86 Made TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditures Made** Expenditure Limit Summary for State 2215.37 Candidates 0 22. Cumulative Expenditures Made* 2056.83 2215.37 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ Iff Subject to Voluntary Expenditure Limit) Total to Date Date of Election (mm/dd/yy) 2215.37 2056.83 **Current Cash Statement** 536.35 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _____ To calculate Column B, add 3943.65 amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in 2056.83 Column A may be negative 2423.17 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ *Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ 1996.86 FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A **Monetary Contributions Received**

3. Total monetary contributions received this period.

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

SCHEDULE A Statement covers period CALIFORNIA / C/

**				from7/	1/14	FO	RM HUU	
SEE INSTRUCTIO	INS ON REVERSE			through12	/31/14	Page_	4 of	25
NAME OF FILER Denise M. F		entrette andere et en			Annual trick for fundamental for fundamental and Annual fundament with decimal and the second section of the second section and the section and the second section and the second section and the second section and the section and the second section and the section	1.D. NUM 133445	BER	*****
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER IF SELF-EMPLOYED, ENTER NAME OF RUSNIESS.	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	950
12/15/14	Sergio Calderon 4529 E. 56th St Maywood CA 90270	MIND COM OTH PTY SCC	Teacher LAUSD	250.00	250	0.00	250.00)
12/20/14	Roger Bagne 5444 E. Puebo Crt Commerce CA 90040	▼IND □COM □OTH □PTY □SCC	Retired	200.00	20	0.00	200.00)
12/29/14	Cal Met Services P O Box 2137 Paramount, CA 90723	□IND □COM INOTH □PTY □SCC		1000.00	100	0.00	1000.00)
12/29/14	Bulletin Displays LLC 3127 E South Street - B Long Beach CA 90805	□IND □COM XIOTH □PTY □SCC		900.00	90	0.00	900.00)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						- Companie
		e de sales en la descripción de sales anticipados de sales al sales de sales anticipados de sales de sales anticipados de sales d	SUBTOTAL					
Amount re (Include al	A Summary received this period – contributions of \$100 or more. Il Schedule A subtotals.)			2350.00 110.00	IND COM OTH		nt Committee nan PTY or SCC)	And the first and a special of the state of
	stany contributions received this period						rany ontributor Committee	VANCOUNTRACT

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

2460.00

SCHEDULE B - PART 1 Type or print in ink. Schedule B - Part 1 Statement covers period Amounts may be rounded CALIFORNIA Loans Received to whole dollars. 7/1/14 FORM from 12/31/14 Page __ through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1334459 Denise M. Robles OUTSTANDING (9) (%) OUTSTANDING IF AN INDIVIDUAL, ENTER CUMULATIVE FULL NAME, STREET ADDRESS AND ZIP CODE AMOUNT INTEREST ORIGINAL AMOUNT PAID OCCUPATION AND EMPLOYER BALANCE AT BALANCE RECEIVED THIS OF LENDER PAID THIS AMOUNT OF CONTRIBUTIONS OR FORGIVEN OF SELF-EMPLOYED, ENTER HAME OF BUSINESS) BEGINNING THIS **CLOSE OF THIS** (IF COMMITTEE, ALSO ENTER LO. NUMBER) PERIOD PERIOD LOAN TO DATE THIS PERIOD PERIOD PERIOD_ CALENDAR YEAR PAID Denise M. Robles Self employed 1483.65 1920 1996.86 Mobile Notary 3539 Travis Ave FORGIVEN PER ELECTION** Commerce CA 90040 2011 513,21 1483.65 DATE INCURRED DATE DUE COM OTH PTY SCC CALENDAR YEAR PAID 7615 FORGIVEN PER ELECTION ** DATE INCURRED DATE DUE ☐ COM ☐ OTH ☐ PTY ☐ SCC TI IND CALENDAR YEAR [T] PAID FORGIVEN PER ELECTION "* OATE INCURRED DATE DUE TO IND TOOM TOTH TIPTY TISCE 0 1483.65 \$ 0 5 1996.86 \$ SUBTOTALS \$ (Enter (e) on Schedule B Summary Schedule El Line 3) 1483.65 1. Loans received this period *Amounts forgiven or paid by (Total Column (b) plus unitemized loans less than \$100.) another party also must be reported on Schedule A.

> FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

" If required.

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

Enter the net here and on the Summary Page, Column A, Line 2.

2. Loans paid or forgiven this period\$

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 1483.00

Schedule E	Type or print in ink.	Stateme	nt covers period	SCHE	2000 M
Payments Made	Amounts may be rounded to whole dollars.	from	7/1/14	california 4 (
SEE INSTRUCTIONS ON REVERSE		through _	12/31/14	Page6of7	
NAME OF FILER				I.D. NUMBER	
Denise M. Robles				1334459	
CODES: If one of the following codes accurate	ly describes the payment, you may enter the code.	Otherwise, describ	e the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member communications MTG meetings and appearances		airtime and production ed contributions	costs	

CVC civic donations PET FIL candidate filing/ballot fees PHO FND fundraising events POL IND independent expenditure supporting/opposing others (explain)* POS LEG legal defense PRO		POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting)		TEL TRC TRS TSF VOT	TRC candidate travel, lodging, and meals TRS staft/spouse travel, lodging, and meals		
	ADDRESS OF PAYEE ALSO ENTER LO, NUMBER)		CODE	OR .	DESCRIPTIC	IN OF PAYMENT	AMOUNT PAID
Red Shirt Printing 9122 Norwalk Blvd			LIT		and and the second seco		368.91

Santa Fe Springs CA

Chris Villa
11127 Bonwood Road, Apt 5 1/2,
El Monte, California 91732

Office Depot

LIT 150.11

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

SUBTOTAL\$

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 1439.14
2. Unitemized payments made this period of under \$100	\$ 597.69
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.)	\$ 2036.83

Schedule E

	LE E (CON	(1)
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Continuation Sheet)	Amounts may be rounded	Stateme	ent covers period	california 460		
Payments Made	to whole dollars.	from	7/1/14	FORM	4UU	
EE INSTRUCTIONS ON REVERSE		through	12/31/14	Page 7 o	7	
AME OF FILER			en kara kara kara mata kara mata da kara kara kara kara kara kara kara	LO. NUMBER	and an all and a series of the series of	
Denise M. Robles				1334459		
ONES. If one of the following codes accur	rately describes the navment, you may enter the code	e Otherwise desi	cribe the paymen			

ND independent expenditure supporting/opposing others (explain)* POS postage, deliv		munications I appearances ses ating urvey research very and messenger se	cations RAD radio airtime and production co pearances RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produc TRC candidate travel, lodging, and n		: ame candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
AMI Grafics 2330 S Atlantic Blvd Commerce CA 90040		СМР			169.73

2330 S Atlantic Blvd Commerce CA 90040	CMP	169.73
		. The STATE OF THE STATE AND ADDRESS A

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

SUBTOTAL \$

169.73

Recipient Committee				COVER PAGE
Campaign Statement Cover Page Government Code Sections 84200-84216.5)	Type or print in		22 PH 5: 22	CALIFORNIA 460 2001/02 FORM
	Statement covers period from1/1/2015	Date of election if applicable: (Month, Day, Year) CITY (F COMMERCE Y CLERK	Page 1 of 8 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through1/17/15	03/03/2015		
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
✓ Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Ballot Measure Committee Primarily Formed Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain below)	☐ Special ☐ Suppler	ly Statement Odd-Year Report nental Preelection ent - Attach Form 495
3. Committee Information	I.D. NUMBER 133459	Treasurer(s)	<u></u>	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE Committee to Re-elect Denise Robles to City		Denise M. Robles MAILING ADDRESS 3539 Travis Ave		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP COD	
	CODE AREA CODE/PHONE 040 562-822-9179	Commerce NAME OF ASSISTANT TREASURER, IF	ANY CA 90040	562-822-9179
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.C	D. BOX	MAILING ADDRESS		
CITY STATE ZIP	CODE AREA CODE/PHONE	СІТҮ	STATE ZIP COD	E AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS dmrobles@yahoo.com		OPTIONAL: FAX / E-MAIL ADDRESS	**************************************	
I have used all reasonable diligence in preparing and rev certify under penalty of perjury under the laws of the State Executed on	ate of California that the foregoing is true		r	hedules is true and complete. 1
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Meas	,	_
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Meas	sure Proponent	FPPC Form 460 (June/01

Recipient Committee Campaign Statement Cover Page — Part 2

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	DRM	A 4	161	
	JKIVI			
Page	2	of	8	

Officeholder or Candidate Controlled Commit	tee	6.	Ballot Measure Commi	ttee			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Denise M. Robles							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N]	SUPPORT OPPOSE
Council member			-				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	y state zip		Identify the controlling offi	ceholder, car	ndidate, or sta	te measure p	proponent, if any.
3539 Travis Ave Commerce CA 90040	······································		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	r are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. II	FANY
COMMITTEE NAME	I.D. NUMBER		<u> </u>		···		
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO	7.	Primarily Formed Com which this committee is prima		names of office	eholder(s) or c	andidate(s) for
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO.	x)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CC	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUG	OHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUG	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	X)				<u> </u>		
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attac	ch continuatio	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

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| Statement covers period | 1/1/2015 | CALIFORNIA | 460 | FORM | CALIFORNIA | 460 | FORM | FO

Denise M. Robles Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 6600.00 1. Monetary Contributions Schedule A, Line 3 \$ ___ 1/1 through 6/30 7/1 to Date 1996.86 3465.00 8596.86 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ ____ Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 3465.00 8596.86 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ **Expenditures Made Expenditure Limit Summary for State** 3930.25 6. Payments Made Schedule E, Line 4 \$ Candidates 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 1714.88 3930.25 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) Total to Date Date of Election 0 (mm/dd/yy) 1714.88 3930.25 **Current Cash Statement** 2423.17 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ______ To calculate Column B, add 3465.00 amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash Schedule I. Line 4 from Column B of your last report. Some amounts in 1714.188 Column A may be negative 4173.29 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only *Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 1996.86 FPPC Form 460 (June/01) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ ____ FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A

Type or print in ink.

SCHEDULE A

Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE			s may be rounded whole dollars.	Statement covers period 1/1/2015		california 460			
						Page	of8		
NAME OF FILER						1.D. NU	IMBER		
Denise M. F	Robles					13344	159		
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 CALENDAR N (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)		
1/3/15	Phillip Gallardo 1025 Garfield Ave S Pasadena, CA	☑IND □COM □OTH □PTY □SCC	Minister Cornerstone Celebration	100.00	100.00		100.00		
1/3/15	Sergio Alvarado 8501 Los Coyotes Dr Buena Park CA 90621	IND COM OTH PTY SCC	Detective City of LA	100.00	100.00		100.00		100.00
1/3/15	Desiree Portillo-Rabinov 4868 Sunset Ave La Crescenta CA 91214	IND COM OTH PTY	Transportation Manager LA City TA	100.00	100.00		100.00		
1/3/15	Joanna Flores 4931 Jillson St Commerce CA 90040	IND COM OTH SCC	Counselor HS2 Academy	100.00	100.00		100.00		
1/3/15	Richard Salazar Jr Artesia CA 90702	MIND COM OTH PTY SCC	Self-Employed Consultant	100.00	0.00 100.0		100.00		
· ·			SUBTOTAL	\$ 500.00					
1. Amount re	A Summary eceived this period – contributions of \$100 or more. all Schedule A subtotals.)		\$	3350.00	IND				
2. Amount re	eceived this period – unitemized contributions of less th	nan \$100	\$	115.00		H → Öther ′ – Politica			
3. Total mon (Add Line	etary contributions received this period. es 1 and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1.) TOTAL \$	3465.00		S—Small (Contributor Committee		

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)
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CALIFORNIA

FORM

Statement covers period

from.

1/1/2015

NAME OF FILER Denise M. R	Robles			through 1/	17/15	Page . I.D. NL 1334	MBER	
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
1/6/15	Nationwide Environmental Services 11914 Front St Norwalk, CA 90650	☐IND ☐COM IXOTH ☐PTY ☐SCC		500.00	500	0.00	500.0	0
1/7/15	Justman Packaging 5819 Telegraph Rd Commerce, CA 90040	□IND □COM INOTH □PTY □SCC		1,000.00	1,000	0.00	1,000.0	10
1/8/15	Andrew Cartwright 2618 6th St Santa Monica CA 90405	IND COM OTH PTY SCC		100.00	100	0.00	100.0	 O
1/17/15	Chalmers Corporation 7901 Crossway Dr Pico Rivera, CA 90660	□IND □COM X OTH □ PTY □SCC		1,000.00	1,000	0.00	1,000.0	0
1/17/15	Qualex Inc 3541 Union Pacific Ave Los Angeles, CA 90023	□IND □COM X OTH □PTY □SCC		250.00	250	0.00	250.0	0
	SUBTOTAL\$ 2850.00							

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 1

Type or print in ink.

SCHEDU	JLE	B-	PΑ	RT	1
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Schedule B – Part 1 Loans Received		ounts may be ro to whole dollar	unded		Statement cov	ers period /2015	california 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through1	/17/15	Page6	of8	
Denise M. Robles							1334459		
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 PAIC OR FORGIVEI THIS PERIOC	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Denise Robles 3539 Travis Ave Commerce CA 90040	Self-employed Mobile Notary	1996.86	0	PAID S 0 FORGIVEN	s 1996.86	O RATE	s 1920 2011	\$ 2403 PER ELECTION**	
TENT IND □ COM □ OTH □ PTY □ SCC		\$ 1990.00	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
† IND		\$SUBTOTALS	\$\$	PAID S FORGIVEN S PAID FORGIVEN S SFORGIVEN S SFORGIVEN	DATE DUE	RATE % RATE \$% RATE	\$ DATE INCURRED \$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION ** \$ CALENDAR YEAR \$ PER ELECTION ** \$ \$	
Schedule B Summary						(Enter (e) on Schedule E. Line 3)			
 Loans received this period	s less than \$100.) D paid or forgiven.) t are also itemized on Sche	dule A.)		\$	0 0 (May be a negative number)		another part	orgiven or paid by y also must be Schedule A.	
† Contributor Codes IND – Individual COM – Recipient Committee (- Other PTY - F	Political Party	SCC – Small Co	ontributor Committee	FPPC T		orm 460 (June/01 e: 866/ASK-FPP	

Schedule	E
Payments	Made

Type or print in ink.

_			SCHEDULE E
	Stateme	nt covers period	CALIFORNIA 160
	from	1/1/2015	FORM 400
	through _	1/17/15	Page7 of8
	***		I.D. NUMBER
			4004450

Payments Made	Amounts may be rounded to whole dollars.			from1/1/2015	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	***************************************	- The state of the		through1/17/15	Page	
Denise M. Robles					133445	
CODES: If one of the following codes accurately describe 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 com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearances ses lating	jer services	wise, describe the payment. RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and protection TRC candidate travel, lodging, at TRS staff/spouse travel, lodging TSF transfer between committe VOT voter registration WEB information technology cos	s oduction cost nd meals , and meals es of the sa	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DES	CRIPTION OF PAYMENT		AMOUNT PAID
Ozzie's Diner 7780 Slauson Commerce CA 90040		FND				610.00
AMI Grafics 2330 Atlantic Blvd Commerce CA 90040		СМР				216.86
AMI Grafics 2330 Atlantic Blvd Commerce CA 90040		СМР				547.50
* Payments that are contributions or independent expenditures i	must also be summ	arized on Sched	ule D.	S	UBTOTAL	5
Schedule E Summary						
1. Payments made this period of \$100 or more. (Include all So	chedule E subtotal	s.)			\$	1595.55
2. Unitemized payments made this period of under \$100			***************************************		\$	119.33
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1, Column (e).).	***************************************		\$	-
4. Total payments made this period. (Add Lines 1, 2, and 3. E	nter here and on th	ne Summarv Pa	ae. Column A.	Line 6.)	TAL \$	1714.88

Schedule E

Type or print in ink.

SCHEDULE E (CONT.)

Continuation Sheet)	Amounts may be rounded	Statem	ent covers period	CALIFORNIA 460
ayments Made	to whole dollars.	from	1/1/2015	FORM 400
E INSTRUCTIONS ON REVERSE		through_	1/17/15	Page 8 of 8
AME OF FILER				I.D. NUMBER
Denise M. Robles				1334459
ODEO IS THE CHILL				

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. 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 candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals fundraising events POL polling and survey research 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 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 Print & Copy Center 6333 Telegraph Rd LIT 221.19 Commerce CA 90040

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

SUBTOTAL \$

221.19