

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COPY

CITY OF HAWAIIAN GARDENS

COVER PAGE

CALIFORNIA
FORM

460

Date Stamp

2015 SEP 23 AM 8:06

Page 1 of 6

For Official Use Only

Statement covers period
from 1/1/15
through 9/19/15

Date of election if applicable:
(Month, Day, Year)

11/3/15

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1379696

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

MARAVILLA FOR COUNCIL 2015

STREET ADDRESS (NO P.O. BOX)

21804 ARLINE AVE.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
HAWAIIAN GARDENS	CA	90716	562-338-3665

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

SAME

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

MARAVILLA4CITYCOUNCIL@GMAIL.COM

Treasurer(s)

NAME OF TREASURER

MYRA MARAVILLA

MAILING ADDRESS

21804 ARLINE AVE.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
HAWAIIAN GARDENS	CA	90716	562-338-3665

NAME OF ASSISTANT TREASURER, IF ANY

N/A

MAILING ADDRESS

N/A

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 9/22/15
Date

Executed on 9/22/15
Date

Executed on _____
Date

Executed on _____
Date

By

Signature of Treasurer or Assistant Treasurer
Myra Maravilla

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

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

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

MYRA MARAVILLA

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

CITY COUNCIL (CITY OF HAWAIIAN GARDENS)

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

21804 ARLINE AVE.

HAWAIIAN GARDENS, CA 90716

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

MARAVILLA FOR COUNCIL 2015

I.D. NUMBER

1379696

NAME OF TREASURER

MYRA MARAVILLA

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

21804 ARLINE AVE.

CITY STATE ZIP CODE AREA CODE/PHONE

HAWAIIAN GARDENS

CA

90716

562-338-3665

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ 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

☐ SUPPORT
☐ 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

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from 1/1/15 through 9/19/15	CALIFORNIA FORM 460
Page 3 of 6	I.D. NUMBER 1379696

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MYRA MARAVILLA (MARAVILLA FOR COUNCIL 2015)

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$.0	\$ 0
2. Loans Received	Schedule B, Line 3	\$ 1700	\$ 1700
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 1700	\$ 1700
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 1700	\$ 1700

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

6. Payments Made	Schedule E, Line 4	\$ 1572.23	\$ 1572.23
7. Loans Made	Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 1572.23	\$ 1572.23
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 1572.23	\$ 1572.23

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 0
13. Cash Receipts	Column A, Line 3 above	\$ 1700
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0
15. Cash Payments	Column A, Line 8 above	\$ 1572.23
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14; then subtract Line 15	\$ 127.77

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0
------------------------------------	--------------------	------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0

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 B - Part 1

Loans Received

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

Statement covers period from 1/1/15 through 9/19/15		CALIFORNIA FORM 460 Page 4 of 6
I.D. NUMBER 1379696		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MYRA MARAVILLA (MARAVILLA FOR COUNCIL 2015)

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Myra Maravilla, 21804 Arline Ave. 90716 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Administrative Assistant	\$ _____	\$ 1700	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 1700 DATE DUE _____	0 % RATE \$ _____	\$ 1700 8/10/15 DATE INCURRED	CALENDAR YEAR \$ 1700 PER ELECTION ** \$ 1700
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ 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 \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____
SUBTOTALS \$		\$	\$	\$	\$			

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

Schedule B Summary

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

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

Statement covers period from 1/1/15 through 9/19/15		SCHEDULE E CALIFORNIA FORM 460 Page 5 of 6 I.D. NUMBER 1379696	
---	--	---	--

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MYRA MARAVILLA (MARAVILLA FOR COUNCIL 2015)

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Hawaiian Gardens 21815 Pioneer Blvd., Hawaiian Gardens, CA 90716	FIL		\$600.40
City of Hawaiian Gardens 21815 Pioneer Blvd., Hawaiian Gardens, CA 90716		Space rental and Insurance for space	\$141
Campaign LA 15518 S Broadway St., Gardena, CA 90248	PRI	Yard signs	\$587

* 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.)	\$ 1465.40
2. Unitemized payments made this period of under \$100	\$ 106.83
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. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 1572.23

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period		CALIFORNIA FORM 460
from	1/1/15	
through	9/19/15	Page 6 of 6
NAME OF FILER		I.D. NUMBER
MYRA MARAVILLA (MARAVILLA FOR COUNCIL 2015)		1379696

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.
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 communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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
Leticia Gomez 8682 Sumner Pl., Cypress, CA 90630	PRI	Photos and flyer designs	\$137

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

SUBTOTAL \$

Late Contribution Report

COPY

Type or print in ink.

Amounts may be rounded to whole dollars

CITY OF HAWAIIAN GARDENS

LATE CONTRIBUTION REPORT

NAME OF FILER

MYRA MARAVILLA (MARAVILLA FOR COUNCIL 2015)

AREA CODE/PHONE NUMBER

(562) 338-3665

I.D. NUMBER (if applicable)

1379696

STREET ADDRESS

21804 ARLINE AVE

CITY

HAWAIIAN GARDENS

STATE

CA

ZIP CODE

90716

Date of
This Filing

10/8/15

2015

Date Stamp

OCT -8 PM 1:24

Report No.

☐ Amendment
to Report No.
(explain below)

No. of Pages

CALIFORNIA
FORM

497

For Official Use Only

Late Contribution(s) Received

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
10/8/15	AFSCME HAWAIIAN GARDENS LOCAL 3624 RANK AND FILE 21815 PIONEER BLVD. HAWAIIAN GARDENS, CA 90716-1237	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000 <input type="checkbox"/> Check if Loan
9/30/15	AMERICAN FEDERATION OF STATE, COUNTY & MUNICIPAL EMPLOYEES CALIFORNIA DISTRICT COUNCIL 36 PAC ACCOUNT 514 SHATTO PLACE 3RD FLOOR LOS ANGELES, 90020	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500 <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment: _____

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER MYRA MARAVILLA (MARAVILLA FOR COUNCIL 2015)			Date of This Filing _____	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (562) 338-3665	I.D. NUMBER (if applicable) 1379696		Report No. _____		
STREET ADDRESS 21804 ARLINE AVE			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY HAWAIIAN GARDENS	STATE CA	ZIP CODE 90716	No. of Pages _____		

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: _____

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COPY

CITY OF HAWAIIAN GARDENS

COVER PAGE

**CALIFORNIA
FORM 460**

Page 1 of 6

For Official Use Only

Statement covers period
from 9/20/15
through 10/22/15

Date of election if applicable
(Month, Day, Year)

11/3/15

2015 OCT 23 AM 8:22

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 496

3. Committee Information

I.D. NUMBER
1379696

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

MARAVILLA FOR COUNCIL 2015

STREET ADDRESS (NO P.O. BOX)

21804 ARLINE AVE.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>HAWAIIAN GARDENS</u>	<u>CA</u>	<u>90716</u>	<u>562-338-3665</u>

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

SAME

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SAME</u>	<u>SAME</u>	<u>SAME</u>	<u>SAME</u>

OPTIONAL: FAX / E-MAIL ADDRESS

MARAVILLA4CITYCOUNCIL@GMAIL.COM

Treasurer(s)

NAME OF TREASURER

MYRA MARAVILLA

MAILING ADDRESS

21804 ARLINE AVE.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>HAWAIIAN GARDENS</u>	<u>CA</u>	<u>90716</u>	<u>562-338-3665</u>

NAME OF ASSISTANT TREASURER, IF ANY

N/A

MAILING ADDRESS

N/A

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 10/22/15
Date

Executed on 10/22/15
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

MYRA MARAVILLA

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

CITY COUNCIL (CITY OF HAWAIIAN GARDENS)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
21804 ARLINE AVE. HAWAIIAN GARDENS, CA 90716

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

MARAVILLA FOR COUNCIL 2015

I.D. NUMBER

1379696

NAME OF TREASURER

MYRA MARAVILLA

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

21804 ARLINE AVE.

CITY STATE ZIP CODE AREA CODE/PHONE
HAWAIIAN GARDENS CA 90716 562-338-3665

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ 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

☐ SUPPORT
☐ 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

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from 9/20/15 through 10/22/15	CALIFORNIA FORM 460
	Page <u>3</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MYRA MARAVILLA (MARAVILLA FOR COUNCIL 2015)

I.D. NUMBER

1379696

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 1,500	\$ 1,500
2. Loans Received Schedule B, Line 3	\$ 0	\$ 1,700
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 1,500	\$ 3,200
4. Nonmonetary Contributions Schedule C, Line 3	\$ 500	\$ 500
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 2,000	\$ 3,700

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

6. Payments Made Schedule E, Line 4	\$ 789.01	\$ 2,361.24
7. Loans Made Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 789.01	\$ 2,361.24
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment Schedule G, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 789.01	\$ 2,361.24

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy) Total to Date

_____/_____/_____ \$ _____
_____/_____/_____ \$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 127.77
13. Cash Receipts Column A, Line 3 above	\$ 4,500.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ 0
15. Cash Payments Column A, Line 8 above	\$ 789.01
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 838.76

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

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

Cash Equivalents and Outstanding Debts

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

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

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

SCHEDULE A

Statement covers period from 9/20/15 through 10/22/15		CALIFORNIA FORM 460
		Page <u>4</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MYRA MARAVILLA (MARAVILLA FOR COUNCIL 2015)

I.D. NUMBER

1379696

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/01/15	AFSCME EMPLOYEES CALIFORNIA DIST. COUNCIL 36 PAC ACCOUNT 514 SHATTO PLACE, 3RD FLOOR LOS ANGELES, CA	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500	\$500	
10/08/15	AFSCME HAWAIIAN GARDENS LOCAL 3624 RANK AND FILE 21815 PIONEER BLVD., HAWAIIAN GARDENS, CA 90716	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000	\$1,000	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1,500
- Amount received this period - unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 1,500

*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

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

SCHEDULE C

Statement covers period from <u>9/20/15</u> through <u>10/22/15</u>		CALIFORNIA FORM 460
		Page <u>5</u> of <u>6</u>
NAME OF FILER MYRA MARAVILLA (MARAVILLA FOR COUNCIL 2015)		I.D. NUMBER 1379696

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MYRA MARAVILLA (MARAVILLA FOR COUNCIL 2015)

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)
10/8/15	ANTONIO MARAVILLA, 22123 CLARKDALE AVE, HAWAIIAN GARDENS, CA 90716	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OPERATIONS MANAGER, GANAHL LUMBER	PENS	\$300	\$300	
10/12/15	JOSIE GOMEZ, 8682 SUMNER PL., CYPRESS, CA 90630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER, WESTCOAST ARTWEAR	T-SHIRTS	\$200	\$200	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
Attach additional information on appropriately labeled continuation sheets.					SUBTOTAL \$		

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 500-
- 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 \$ 500

*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

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

Statement covers period
from 9/20/15
through 10/22/15

SCHEDULE E
CALIFORNIA FORM 460

Page 6 of 6

I.D. NUMBER
1379696

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MYRA MARAVILLA (MARAVILLA 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.
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 communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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 5401 KATELLA AVE, CYPRESS, CA 90720	FND	FOOD FOR EVENT	\$106.25
LAILANI (NO ADDRESS)	FNL	HULA DANCERS FOR LUAU	\$100
WESTCOAST ARTWEAR 3841 CATALINA ST., LOS ALAMITOS, CA 90720	PRT	T-SHIRTS	\$300

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

SUBTOTAL \$ 506.25

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 506.25
2. Unitemized payments made this period of under \$100	\$ 282.76
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. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 789.01

Recipient Committee
Campaign Statement
Cover Page

COPY RECEIVED

COVER PAGE

CALIFORNIA
FORM 460

Page 1 of 5
For Official Use Only

Statement covers period
from 10/23/15
through 12/31/15

Date of election if applicable:
(Month, Day, Year)

FEB 1 - 2016

11/3/15

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

☐ Primarily Formed Ballot Measure
Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1379696

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

MARAVILLA FOR COUNCIL 2015

STREET ADDRESS (NO P.O. BOX)

21804 ARLINE AVE.

CITY STATE ZIP CODE AREA CODE/PHONE
HAWAIIAN GARDENS CA 90716 (562) 338-3665

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

SAME

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

MARAVILLA4CITYCOUNCIL@GMAIL.COM

Treasurer(s)

NAME OF TREASURER

MYRA MARAVILLA

MAILING ADDRESS

21804 ARLINE AVE.

CITY STATE ZIP CODE AREA CODE/PHONE
HAWAIIAN GARDENS CA 90716 (562) 338-3665

NAME OF ASSISTANT TREASURER, IF ANY

N/A

MAILING ADDRESS

N/A

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 2/1/16
Date

Executed on 2/1/16
Date

Executed on 2/1/16
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

COVER PAGE - PART 2

CALIFORNIA
FORM 460

Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

MYRA MARAVILLA

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

CITY COUNCIL (CITY OF HAWAIIAN GARDENS)

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

21804 ARLINE AVE. HAWAIIAN GARDENS, CA 90716

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

MARAVILLA FOR COUNCIL 2015

I.D. NUMBER

1379696

NAME OF TREASURER

MYRA MARAVILLA

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

21804 ARLINE AVE.

CITY STATE ZIP CODE AREA CODE/PHONE

HAWAIIAN GARDENS CA 90716 (562) 338-3665

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ 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

☐ SUPPORT
☐ 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

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 10/23/15 through 12/31/15	CALIFORNIA FORM 460
Page 3 of 5	I.D. NUMBER 1379696

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MARAVILLA FOR COUNCIL 2015

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 728.56	\$ 2,228.56
2. Loans Received..... Schedule B, Line 3	\$ 0	\$ 1,700
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 728.56	\$ 3,928.56
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ 0	\$ 500
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 728.56	\$ 4,428.56

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

6. Payments Made..... Schedule E, Line 4	\$ 801.80	\$ 3,150.25
7. Loans Made..... Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 801.80	\$ 3,150.25
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 801.80	\$ 3,150.25

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 836.76
13. Cash Receipts..... Column A, Line 3 above	\$ 728.56
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ 0
15. Cash Payments..... Column A, Line 8 above	\$ 801.80
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 765.52

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

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

Cash Equivalents and Outstanding Debts

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

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MARAVILLA FOR COUNCIL 2015

Statement covers period from <u>10/23/15</u> through <u>12/31/15</u>		CALIFORNIA FORM 460
Page <u>4</u> of <u>5</u>		
I.D. NUMBER 1379696		

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/17/15	CITY OF HAWAIIAN GARDENS REIMBURSEMENT FROM COUNTY FOR CANDIDATE STATEMENT, ETC.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		305.39	305.39	
12/21/15	CR&R	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400	400	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				705.39		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 705.39
- Amount received this period – unitemized monetary contributions of less than \$100\$ 23.17
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ 728.56

*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		CALIFORNIA FORM 460	
from	10/23/15	Page	5 of 5
through	12/31/15	I.D. NUMBER	1379696

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MARAVILLA 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
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COSTCO LAKEWOOD, CA	MTG	FOOD FOR VICTORY PARTY	199
CITY FOODS WHOLESALE	MTG	FOOD FOR VICTORY PARTY	399.34

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

SUBTOTAL \$ 598.34

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 598.34
2. Unitemized payments made this period of under \$100	\$ 203.46
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.)	TOTAL \$ 801.80