ecipient Committee ampaign Statement over Page overnment Code Sections 84200-84216.5)	Type or print/	COPY CITY OF H		SARDE F	COVER PAGE IFORNIA 460 of 6
	Statement covers period 1/1/15	Date of election if applicable: 2015 SEF (Month, Day, Year)	23 AM	8: 06 Page	For Official Use Only
EINSTRUCTIONS ON REVERSE	through9/19/15	11/3/15	80	r	
Type of Recipient Committee: All Committee	es – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	491	• *************************************	
 ✓ 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)	✓ Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)] Supplemental	Year Report
Committee Information	ато, NUMBER 21379696	Treasurer(s)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMM		NAME OF TREASURER			
MARAVILLA FOR COUNCIL 2015		MYRA MARAVILLA			
		MAILING ADDRESS 21804 ARLINE AVE.			
STREET ADDRESS (NO P.O. BOX)		GITY	STATE	ZIP CODE	AREA CODE/PHONE
21804 ARLINE AVE.		HAWAIIAN GARDENS	CA	90716	562-338-3665
CITY STATE	ZIP_CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF AN	IY	MANUSTERNA (III — TERE (III	material (1992)
HAWAIIAN GARDENS CA	90716 562-338-3665	N/A MAILING ADDRESS			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OF SAME	K C.U. BUX	N/A			
CITY STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		10000			
OPTIONAL: FAX / E-MAIL ADDRESS	M	OPTIONAL: FAX / E-MAIL ADDRESS			
MARAVILLA4CITYCOUNCIL@GMAIL.CO	NAI			4,	
Verification I have used all reasonable diligence in preparing and runder penalty of perjury under the laws of the State of	eviewing this statement and to the best of my k California that the foregoing is true and correct.	nowledge the information contained herein and in	the attached	schedules is tru	e and complete. I certify

Verification I have used all reasonable diligence in prepari

Recipient Committee Campaign Statement

SEE INSTRUCTIONS ON REVERSE

(Government Code Sections 84200-84216.5)

1. Type of Recipient Committee: All

3. Committee Information

Executed on .

Executed on

Executed on _

Date 9/22/15

Cover Page

1000		SIB		Myra	Maran	110
Ву		Ignature of Treasure or Assistant Tre	pasurer	Mura	Maroni	10
Ву	Signature of Controlling Office to	der, Candidate, State Measure Propo	nent or Responsible Office	er of Sponsor		
Du	`					

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

	COVER	PAGE	- PAR	T 2
77,000	ORNI/ ORM	4	60	0.000
Sept. Magazinia	wales and			
Page _	2	of	6	

. Officeholder or Candidate Controlled Committee	6. Primarily Formed Ballot Measure Committee
NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE
MYRA MARAVILLA	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURISDICTION SUPPORT
CITY COUNCIL (CITY OF HAWAIIAN GARDENS)	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) OITY STATE ZIP	
21804 ARLINE AVE. HAWAIJAN GARDENS, CA 90716	Identify the controlling officeholder, candidate, or state measure proponent, if any.
Related Committees Not Included in this Statement: List any committees	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
not included in this statement that are controlled by you of are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY
COMMITTEE NAME	
MARAVILLA FOR COUNCIL 2015 1379696	
NAME OF TREASURER CONTROLLED COMMITTEE?	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.
MYRA MARAVILLA	三型型
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT
21804 ARLINE AVE.	OPPOSE
CITY STATE ZIR CODE: AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
HAWAIIAN GARDENS CA 90716 562-338-3665 `	SUPPORT
COMMITTEE NAME 16 NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
The state of the s	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE
NAME OF TREASURER GONTROLLED COMMITTEE? ☐ YES ☐ NO	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	LI OFFOSE
CITY STATE ZIR CODE AREA CODE/PHONE	Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in lnk.

Amounts may be rounded to whole dollars.

•	SOMINARI LARGE
Statement covers period	CALIFORNIA 460
from1/1/15	FORM 100
9/19/15	Page3 of6
	I,D. NUMBER
•	1270606

01/11/14/01/04/05

SEE INSTRUCTIONS ON REVERSE NAME OF FILER MYRA MARAVILLA (MARAVILLA FOR COUNCIL 2015) 1379696 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTALTODATE General Elections 0 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 2. Loans Received Schedule B, Line 3 1700 1700 1700 20. Contributions 1700 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 1700 1700 Made **Expenditures Made Expenditure Limit Summary for State** 1572.23 1572.23 Candidates 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 1572.23 1572.23 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/vv) 1572.23 1572.23 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ______ To calculate Column B, add 1700 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts from Column B of your last reported in Column B. report. Some amounts in 1572.23 Column A may be negative 127.77 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 \$ __ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Sched	ule	B –	Part	1
Loans	Red	eive	ed	

Type or print in ink.

SCHEDULE B - PART 1

Schedule B – Part 1 Loans Received		ounts may be re to whole dollar	ounded		Statement cov	ers period 1/15	CALIFORNI FORM	^A 460
SEE INSTRUCTIONS ON REVERSE						(19/15	Page4	of6
NAME OF FILER	1000 PM (1000 PM (10						I.DNUMBER	
MYRA MARAVILLA (MARAVILLA FOR C	OUNCIL 2015)				87°.	,	1379696	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF.COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELEWPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	CEOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Myra Maravilla, 21804 Arline Ave. 90716	Senior Administrative Assistant			\$FORGIVEN	s1700	O %	s <u>1700</u>	s 1700 PER ELECTION**
† IND □ COM □ OTH · □ PTY □ SCC		\$	s1700	\$	DATE DUE	\$	8/10/15 DATE INCURRED	s1700
W IND COM COM COM	**************************************			PAID S FORGIVEN	s	RATE	s	CALENDAR YEAR \$ PER ELECTION ***
†□IND □ COM □ OTH □ PTY □ SCC	4	\$	\$	5	DATE DUE	\$	DATE INCURRED	SCALENDAR YEAR
·				\$ FORGIVEN	s <u> </u>	RATE	s	\$PER ELECTION **
† IND COM OTH PTY SCC		s	\$	S	DATE DUE	\$	DATE INCURRED	\$
	×12.	SUBTOTALS	\$	\$	\$	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
 Loans received this period	s of less than \$100.) 0 paid or forgiven.) t are also itemized on Sche e 2 from Line 1.) ry Page, Column A, Line 2.	dule A.)		\$, i (May be a negative number)		OTH - Other (e.g., PTY - Political Part GCC - Small Contri	ommittee PTY or SCC) business entity) y butor Committee
		<i>-</i>			FPPC	CToll-Free Help	ilne: 866/ASK-FPi	PC (866/275-3772

Schedule E Payments Made

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

		SCHEDULE
Stateme	nt covers period	CALIFORNIA 460
from	1/1/15	FORM 400
through _	9/19/15	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. RAD radio airtime and production costs MBR member communications campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances campaign consultants SAL campaign workers' salaries office expenses CTB contribution (explain nonmonetary)* TEL. t.v. or cable airtime and production costs petition circulating CVC civic donations candidate travel, lodging, and meals phone banks candidate filing/ballot fees staff/spouse travel, lodging, and meals polling and survey research fundralsing events TSF transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* VOT svoter registration professional services (legal, accounting) legal defense WEB Information technology costs (Internet, e-mail) print ads campaign literature and mailings NAME AND ADDRESS OF PAYER AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) City of Hawaiian Gardens \$600,40 FIL 21815 Pioneer Blvd., Hawaiian Gardens, CA 90716 Space rental and Insurance for space City of Hawaiian Gardens \$141 21815 Ploneer Blvd., Hawaiian Gardens, CA 90716 Yard signs Campaign LA \$587 PRI 15518 S Broadway St., Gardena, CA 90248 SUBTOTAL \$ * Payments that are contributions or independent expenditures must also be summarized on Schedule D. Schedule E Summary 1465.40 1. Itemized payments made this period. (Include all Schedule E subtotals.) 106.83 2. Unitemized payments made this period of under\$100\$ ____ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

1572.23

SCHEDUL	EΕ(CONT
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Schedule E (Continuation Sheet)

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

		SCHEDULE E	CONT
Statement covers period		CALIFORNIA /	20
from	1/1/15	FORM ***	
through	9/19/15	Page 6 of	6
		I.D. NUMBER	
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Payments Made	10 min 1 min	trom	
		through 9/19/15	Page 6 of 6
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	- <u>を</u> 建築が、 		I.D. NUMBER
MYRA MARAVILLA (MARAVILLA FOR	COUNCIL 2015)		1379696
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphemalla/misc. RFD: returned contributions meetings and appearances campaign consultants SAL campaign workers' salaries office expenses CTB contribution (explain nonmonetary)* TEL sit.v. or cable airtime and production costs PET petition circulating CVC civic donations TRO candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks FIL TRS staff/spouse travel, lodging, and meals polling and survey research POL FND fundraising events TSF transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain) VOT: voter registration professional services (legal, accounting) legal defense WEB-Information technology costs (internet, e-mail) PRT print ads campaign literature and mailings NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DESCRIPTION OF PAYMENT AMOUNT PAID CODE OR Photos and flyer designs: Leticia Gomez \$137 PRI 8682 Sumner Pl., Cypress, CA 90630 À. g. 5

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

Late Contrib	ution Report	Ampunta pra	ype or print in ink y be rounded to w	hole dollars CITY (OF HAWAIIAN GARDENS	LATE CC	NTRIBUTION REPOR
AREA CODE/PHONE NU	MONACHIO MARIE		Date of This Filing Report No	10/8/15 2015	OCT -8 PM 1: 24	CALIFO FOR	DRNIA 107
(562) 338-3665 STREET ADDRESS	1379696						
21804 ARLINE A			to Report No.			ŀ	755
HAWAIIAN GARI		ATE ZIPCODE A 90716	No. of Pages				
Late Contribu	tion(s) Received	٠					
DATE RECEIVED		RESS AND ZIP CODE OF CONTRIBU SE, ALSO ENTER I.D. NUMBER)	TOR .	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED
10/8/15	AFSCME HAWAIIAN GARDEN 21815 PIONEER BLVD. HAWAIIAN GARDENS, CA 90		D FILE	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	*	in a	\$1,000
9/30/15	AMERICAN FEDERATION OF EMPLOYEES CALIFORNIA DI 514 SHATTO PLACE 3RD FLO LOS ANGELES, 90020	STRICT COUNCIL 36 PAC		☐ IND COM ☐ OTH ☐ PTY ☐ SCC	s	z.	\$500
				IND COM OTH PTY SCC			☐ Check if Loan
OTH - Other	mmittee (other than PTY or SCC)	PTY – Political Party SCC – Small Contributor Committee					
Reason for Amendr	nent:				*	3 2 5	

FPPC Form 497 (Jan/03) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772

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 S	tamp	california 497		
AREA CODE/PHONE NUMBER I.D. NUMBER (frapplicable) 1379696		-			For Official Use Only		
		Report No.	-				
STREET ADDRESS				Amendment	Ì		
21804 ARLINE AV	VE ·			to Report No	.]		
CITY		STATE	ZIPCODE	No. of Pages			
HAWAIIAN GARD	DENS .	CA	90716	No. of rages	•		
Late Contribut	tion(s) Made						
DATE MADE		ET ADDRESS AND ZIP OMMITTEE, ALSO ENTER I.D. N		CANDIDATE AND OFFIC OR MEASURE AND JURISDICT		AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
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Reason for Amendm	nent:			· · · · · · · · · · · · · · · · · · ·		•	FPPC Form 497 (Jan/03)
						FPPC Toll-F	ree Helpline: 866/ASK-FPPC 866/275-3772

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print life in the statement covers period 9/20/15		COVERPAGE CALIFORNIA 460 FORM Page
SEÉ INSTRUCTIONS ON REVERSE	through 10/22/15	11/3/15	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ammittee) Controlled) Sponsored (lac Complete Part 6) rimarily Formed Candidate/ fficeholder Committee	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
	NUMBER 379696 *	Treasurer(s) NAME OF TREASURER MYRA MARAVILLA MAILING ADDRESS 21804 ARLINE AVE. CITY HAWAIIAN GARDENS	STATE ZIP CODE AREA CODE/PHONE CA 90716 562-338-3665
CITY STATE ZIP CO HAWAIIAN GARDENS CA 9071 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E SAME CITY STATE ZIP CO OPTIONAL: FAX / E-MAIL ADDRESS MARAVILLA4CITYCOUNCIL@GMAIL.COM	8 562-338-3665 	NAME OF ASSISTANT TREABURER, IF ANY N/A MAILING ADDRESS N/A CITY OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP CODE AREA CÔDE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ Executed on	By	Wledge the information contained herein and in the Skandure of Treasurer or Assistant Pressurer of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Controlling Officeholder, Candidate, Candid	nsible Officeror Sponsor

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

Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	R PAGE - PART 2
CALI	FORN	A 460
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Page _	2	_ of

	Identify the controlling office SOUGHT OR HELD		Aldate, or sta		
	Identify the controlling officerolder, GAN	ceholder, cano	Aldate, or sta	ita measure p	OPPOSE
	NAME OF OFFICEHOLDER, CAN		PONENT		
	NAME OF OFFICEHOLDER, CAN		PONENT		
	NAME OF OFFICEHOLDER, CAN		PONENT		
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	OFFICE SOUGHT OR HELD			DISTRICT NO. IF	- ANY
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_			haldos Co	mmittee Jii	et names of
7.	Primarily Formed Cand officeholder(s) or candidate(s,	idate/Office) for which this	committee is	primarily form	ed.
	NAME OF OFFICEROLDER OR C	ANDIDATE	OFFICE SOU	SHT OR HELD	7
	NAME OF OFFICE ROLDER OF	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			SUPPOR
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Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 9/20/15 FORM 460

through 10/22/15 Page 3 of 1.D. NUMBER

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1379696 MYRA MARAVILLA (MARAVILLA FOR COUNCIL 2015) Calendar Year Summary for Candidates Column B Column A Running in Both the State Primary and CALENDAR YEAR Contributions Received TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 1,500 1. Monetary Contributions Schedule A, Line 3 7/1 to Date 1/1 through 6/30 1.700 2. Loans Received Schedule B, Line 3 20. Contributions 3.200 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 500 500 4. Nonmonetary Contributions Sehedule C, Line 3 21. Expenditures 2,000 3.700 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 **Expenditure Limit Summary for State Expenditures Made** 2,361.24 **Candidates** 6. Payments Made Schedule E, Line 4 \$ 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ Total to Date Date of Election 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 (mm/dd/yy) 789.01 Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B, add amounts in Column A to the 13. Cash Receipts Column A, Line 3 above *Amounts in this section may be different from amounts corresponding amounts from Column B of your last reported in Column B. report. Some amounts in Column A may be negative figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ __ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

s.	Contributions Received	Amounts	or print in lnk. s may be rounded whole dollars.	from	ers period 0/15 0/22/15	CALIFORNIA 460 FORM		
NAME OF FILER	DNS ON REVERSE					I.D. NUMBER		
MYRA MA	ARAVILLA (MARAVILLA FOR COUNCIL 2015)	and the same of th				1379696		
DATE REĆEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LÖ, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	ER ELECTION TO DATE F REQUIRED)	
10/01/15	AFSCME EMPLOYEES CALIFORNIA DIST. COUNCIL 36 PAC ACCOUNT 514 SHATTO PLACE, 3RD FLOOR LOS ANGELES, CA	□IND ☑COM □OTH □PTY □SCC		\$500	\$500			
10/08/15	AFSCME HAWAIIAN GARDENS LOCAL 3624 RANK AND FILE 21815 PIONEER BLVD., HAWAIIAN GARDENS, CA 90716	☐IND ☐COM ☐OTH ☐PTY ☐SCC		\$1,000	\$1,0	00		
		IND COM OTH PTY						
		□IND □COM □OTH □PTY □SCC .						
		DIND COM OTH PTY SCC			WITT-			
			SUBTOTA	L\$				
				,	(*Co)	ntributor Codes		

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

IND - Individual COM - Recipient Committee

(other than PTY or SCC)
OTH - Other (e.g., business entity)

OTH - Other (e.g., business entity)
PTY - Political Party

SCC-Small Contributor Committee

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

Schedule C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

| Statement covers period | 9/20/15 | CALIFORNIA 460 | FORM | 10/22/15 | Fage | of | 1:0, NUMBER | 1379696

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

MYRA MARAVILLA (MARAVILLA FOR COUNCIL 2015)

15(1.1 // 151)	AIOAVIEDA (IVIVIO IVIED I I OI I O O I I I I I	,					
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 BELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ ** FAJR MARKET . VALUE	CUMULATIVE TO L. 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	☑IND □COM □OTH □PTY □SCC	OPERATIONS MANAGER, GANAHL LUMBER	PENS	\$300	\$300	;
10/12/15	JOSIE GOMEZ, 8682 SUMNER PL., CYPRESS, CA 90630	ZIND COM · OTH PTY SCC	MANAGER, WESTCOAST ARTWEAR	T-SHIRTS	\$200	\$200	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC	,				
Attach ac	dditional information on appropriately labo	eled continua	tion sheets.	SUBTOTAL	\$		
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	chedule C Summary	- 11
1.	Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	C
	Amount received this period – unitemized nonmonetary contributions of less than \$100\$	F
3.	Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	

*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: 868/ASK-FPPC (866/275-3772)

Schedule E Payments Made

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

Stateme	nt covers period	CALIFORNIA /	30
from	9/20/15	FORM T	7
through _	10/22/15	Page 6 of	
		I.D. NUMBER	
		1379696	

SCHEDUI EE

SÉE INSTRUCTIONS ON REVERSE NAME OF FILER 1379696 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. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances campaign consultants SAL campaign workers' salaries OFC office expenses contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs patition circulating CVC civic donations TRC candidate travel, lodging, and meals phone banks candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals polling and survey research POL FND fundrálsing events transfer between committees of the same candidate/sponsor postage, delivery and messenger services ND independent expenditure supporting/opposing others (explain)* VOT voter registration professional services (legal, accounting) LFG legal defense WEB information technology costs (internet, e-mail) print ads campaign literature and mailings PRT NAME AND ADDRESS OF PAYEE AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALBO ENTER I.D. NUMBER) FOOD FOR EVENT COSTCO \$106.25 FND 5401 KATELLA AVE, CYPRESS, CA 90720 HULA DANCERS FOR LUAU LAILANI (NO ADDRESS) \$100 FNL T-SHIRTS WESTCOAST ARTWEAR \$300 PRT. 3841 CATALINA ST., LOS ALAMITOS, CA 90720 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 506.25 Schedule E Summary 506.25 1. Itemized payments made this period. (Include all Schedule E subtotals.) 282.76 2. Unitemized payments made this period of under \$100\$ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) 789.01

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

Recipient Committee CALIFORNIA Campaign Statement FORM Cover Page 5 FEB 2016 Date of election if applicable: Statement covers period (Month, Day, Year) For Official Use Only 10/23/15 12/31/15 11/3/15 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 Quarterly Statement Primarily Formed Ballot Measure ✓ Officeholder, Candidate Controlled Committee Committee Semi-annual Statement Special Odd-Year Report O State Candidate Election Committee O Controlled ○ Recall Termination Statement O Sponsored (Also Complete Part 5) (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ O Spansored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1379696 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) MYRA MARAVILLA MARAVILLA FOR COUNCIL 2015 MAILING ADDRESS 21804 ARLINE AVE. AREA CODE/PHONE ZIP CODE STREET ADDRESS (NO P.O. BOX) HAWAIIAN GARDENS CA 90716 (562) 338-3665 21804 ARLINE AVE. NAME OF ASSISTANT TREASURER, IF ANY AREA CODE/PHONE CITY STATE ZIP CODE ĜA 90716 (562) 338-3665 N/A HAWAIIAN GARDENS MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX N/A SAME AREA CODE/PHONE STATE ZIP CODE STATE ZIP CODE AREA CODE/PHONE CITY OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS MARAVILLA4CITYCOUNCIL@GMAIL.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 porrect? 2/1/16 Executed on . 2/1/16 Executed on naible Officer of Sponsor Date 2/1/16 Executed on . Executed on -Signature of Controlling Officeholder, Cendidate, State Measure Proponent FPPC Form 460 (Jan/2016)

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	PAGE	- PART	2
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Page _		of		ł

Officeholder or Candidate C	Controlled (Committee		6.	Primarily Formed Ballo	t Measure	Committee			
NAME OF OFFICEHOLDER OR CANDID.	ATE				NAME OF BALLOT MEASURE					
MYRA MARAVILLA DEFICE SOUGHT OR HELD (INCLUDE L	OCATION AND	DISTRICT NUM	BER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	DN		SUPPORT	
CITY COUNCIL (CITY OF HA	AWAIIAN G	ARDENS)							OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (N			STATE ZIP		Identify the controlling office	holder, candi	date, or state measu	re btobo	nent, if any.	
21804 ARLINE AVE.	<u> </u>	HAWAIIAN C	SARDENS, CA 90716		Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT					
Related Committees Not Inc not included in this statement that a contributions or make expenditures	re controlled b	y you or are pr	nt: List any committees imarily formed to receive		OFFICE SOUGHT OR HELD	-	DISTR	RICT NO. IF	ANY	
COMMITTEE NAME		1,0,1	IUMBER							
MARÁVILLA FOR COUNCIL	2015	13	7 96 96	7	. Primarily Formed Cand	lidate/Offic	eholder Commit	ttee <i>Lis</i> i	t names of	
NAME OF TREASURER		CÓN	TROLLED COMMITTEE?	4 .	officeholder(s) or candidate(s,	for which this	committee is primar	ily formed	i.	
MYRA MARAVILLA			YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OF	R HELD	p	
00/11/11/10/10/10/10/10/10/10/10/10/10/1	TADDRESS (N	NO P.O. BOX)							SUPPOR	
21804 ARLINE AVE.	STATE	ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT O	R HELD		
HAWAIIAN GARDENS	GA	90716	(562) 338-3665						SUPPOR	
COMMITTEE NAME		I,D. I	NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT O	R HELD	SUPPOR	
			TROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT O	R HELD	∏ suppor	
NAME OF TREASURER	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i i	YES NO				l		OPPOSE	

Campaign Disclosure Statement Summary Page

Cash Equivalents and Outstanding Debts

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

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1379696 MARAVILLA FOR COUNCIL 2015 Calendar Year Summary for Candidates Column B Column A Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) Running in Both the State Primary and TOTAL TO DATE General Elections 2.228.56 728.56 1. Monetary Contributions...... Schedule A, Line 3 \$ 7/1 to Date 1/1 through 6/30 1,700 20. Contributions 728.56 3,928,56 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0 500 21. Expenditures 4,428,56 Made 728,56 5. TOTAL CONTRIBUTIONS RECEIVED.......Add Lines 3 + 4 \$ **Expenditure Limit Summary for State** Expenditures Made 3,150,25 801.80 Candidates 22. Cumulative Expenditures Made* 801.80 3,150.25 Uf Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 801.80 3,150.25 Current Cash Statement 838.76 To calculate Column B, 728.56 add amounts in Column A to the corresponding *Amounts in this section may be different from amounts amounts from Column B reported in Column B. of your last report. Some 801.80 15. Cash Payments Column A, Line 8 above amounts in Column A may 765.52 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. 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).

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	from	3/15	california 46		
are Norm Office	NE ON DEVERSE			through 12	/31/15	Page.	4 01 5	
NAME OF FILER	INS ON REVERSE			· 		I.D. NUI	MBER	
MARAVIL	LA FOR COUNCIL 2015					13796	96	
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 CALENDAR (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	
12/17/15	CITY OF HAWAIIAN GARDENS REIMBURSEMENT FROM COUNTY FOR CANDIDATE STATEMENT, ETC.	☐ IND ☐ COM Y OTH ☐ PTY ☐ SCC		305.39	305.39			
12/21/15	CR&R	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC		400		400		
		□IND □COM □OTH □PTY □SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
***************************************		□ IND □ COM □ OTH □ PTY □ SCC						
10 mm			SUBTOTAL	\$ 705.39				
Schedule	A Summary	And the second s		77	(*0	Contributor C	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.			Stateme	Pocci all Taballa Common sir and DEC		\$CHEDULE E RNIA 460 M
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NUMBE	
MARAVILLA FOR COUNCIL 2015						1379696	
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc, CNS campaign consultants CTB contribution (explain nonmenetary)* 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 expens PET petition circui PHO phone banks POL polling and s POS postage, deli	munications I appearance ses lating urvey researd very and mes	s	RAD radio a RFD return SAL campa TEL t.v. or TRC candio TRS staff/s TSF transfi	airtime and production ed contributions align workers' salaries cable airtime and prod date travel, lodging, an pouse travel, lodging, a prouse travel, lodging, a er between committees	uction costs d meals and meals s of the same	·
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DESCRIPTION OF PAYMEN			YMENT		AMOUNT PAID
COSTCO LAKEWOOD, CA		мтс	FOOD FOR VIC	TORY PART	Y		199
CITY FOODS WHOLESALE		мтв	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							500.04
1. Itemized payments made this period. (Include all Schedule E subtotals.)							
2. Unitemized payments made this period of under \$100							O
4. Total payments made this period. (Add Lines 1, 2, and 3							801.80