Campaign Statement Cover Page Government Code Sections 84200-84216.5)			RECEIVED	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2022 through09/24/2022	Date of election if applicable: (Month, Day, Year)	2022 OCT -3 PM 12:	Page 1 of 15 For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	rimarily Formed Ballot Measure committee Controlled Controlled Sponsored So Complete Part 6 rimarily Formed Candidate/ officeholder Committee So Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	Quari Speci Supp ermination)	terly Statement ial Odd-Year Report lemental Preelection ment - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Reyes for District 5 City Council 2022 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CO	ox	Treasurer(s) NAME OF TREASURER YOLANDA MITANDA MAILING ADDRESS CITY NAME OF ASSISTANT TREASUR MAILING ADDRESS	STATE ZIP CO	DDE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California	this statement and to the	OPTIONAL: FAX / E-MAIL ADDR		es is true and complete. I certify
Executed on	Ву — Ву — Ву — Ву —	Signature of Controlling Officeholder, Candidate, St	or ate Measure Proponent	

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

	COVERP	AGE - PA	ART 2
CALIF	ORNIA ORM	46	0
Page		of <u>15</u>	_

	ommittee	6.	Primarily Formed Ballot M	leasure Committ	ee	
NAME OF OFFICEHOLDER OR CANDIDATE	- 14 TM -		NAME OF BALLOT MEASURE			-
Richard Anthony Reyes, Jr.						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND D	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER JU	JRISDICTION	-	SUPPORT
City Council Member West Covina Distric	t 5					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP		Identify the controlling officeho	older, candidate, or	state measure	proponent, if ar
			NAME OF OFFICEHOLDER, CANDIDA	TE, OR PROPONENT	·	
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of you	y you or are primarily formed to receive		OFFICE SOUGHT OR HELD	······.	DISTRICT NO.	IF ANY
COMMITTEE NAME	LD. NUMBER					
		7	Brimarily Formed Candida	40/08:bl-l		
NAME OF TREASURER	CONTROLLED COMMITTEE?	1.	Primarily Formed Candida	ite/Oπicenolaer (Jommittee <i>Li</i>	ist names of
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO	7.	officeholder(s) or candidate(s) for	which this committee	is primarily form	ist names of ned.
	☐ YES ☐ NO		officeholder(s) or candidate(s) for	which this committee	is primarily form	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO	☐ YES ☐ NO		officeholder(s) or candidate(s) for	which this committee	is primarily form	SUPPORT SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)		officeholder(s) or candidate(s) for NAME OF OFFICEHOLDER OR CANDI	DATE OFFICE SO	is primarily form	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX) ZIP CODE AREA CODE/PHONE		officeholder(s) or candidate(s) for NAME OF OFFICEHOLDER OR CANDI	DATE OFFICE SO	is primarily form	SUPPORT SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO CITY STATE COMMITTEE NAME	P.O. BOX) ZIP CODE AREA CODE/PHONE		officeholder(s) or candidate(s) for NAME OF OFFICEHOLDER OR CANDI	Which this committee DATE OFFICE SO DATE OFFICE SO DATE OFFICE SO	is primarily form	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS (NO CITY STATE COMMITTEE NAME NAME OF TREASURER	P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		officeholder(s) or candidate(s) for NAME OF OFFICEHOLDER OR CANDI NAME OF OFFICEHOLDER OR CANDI NAME OF OFFICEHOLDER OR CANDI	Which this committee DATE OFFICE SO DATE OFFICE SO DATE OFFICE SO	DUGHT OR HELD DUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
	P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		officeholder(s) or candidate(s) for NAME OF OFFICEHOLDER OR CANDI NAME OF OFFICEHOLDER OR CANDI NAME OF OFFICEHOLDER OR CANDI	Which this committee DATE OFFICE SO DATE OFFICE SO DATE OFFICE SO	DUGHT OR HELD DUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO CITY STATE COMMITTEE NAME NAME OF TREASURER	P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		Officeholder(s) or candidate(s) for NAME OF OFFICEHOLDER OR CANDINAME	Which this committee DATE OFFICE SO DATE OFFICE SO DATE OFFICE SO	DUGHT OR HELD DUGHT OR HELD DUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

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

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

Cash Equivalents and Outstanding Debts

Amounts may be rounded to whole dollars.

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Q.	21VII)	///\	r	гм	S

CALIFORNIA

Statement covers period

			from	n	01/01/2022	FORM TOO		
SEE INSTRUCTIONS ON REVERSE		through09/24/2022						
NAME OF FILER					<u> </u>	I.D. NUMBER		
Reyes for District 5 City Council 2022						1452223		
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE		Running in Both th	mary for Candidates e State Primary and		
1. Monetary Contributions	\$ 6,705.00	\$	6,705.0	20	General Elections			
2. Loans Received Schedule B, Line 3	0.00		0.0	00	1/1 th	rough 6/30 7/1 to Date		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 6,705.00	\$	<u>6</u> ,705.0	00	20. Contributions	_		
4. Nonmonetary Contributions	0.00		0.0	00	Received \$ 21. Expenditures	\$ <u></u>		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 6,705.00	\$	6,705.0		Made \$	\$		
Expenditures Made		-		7	Expenditure Limit S	Summany for State		
6. Payments Made Schedule E, Line 4	\$ 4,761.42	\$	4,761.4	2	Candidates	difficiency for State		
7. Loans Made Schedule H, Line 3	0.00		0.0	0				
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 4,761.42	\$	4,761.42	2	22. Cumulative Expenditures Made* (#Subject to Voluntary Expenditure Limit)			
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	7,535.24		7,535.24	4	Date of Election	Total to Date		
10. Nonmonetary Adjustment Schedule C, Line 3	0.00		0.00	0	(mm/dd/yy)	Total to Date		
11. TOTAL EXPENDITURES MADE	\$ 12,296.66	\$	12,296.66	<u>6</u>		\$		
Current Cash Statement				ᅱ.		. \$		
12. Beginning Cash Balance Previous Summary Page, Line 16		To	calculate Column B, ad	44				
13. Cash Receipts	6,705.00	am	ounts in Column A to th					
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00		responding amounts n Column B of your las	st .	*Amounts in this section ma reported in Column B.	ay be different from amounts		
15. Cash Payments Column A, Line 8 above	4,761.42	rep	ort. Some amounts in umn A may be negative		reported itt Column B.			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,943.58	figu	ires that should be					
If this is a termination statement, Line 16 must be zero.			tracted from previous					

0.00

0.00

the first report being filed

carry over the amounts from Lines 2, 7, and 9 (if

any).

for this calendar year, only

FPPC Form 460 (Jan/2016)

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

Schedule		Amour	nts may be rounded				SCHEDULE		
wonetary	Contributions Received		whole dollars.		Statement covers period m01/01/2022		CALIFORNIA		^{IIA} 460
SEE INSTRUCTION	ONS ON REVERSE			through <u>09/24/2</u>	022	D (-# 15		
NAME OF FILER				tinough		Page	of15		
	istrict 5 City Council 2022					1.D. NUMBER			
Reyes TOI D	Istifet 5 City Council 2022	1				1452223			
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 YE (JAN. 1 - DEC.	AR	R ELECTION TO DATE REQUIRED)		
08/25/2022	Dominic Arjonilla	⊠IND □COM □OTH □PTY □SCC	CEO Williamson Morgan &Associates Llc	615.00	6	15.00 G2022	\$615.0		
09/07/2022	Jenny Avila	⊠IND □COM □OTH □PTY □SCC	Owner United Trust Escrow	615.00	6.	15.00 G2022	\$615.00		
08/24/2022	Anthony Gallardo	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Sales Pres	500.00	5(00.00 G2022	\$500.00		
09/07/2022	Al Garcia	⊠IND □COM □OTH □PTY □SCC	Retired N/A	250.00	25	50.00 G2022	\$250.00		
08/25/2022	Robert Gomez		sales Not specified	615.00	61	5.00 G2020	\$615.00		
			SUBTOTAL\$	2,595.00					
	A Summary ceived this period – itemized monetary contributions.				*Contril	outor Codes			
(Include all	Schedule A subtotals.)		\$	6,555.00	COM-	idividual Recipient Comn			
	ceived this period – unitemized monetary contributions			150.00	OTH -	(other than PT) Other (e.g., bus			
3. Total mone (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colum	ın A, Line 1.)	TOTAL \$	6,705.00	SCC-S	Political Party Small Contributo	or Committee		

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

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole					DRNIA 460		
				through 09/24	/2022 P	age5_	_ of15		
NAME OF FILER			<u> </u>		- 1	D. NUMBER			
Reyes for Di	strict 5 City Council 2022				1	452223			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER).D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31	₹	ER ELECTION TO DATE F REQUIRED)		
08/25/2022	Jm Financial Holdings Llc	□IND □COM ☑OTH □PTY □SCC		615.00	615	.00 G2022	\$615.00		
09/07/2022	Law Offices of Stephen B. Ensberg	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500.00	500	.00 G2022	\$500.00		
09/23/2022	LB Maverick & Company. Inc.	□IND □COM ☑OTH □PTY □SCC		300.00	300.	00 G2022	\$300.00		
09/03/2022	Prime Equity Mortgage	□IND □COM ☑OTH □PTY □SCC		615.00	615.	00 G2022	\$615.00		
08/28/2022	Andrew Quezada	XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Broker Andrew Quezada	615.00	615.	00 G2022	\$615.00		
			SUBTOTAL\$	2,645.00					

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

www.fppc.ca.gov

Monetary	A (Continuation Sheet) Contributions Received	Amounts may to whole		from 01/01/2022		ŀ	SCHEDU IFORNIA FORM	400
NAME OF FILER		_				LD. N	UMBER	
Reyes for Di	strict 5 City Council 2022					1452	223	
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 YE (JAN. 1 - DEC.	AR	ТО	LECTION DATE QUIRED)
08/25/2022	Gabriel Quezada	IND COM OTH PTY SCC	Loan Officer Prime Equity Mortgage	615.00	63	5.00	G2022	\$615.00
08/30/2022	Lyle Sakamoto	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	200.00	20	0.00	G2022	\$200.00
09/23/2022	Charlene Janet Woods	☑IND □COM □OTH □PTY □SCC	Retired N/A	500.00	50	0.00	G2022	\$500.00
		□IND □COM □OTH □PTY □SCC						

SUBTOTAL\$

□сом ⊟отн □PTY ⊟scc

*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

1,315.00

Schedule E Payments Made	-	Amounts may be rounded to whole dollars. Statement covers p from01/01/202					SCHEDULE FORNIA 460 ORM		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through09/:	24/2022	Page	<u>7</u> o	f <u>15</u>	
Reyes for District 5 City Council 2022						I.D. NUM	BER		
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 con MTG meetings at OFC office expended PET petition circle PHO phone bank POL polling and POS postage, de	mmunications and appearan enses sulating s survey rese elivery and m	s ces	RAD radio airtime RFD returned con SAL campaign w TEL t.v. or cable a TRC candidate tra TRS staff/spouse TSF transfer betw. VOT voter registra	and production contributions of the salaries airtime and productivel, lodging, and maked, lodging, and reen committees of	tion costs neals d meals f the san	ne candid	ate/sponsor	
NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR DES	CRIPTION OF PAYMENT			AMOU	JNT PAID	
eFundraising Connections eFundraising Connections		0FC	Processing fee					138.47	
erunizating Connections		OFC	Processing fee					28.18	
eFundraising Connections	,	OFC	Processing fee					12.25	
* Payments that are contributions or independent expenditures m	nust also be summ	arized on \$	ichedule D.		SUBTO	OTAL \$		178.90	
Schedule E Summary									
1. Itemized payments made this period. (Include all Schedule I	E subtotals.)		•••••••			. \$	4,7	711.42	
Unitemized payments made this period of under \$100						\$		50.00	
Total interest paid this period on loans. (Enter amount from S	Schedule B, Part	1, Column	(e).)			. \$		0.00	
4. Total payments made this period. (Add Lines 1, 2, and 3. En	iter here and on th	ne Summa	ry Page, Column A, I	_ine 6.)	TOTAL	\$	4,7	61.42	

Schedule E
(Continuation Sheet)
Payments Made

(Continuation Sheet) Payments Made	Amounts may I to whole d	oe rounded ollars.		Statement covers period from01/01/2022	CALIFORNIA 46	60
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through09/24/2022	Page8 of15	5
Reyes for District 5 City Council 2022					I.D. NUMBER 1452223	
CODES: If one of the following codes accurately described in the consultants consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain LEG legal defense LT campaign literature and mailings	MBR member con MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, de	nmunications d appearance uses elating s survey resea ivery and m	e ees	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, a TSF transfer between committees VOT voter registration WEB information technology costs	costs uction costs meals ind meals of the same candidate/sp	onsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR DES	CRIPTION OF PAYMENT	AMOUNT PAIL	D
eFundraising Connections		OFC	Processing fee			30.93
eFundraising Connections		OFC	Processing fee		2	39.93
First National Bank			Credit card paymen	et .	3,00	00.00
Florentino Aparicio dba Aparicio's Distribution Serv	ices	LIT			80	00.00
Interstate Apparel Inc.		LII			22	
* Payments that are contributions or independent expenditures mu	st also he summarized on S					20.00
	or also be samma ized on a	oneuale D.		SUB	TOTAL \$ 4,19	0.85

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.		from	Statement covers period	CALIFORNIA 46		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				thro	ugh 09/24/2022	Page _	9 of 15
Reyes for District 5 City Council 2022						I.D. NUMI 145222	
CODES: If one of the following codes accurately described campaign paraphemalia/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 an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	imunications d appearance ises lating survey resea ivery and me	es	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and productio returned contributions campaign workers' salaries t.v. or cable airtime and pro	n costs s oduction cost nd meals , and meals es of the sar	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	ON OF PAYMENT	• • • • • • • • • • • • • • • • • • • •	AMOUNT PAID
Yolanda Miranda & Assoc.		POS					41.66
Yolanda Miranda & Assoc.		PRC					300.00
						i	

SUBTOTAL \$

341.56

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

•			1000
Schedule F			SCHEDULI
	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Accrued Expenses (Unpaid Bills)	to whole dollars.	from 01/01/2022	FORM 400
SEE INSTRUCTIONS ON REVERSE		through 09/24/2022	Page 10 of 15
NAME OF FILER			I.D. NUMBER
Reyes for District 5 City Council 2022			1452223
CODES: If one of the following codes accurately described 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 RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging,	costs duction costs d meals and meals s of the same candidate/sponsor

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER L.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUT STANDING BALANCE AT CLOSE OF THIS PERIOD
First National Bank	Credit card payment	0.00	7,267.20	0.00	7,267.20
First National Bank	Credit card payment	0.00	265.00	0.00	265.00
Yolanda Miranda & Assoc.	POS	0.00	3.04	0.00	3.04
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	0.00\$	7,535.24\$	0.00\$	7,535.24

Schedule F Summary

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on
- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

on the Summary Page, Column A, Line 9.)

NET \$ 7,535.24

	· · · · · · · · · · · · · · · · · · ·	the state of the s	
Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 01/01/2022	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through09/24/2022	Page 11 of 15
Reyes for District 5 City Council 2022 NAME OF AGENT OR INDEPENDENT CONTRACTOR			I.D. NUMBER 1452223
First National Bank			
CODES: If one of the following codes accurately described CMP campaign paraphemalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must be	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 airfime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, a	costs uction costs meals and meals of the same candidate/sponsor

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Arrow Lodge Brewing	MTG		340.9
Dizzy Printing	LT		1,400.0
Dizzy Printing	Sh	irt Printing	165.0
Dizzy Printing	CMP Sig	ns	3,500.0
ttach additional information on appropriately labeled continuation sh	neets		TOTAL* \$ 5,205.93

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G (Continuation Sheet)
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

	SCHEDULE G (CONT			
tatement covers period	CALIFORNIA ACO			
01/01/2022	CALIFORNIA 460			

ole doliars.	from 01/01/2022	FORM 460
	through 09/24/2022	Page 12 of 15
		I.D. NUMBER
		1452223

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Reyes for District 5 City Council 2022

First National Bank

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

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		meetings and appearances	RFD	returned contributions
	contribution (explain nonmonetary)*		office expenses		
	civic donations				campaign workers' salaries
	The min n n o		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				TD0	candidate travel, loughly, and means
	to the second se	POL		IRS	staff/spouse travel, lodging, and meals
150	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
ŒĠ	legal defense	PRO	professional services (legal, accounting)		voter registration
ШΤ	campaign literature and mailings	PRT			
) A	11/1	Print aus	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Google, LLC	MEB	239.8
Google, LLC	WEB	350.00
Hub 33 Studio	OFC T-shirts	1,250.00
Nothing Bundt Cakes	OFC	73.25
ttach additional information on appropriately labeled continuation sh	pets	TOTAL* \$ 1,913.10

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G (Continuation Sheet)
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

		SCHEDULE G (CONT.
	Statement covers period	CALIFORNIA 460
	from01/01/2022	FORM 40U
	through09/24/2022	- Page <u>13</u> of <u>15</u>
_		I.D. NUMBER

1452223

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Reyes for District 5 City Council 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

First National Bank

CODES: If or	e of the following codes	accurately describes	the payment,	you may	enter the code.	Otherwise.	describe the	payment.
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CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions OFC office expenses CTB contribution (explain nonmonetary)* 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 TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research ND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor legal defense LEG PRO professional services (legal, accounting) VOT voter registration ШΤ campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMO	OUNT PAID
Nothing Bundt Cakes	MTG			73.25
Nothing Bundt Cakes	Pastrie	s for event		73.25
Political Data Intelligence	LIT			58.76
Political Data Intelligence	LIT			150.00
Attach additional information on appropriately labeled continuation s	heets		TOTAL* \$	355.26

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G (Continuation Sheet)
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

			SCH	EDUL	EG(CC	NT.
Statement covers period		CALI	FORN	IIA	AC	\mathbf{a}
from	01/01/2022	F	ORM		40	160
through_	09/24/2022	Page	14	of	15	

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I.D. NUMBER

1452223

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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Reyes for District 5 City Council 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

campaign literature and mailings

First National Bank

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

print ads

PRT

CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses CVC civic donations PET petition circulating FIL candidate filing/ballot fees PHO phone banks FND fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services LEG legal defense PRO professional services (legal, accounting)

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data Intelligence	WEB		600.0
orto's Bakery & Cafe	FND		284.5
lybroadcaster	WEB	•	400.0
wilio, Inc.	OFC		100.0

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

1,384.52

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G (Continuation Sheet)
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

		SCHEDU	ILE G (CONT
Stat	ement covers period	CALIFORNIA	460
rom_	01/01/2022	FORM	400

Contractor (on Benair or This Committee)	from01/01/2022	FORM	-100
SEE INSTRUCTIONS ON REVERSE	through 09/24/2022	Page15	of15
VAME OF FILER		1.D. NUMBER	
Reyes for District 5 City Council 2022		1452223	
NAME OF AGENT OR INDEPENDENT CONTRACTOR			

First National Bank

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

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	Al	MOUNT PAID
Unique Printing	LIT			324.1
VistaPrint	LIT			137.44
VistaPrint	LIT			700.63
ttach additional information on appropriately labeled continuation s			TOTAL* \$	

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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