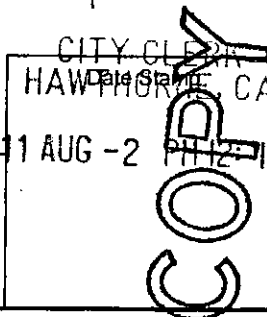


**Recipient Committee
Campaign Statement
Cover Page**



COVER PAGE	
CALIFORNIA FORM	460
Page	1 of 5
For Official Use Only	

Statement covers period from 01/01/2011 through 06/30/2011	Date of Election if applicable (Month, Day, Year)
--	--

1. Type of Recipient Committee

- | | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Sponsored |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement

- | | |
|---|--|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-Annual Statement | <input type="checkbox"/> Special Odd-Year Statement |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment | |

3. Committee Information

I.D. Number 1320290

COMMITTEE NAME

ANGIE REYES ENGLISH FOR CITY COUNCIL 2009

STREET ADDRESS (NO PO BOX)

3700 WILSHIRE BLVD., STE. 1050-B

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90010	(213) 489-4792

MAILING ADDRESS (IF DIFFERENT)

CITY	STATE	ZIP CODE
------	-------	----------

OPTIONAL: FAX / E-MAIL ADDRESS

(213) 489-4818

Treasurer(s)

NAME OF TREASURER

DAVID L. GOULD

STREET ADDRESS

3700 WILSHIRE BLVD., STE. 1050-B

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90010	213/489-4792

NAME OF ASSISTANT TREASURER, IF ANY

MICHELLE MOORE SANDERS

STREET ADDRESS

3700 WILSHIRE BLVD., STE. 1050-B

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90010	213/489-4792

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 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 7-27-11

By

Executed on 7-27-11

By

Executed on

By

Executed on

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee
Campaign Statement
Cover Page - Part 2

COVER PAGE - PART 2
CALIFORNIA FORM 460

Statement covers period
from 01/01/2011
through 06/30/2011

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

ANGIE REYES ENGLISH

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

City Council, City of Hawthorne

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
3700 WILSHIRE BLVD., STE. LOS ANGELES CA 90071

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

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE ?

☐ YES ☐ NO

COMMITTEE STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE ?

☐ YES ☐ NO

COMMITTEE 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 OR 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

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	01/01/2011	
through	06/30/2011	
		Page 3 of 5

NAME OF FILER **ANGIE REYES ENGLISH FOR CITY COUNCIL 2009**

I.D. NUMBER
1320290

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received Schedule B, Line 3	0.00	1,000.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0.00	\$ 1,000.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0.00	\$ 1,000.00

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 Recieved	\$	\$
21. Expenditures Made	\$	\$

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 7.90	\$ 7.90
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 7.90	\$ 7.90
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	1,767.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDIURES MADE Add Lines 8 + 9 + 10	\$ 7.90	\$ 1,774.90

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 14.42
13. Cash Receipts Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	7.90
16. ENDING CASH BALANCE . Add Lines 12 + 13 + 14, then subtract Line 15	\$ 6.52
17. LOAN GUARANTEES RECEIVED. Schedule B, Part 2	\$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0.00
19. Outstanding Debts. Add Lines 2 + Line 9 in Column B above	\$ 2,767.00

Expenditure Limit Summary for State Candidates

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

\$ _____
\$ _____

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

Schedule B - Part 1 Loans Received

SCHEDULE B - PART 1

Statement covers period from 01/01/2011 through 06/30/2011		CALIFORNIA FORM 460
		Page 4 of 5

NAME OF FILER **ANGIE REYES ENGLISH FOR CITY COUNCIL 2009**

I.D. NUMBER
1320290

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECIEVED 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
ANGIE REYES ENGLISH 3700 WILSHIRE BLVD. STE. 1050-B LOS ANGELES, CA 90071 Contributor Code: IND	Sr. District Representative Senator Curren Price	1,000.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	1,000.00	0.00	1,000.00	CALENDAR YEAR 0 PER ELECTION **
					DUE DATE 10/16/2010	INTEREST RATE 0.00 %	DATE INCURRED 10/16/2009	

SUBTOTALS \$	(b) 0.00	(c) 0.00	(d) 1,000.00	(e) 0.00	
---------------------	-------------	-------------	-----------------	-------------	--

Schedule B Summary

- Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.) \$ 0.00
- Loans paid or forgiven this period \$ 0.00
(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 \$** 0.00
Enter the net here and on the Summary Page, Column A, Line 2.

** Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule F
Accrued Expenses (Unpaid Bills)

SCHEDULE F

Statement covers period		CALIFORNIA FORM 460
from	01/01/2011	
through	06/30/2011	Page 5 of 5
NAME OF FILER		I.D. NUMBER
ANGIE REYES ENGLISH FOR CITY COUNCIL 2009		1320290

CODES: If one of the following 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 expenses	POL polling and survey research	TRS staff / spouse travel, lodging and meals
IND independent expenditures supporting/opposing others	POS postage, delivery and messenger services	TSF
LEG legal defense	PRO professional services (legal, accounting)	VOT transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	WEB voter registration
		information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Mitchell Printing & Publishing Inc. 127 South Anderson Street Los Angeles, CA 90033	LIT	967.00	0.00	0.00	967.00
SB Strategies LLC 20929 Ventura Blvd Ste 47101 Woodland Hills, CA 91364	LIT	800.00	0.00	0.00	800.00
SUBTOTALS \$		1,767.00	\$ 0.00	\$ 0.00	1,767.00

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, column A, Line 9.) **NET \$** 0.00