Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

For Official Use Only

Date Stamp

CITY CLERK
HAWTHORNE, CA
11 AUG -2 PM 12:11
COPY

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

1. Type of Recipient Committee

- [x] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall
- [ ] General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ◯ Controlled
  - ◯ Sponsored
- [ ] Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement

- [ ] Pre-election Statement
- [x] Semi-Annual Statement
- [ ] Termination Statement
- [ ] Amendment
- [ ] Quarterly Statement
- [ ] Special Odd-Year Statement
- [ ] Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 1320290

COMMITTTEE 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 _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7-27-11 By Angie Reyes English
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

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 primarioy 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
from 01/01/2011
through 06/30/2011

CALIFORNIA FORM **460**

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

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

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	$	$

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

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

CALIFORNIA FORM 460

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		☐ PAID ☐ FORGIVEN	1,000.00 DUE DATE 10/16/2010	0.00 INTEREST RATE 0.00 %	1,000.00 DATE INCURRED 10/16/2009	CALENDAR YEAR 0 PER ELECTION **
			(b)	(c)	(d)	(e)		
		SUBTOTALS $	0.00	0.00	1,000.00	0.00		

Schedule B Summary

1. Loans received this period
   (Total Column (b) plus unitemized loans of less than $100.) . . . . . $ 0.00
2. 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 thatare also itemized on Schedule A.)
3. 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)

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

CALIFORNIA FORM 460

NAME OF FILER ANGIE REYES ENGLISH FOR CITY COUNCIL 2009

I.D. NUMBER 1320290

CODES: If one of the following 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 expenses
IND independent expenditures supporting/opposing others
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 poressional 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
VOT transfer between committees of the same candidate/sponsor
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

1. 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
2. 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
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 $** 0.00