

**Recipient Committee
Campaign Statement
Cover Page**

FILED THIS STATEMENT IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO

CALIFORNIA FORM **460**
 Page 1 of 10
 For Official Use Only

Statement covers period
 from 09/20/2020
 through 10/17/2020

Date of election if applicable:
 (Month, Day, Year)
11/03/2020

OCT 20 2020
 City Clerk,
 Deputy City Clerk

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 4)
 - General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
 - Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored (Also Complete Part 4)
 - Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

- 2. Type of Statement:**
- Prefection 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 1426661

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Flores for Council 2020

STREET ADDRESS (NO P.O. BOX)
22365 Barton Road Suite 207

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Grand Terrace</u>	<u>CA</u>	<u>92313</u>	<u>909-496-1210</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Robert F Rego

MAILING ADDRESS
22365 Barton Road Suite #207

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Grand Terrace</u>	<u>CA</u>	<u>92313</u>	<u>909-496-1210</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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 10/20/20 Date

Executed on 10/20/20 Date

Executed on _____ Date

Executed on _____ Date

By _____ Signature of Treasurer

By _____ Signature of Sponsor 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**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Christopher Flores

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City of Chino Council Member District 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
13032 7th Street Chino, CA 91710

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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>10</u>
	I.D. NUMBER 1426661

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Flores for Council 2020

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>2,124.00</u>	\$ <u>2,648.00</u>
2. Loans Received..... Schedule B, Line 3	\$ <u>3,200.00</u>	\$ <u>5,950.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>5,324.00</u>	\$ <u>8,598.00</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>5,324.00</u>	\$ <u>8,598.00</u>

**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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>3,994.41</u>	\$ <u>7,138.13</u>
7. Loans Made..... Schedule H, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>3,994.41</u>	\$ <u>7,138.13</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>654.00</u>	\$ <u>654.00</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>4,645.41</u>	\$ <u>7,792.13</u>

**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	\$ <u>130.28</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u>5,324.00</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>965.00</u>
15. Cash Payments..... Column A, Line 8 above	\$ <u>3,984.41</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2,444.87</u>

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

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.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>6,604.00</u>

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>		CALIFORNIA FORM 460
NAME OF FILER Flores for Council 2020		LD. NUMBER 1426661

SEE INSTRUCTIONS ON REVERSE

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 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)
09/22/2020	James Wofinbarger [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None / None	100.00	100.00	
09/22/2020	Chino Auto Repair & Collision Ctr [REDACTED] Chino, CA 91710	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
09/29/2020	L Reyes [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/ Retired	200.00	200.00	
10/04/2020	Viramontes Express Inc [REDACTED] Corona, CA 92890	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
10/04/2020	Edgar Gray Rertired / Retired [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired / Retired	100.00	100.00	

SUBTOTAL \$ 1,900.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ <u>2,000.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>124.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	TOTAL \$ <u>2,124.00</u>

***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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>10</u>
I.D. NUMBER 1426661	

NAME OF FILER
Flores for Council 2020

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)
10/04/2020	Eduardo P Layaye [REDACTED] Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trustee / None	100.00	100.00	
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				100.00		

*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

**Schedule B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page <u>6</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Flores for Council 2020	LD. NUMBER 1426861
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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. 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		
Chris Flores 13032 7th Street Chino, CA 91710	Realtor / None	\$ 250.00	\$ 3,200.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 3,450.00 12/31/21 DATE DUE	0.00 % RATE \$ 0.00	\$ 250.00 07/14/20 DATE INCURRED	CALENDAR YEAR \$ 5,950.00 PER ELECTION** \$		
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
Chris Flores 13032 7th Street Chino, CA 91710	Realtor / None	\$ 1,200.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,250.00 12/31/21 DATE DUE	0.00 % RATE \$ 0.00	\$ 1,250.00 09/01/20 DATE INCURRED	CALENDAR YEAR \$ 5,950.00 PER ELECTION** \$		
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
Chris Flores 13032 7th Street Chino, CA 91710	Realtor / None	\$ 1,300.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,300.00 12/31/21 DATE DUE	0.00 % RATE \$ 0.00	\$ 1,300.00 9/16/20 DATE INCURRED	CALENDAR YEAR \$ 5,950.00 PER ELECTION** \$		
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
SUBTOTALS							\$ 3,200.00	\$ 0.00	\$ 5,950.00	\$ 0.00

Schedule B Summary

- (Enter (a) on Schedule E, Line 3)
- Loans received this period \$ 3,200.00
(Total Column (b) plus unitemized loans of less than \$100.)
 - 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 \$ 3,200.00
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**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460	
from	09/20/2020	Page	7 of 10
through	10/17/2020	I.D. NUMBER	1426661

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Flores for Council 2020

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
SoCal Graphics 865 S Miliken Ave Suite E Ontario, CA 91761	CMP		1,436.93
Office Depot 2200 S Grove Ave Ontario, CA 91761	LIT		818.90
FaceBook 1 Hacker Way Menlo Park, CA 94025	WEB		834.88

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

SUBTOTAL \$ 3090.71

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 3880.71
2. Unitemized payments made this period of under \$100	\$ 113.70
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 3,994.41

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Flores for Council 2020

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
Parkview Business Services 22365 Barton Road Suite #207 Grand Terrace, CA 92313	PRO			300.00
Husle, Inc. 595 Market St Suite 920 San Francisco, CA 94105	CMP			100.00
Champion Newspapers 13179 Ninth Street Chino, CA 91708	PRT			390.00

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

SUBTOTAL \$ 790,003,880.71

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	CALIFORNIA FORM 460
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I.D. NUMBER 1426661	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Flores for Council 2020

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 CREDITOR (IF COMMITTEE, ALSO ENTER I.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) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Christopher Flores 13032 7th Street Chino, CA 91710	FIL	0.00	654.00	0.00	654.00
SUBTOTALS \$		0.00 \$	654.00 \$	0.00 \$	654.00

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

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 \$** 654.00
- 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 \$** 654.00
May be a negative number

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Flores for Council 2020

I.D. NUMBER
1426661

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/25/2020	Budget Watchdogs Newsletter FPPCD # 1345115 22410 Hawthorne Blvd STE 5 Torrance, CA 90505	Return of Fees for State Mailer	382.00
09/25/2020	Cal Sal FPPC # 1368249 22410 Hawthorne Blvd STE 5 Torrance, CA 90505	Return of Fees for State Mailer	177.00
09/25/2020	California Voter Guide FPPC # 595-004 22410 Hawthorne Blvd STE 5 Torrance, CA 90505	Return of Fees for State Mailer	137.00
09/25/2020	Election Digest FPPC # 1345303 22410 Hawthorne Blvd STE 5 Torrance, CA 90505	Return of Fees for State Mailer	289.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 985.00

Schedule I Summary

1. Itemized increases to cash this period.	\$ 985.00
2. Unitemized increases to cash of under \$100 this period.	\$ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ 985.00