

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

|                                                       |                                               |                                                                                  |                                                                                                   |                                                         |
|-------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>NAME OF FILER</b><br>California's Best             |                                               | <b>Date of This Filing</b> <u>10/28/2022</u>                                     | Date Stamp<br><b>RECEIVED</b><br><br>2022 OCT 28 P 2:15<br><br>CITY OF SAN FERNANDO<br>CITY CLERK | <b>CALIFORNIA FORM 496</b><br><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(213) 489-4792       | <b>I.D. NUMBER (if applicable)</b><br>1442900 | <b>Report No.</b> <u>10</u>                                                      |                                                                                                   |                                                         |
| <b>STREET ADDRESS</b><br>12501 Imperial Hwy. Ste. 200 |                                               | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |                                                                                                   |                                                         |
| <b>CITY</b><br>Norwalk                                | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>90650                                                         |                                                                                                   |                                                         |

## 1. List Only One Candidate or Ballot Measure

|                                               |                     |                |               |                                                    |                     |                |               |
|-----------------------------------------------|---------------------|----------------|---------------|----------------------------------------------------|---------------------|----------------|---------------|
| <b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> |                     |                |               | <b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b> |                     |                |               |
| Joel Fajardo                                  |                     |                |               |                                                    |                     |                |               |
| <b>OFFICE SOUGHT OR HELD</b>                  | <b>DISTRICT NO.</b> | <b>SUPPORT</b> | <b>OPPOSE</b> | <b>BALLOT NO./LETTER</b>                           | <b>JURISDICTION</b> | <b>SUPPORT</b> | <b>OPPOSE</b> |
| City Council Member City of San Fernando      |                     |                | X             |                                                    |                     |                |               |

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

| DATE       | DESCRIPTION OF EXPENDITURE                  | AMOUNT |
|------------|---------------------------------------------|--------|
| 10/27/2022 | Mailer<br>Cumulative to date total \$851.02 | 851.02 |
|            |                                             |        |
|            |                                             |        |
|            |                                             |        |
|            |                                             |        |

Reason for Amendment: \_\_\_\_\_

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|                                  |            |
|----------------------------------|------------|
| <b>CALIFORNIA</b><br><b>FORM</b> | <b>496</b> |
| I.D. NUMBER (if applicable)      |            |
| 1442900                          |            |

NAME OF FILER  
 California's Best

### 3. Contributions of \$100 or More Received\*

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE **                                                                                                                                                     | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | INTEREST RATES                                    |
|---------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------|
| 10/27/2022    | Adel Villalobos<br>28903 Ave Paine<br>Valencia, CA 91355                                        | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President & CEO<br>Lief Labs, LLC                                                             | 3,000.00        | If loan,<br>enter interest rate, if any<br>_____% |
|               |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               |                 | If loan,<br>enter interest rate, if any<br>_____% |

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

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