Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in i		Dáte Stamp		COVER PAGE CALIFORNIA 460 FORM	
SEE INSTRUCTIONS ON REVERSE	from 01/01/2014 through 12/31/2014	(Month, Day, Year)	CITY OF COMM CITY CLER	₹₹₹₩ ₹	1of5 For Official Use Only	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure ommittee) Controlled) Sponsored lso Complete Part 6) rimarily Formed Candidate/ fficeholder Committee lso Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T	[ermination]	Quarterly Stat Special Odd-Y Supplemental Statement - At	Year Report	
3. Committee information	0 (562)858-2995	Treasurer(s) NAME OF TREASURER Yolanda Miranda MAILING ADDRESS 728 W. Edna Place CITY Covina NAME OF ASSISTANT TREASU	STATE CA RER, IF ANY	ZIP CODE 91722	AREA CODE/PHONE (626) 915-7635	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADD	STATE RESS	ZIP CODE	AREA CODE/PHONE	
Johnnydiazr1@yahoo.com 4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	By Signature of Com	wledge the information contained he Signature of Treasurer or Assistant working Officeholder, Candidate, Signature of Controlling Officeholder, Ca	Treasurer oponent or Responsible Officer of State Measure Proponent		and complete. I certify	

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Officeholder or Candidate Controlled Com	mittee		6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
John Diaz								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICA	ABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
City Council Member: City of Commerce								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STAT	E ZIP		Identify the controlling of	ficeholder ca	ndidate or eta	ata maseura	proponent if a
5027 Nobel Street	Commerce CA	90040		NAME OF OFFICEHOLDER, CA	······································		ate illeasure	proponent, n an
Related Committees Not Included in this S not included in this statement that are controlled by yo contributions or make expenditures on behalf of your of	u or are primarily forme			OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER					<u> </u>		
NAME OF TREASURER	CONTROLLED COMM	AITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s)				
	☐ YES ☐	NO			·			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA C	CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER							
				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMM			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	
COMMITTEE ADDRESS AT A	YES	NO						SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BUX)					<u> </u>		<u> </u>
CITY STATE ZIP	CODE AREA C	CODE/PHONE						
				Atta	ch continuati	on sneets if n	ACACCOM/	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA** FORM 01/01/2014

SUMMARY PAGE

from _ through _____12/31/2014 Page ___3 ___ of ___5 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER

Diaz for Council 2015						1373928	
Contributions Received	Column A TOTALTHIS PERIOD (FROM ATTACHED SCHEDULES)			Column B CALENDAR YEAR TOTAL TO DATE		nmary for Candidates ne State Primary and	
1. Monetary Contributions	\$	2,099.00	\$	2,099.00			
2. Loans Received Schedule B, Line 3		0.00		0.00	1/1 tn	rough 6/30 7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	2,099.00	\$	2,099.00	20. Contributions Received \$	\$	
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21 Expenditures	'	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	2,099.00	\$	2,099.00	Made \$	\$	
Expenditures Made					Expenditure Limit S	Summary for State	
6. Payments Made Schedule E, Line 4	\$	1,389.00	\$	1,389.00	Candidates	•	
7. Loans Made Schedule H, Line 3		0.00		0.00	22 Completive	e Expenditures Made*	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	1,389.00	\$	1,389.00		Voluntary Expenditure Limit)	
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election	Total to Date	
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE	\$	1,389.00	\$	1,389.00			
Current Cash Statement						_ \$	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0.00	То	calculate Column B. add			
13. Cash Receipts		2,099.00		nounts in Column A to the			
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	rresponding amounts m Column B of your last	*Amounts in this section m reported in Column B.	ay be different from amounts	
15. Cash Payments		1,389.00	rep	port. Some amounts in Slumn A may be negative			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	710.00	fig	ures that should be			
If this is a termination statement, Line 16 must be zero.			рe	btracted from previous riod amounts. If this is a first report being filed			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	this calendar year, only rry over the amounts			
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if y).			
18. Cash Equivalents See instructions on reverse	-						
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00			FPPC Toll-Free Helplin	FPPC Form 460 (January/0: e: 866/ASK-FPPC (866/275-377)	

Schedule A Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE A
Statement covers period	CALIFORNIA 460
from 01/01/2014	FORM 400
through _12/31/2014	Page4 of5
	I.D. NUMBER

Diaz for Council 2015 1373928 AMOUNT IF AN INDIVIDUAL, ENTER CUMULATIVE TO DATE PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CALENDAR YEAR TODATE RECEIVED CODE * PERIOD (IF SELF-EMPLOYED, ENTER NAME (JAN, 1 - DEC, 31) (IF REQUIRED) OF BUSINESS) 12/10/2014 CalMet Services, Inc. 1,000.00 1,000.00 P2015 \$1,000.00 7202 E Petterson Ln □сом Paramount, CA 90723 X OTH □ PTY SCC 12/31/2014 Patrick O Malley Mahoney XIND 500.00 P2015 500.00 \$500.00 2200 E Via Burton СОМ Anaheim, CA 92806-1221 □ OTH **□PTY** SCC 12/10/2014 Nationwide Environental Services A Div. of □IND 500.00 500.00 P2015 \$500.00 Joe's Sweeping, Inc. □сом 11914 Front Street X OTH Norwalk, CA 90650 PTY □scc □IND СОМ Потн PTY SCC ☐!ND □COM □ OTH PTY

SUBTOTAL\$

2,000.00

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2,000.00

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 99.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 2,099.00

□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

FPPC Form 460 (January/05)

chedule E Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers per from 01/01/2014	FOF	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through12/31/2014	Page	of5
Diaz for Council 2015				1.0. NOW	
CODES: If one of the following codes accurately describes campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* legal defense LTC campaign literature and mailings	MBR member con MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and POS postage, de	nmunications d appearances nses plating	RAD radio airtime and processor returned contributions SAL campaign workers's TEL t.v. or cable airtime a TRC candidate travel, lodg TRS staff/spouse travel, loices TSF transfer between con	duction costs s alaries nd production costs ing, and meals dging, and meals nnittees of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	***************************************	AMOUNT PAID
					AND 60.
* Payments that are contributions or independent expenditures r	nust also be summ	arized on Schedule D.		SUBTOTAL\$	0.0
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule	E subtotals.)			\$	0.00
2. Unitemized payments made this period of under \$100					
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1. Column (e).)		\$	0.00

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	LIFORNIA 460 FORM				
SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2015 through01/17/2015	Date of election if applicable; (Month, Day, Year)	JAN 22 PM 5 Y OF CONME CITY CLERY	Fage	1of For Official Use Only		
1. Type of Recipient Committee: All Committee State Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: X Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	[[[ermination]	Quarterly Stat Special Odd-\	∕ear Report		
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMM Diaz for Council 2015 STREET ADDRESS (NO P.O. BOX) 5027 Nobel Street	I.D. NUMBER 1373928 	Treasurer(s) NAME OF TREASURER Yolanda Miranda MAILING ADDRESS 728 W. Edna Place CITY Covina	STATE	ZIP CODE	AREA CODE/PHONE		
CITY STATE Commerce CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OF CITY STATE OPTIONAL: FAX / E-MAIL ADDRESS	ZIP CODE AREA CODE/PHONE 90040 (562) 858-2995 R P.O. BOX ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDR	STATE	91722 ZIP CODE	(626) 915-7635 AREA CODE/PHONE		
Johnnydiazrl@yahoo.com 4. Verification I have used all reasonable diligence in preparing and resunder penalty of perjury under the laws of the State of C Executed on 01/22/2015 Date Executed on 01/22/2015 Date Executed on Date Executed on Date	California that the foregoing is true and correct. By By	owledge the information contained her Signature of Treasurer or Assistant Atrolling Officeholder, Candidate, State Measure Pro	Treasurer ponent or Responsible Officer of		and complete. I certify		
Date	-,	Signature of Controlling Officeholder, Candidate, St	tate Measure Proponent				

COVER PAGE - PART 2	
CALIFORNIA 460	
FORM 400	
Page2 of5	

Officeholder or Candidate Controlled Con	nmittee		6.	Primarily Formed Ballo	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			., .,	
John Diaz								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLIC	ABLE)		BALLOT NO. OR LETTER	JURISDICTI	NC		SUPPORT
City Council Member: City of Commerce								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STA	TE ZIP		Identify the controlling off	iceholder, ca	ndidate, or state mea	asure pi	roponent, if an
5027 Nobel Street	Commerce CF	90040		NAME OF OFFICEHOLDER, CAN	w			
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your	ou or are primarily form			OFFICE SOUGHT OR HELD		DISTRIC	CT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER				·····	<u> </u>		
NAME OF TREASURER	CONTROLLED COM	MITTEES	7.	Primarily Formed Can	didate/Offic	eholder Committ	ee List	t names of
THE OF THE CONCENT	!	NO		officeholder(s) or candidate(s) for which thi	s committee is primari	ly forme	d.
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	D. BOX)			NAME OF OFFICEHOLDER OR O	ANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
CITY STATE ZI	P CODE AREA	CODE/PHONE		NAME OF OFFICEHOLDER OR O	ANDIDATE	OFFICE SOUGHT OR	HELD	
						OTTIOE COORDIN OR	11660	SUPPORT
COMMITTEE NAME	i.D. NUMBER							017002
				NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COM	MITTEE?		NAME OF OFFICEHOLDER OR O	ANDIDATE	OFFICE SOUGHT OR	HELD	
COMMITTEE		NO						SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	, BOX)			***************************************		1		<u> </u>
CITY STATE ZI	P CODE AREA	CODE/PHONE						
						on sheets if necessa		

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded

SUMMARY PAGE

Summary Page	to whole dollars.	State	ement covers period	CALIFORNIA 460
-		from	01/01/2015	FORM TOU
SEE INSTRUCTIONS ON REVERSE		through	01/17/2015	Page3 of5
NAME OF FILER			VIII.	I.D. NUMBER
Diaz for Council 2015				1373928
Contributions Possived	Column A	Column B	Calendar Year Sur	nmary for Candidates

Diaz for Council 2015						1373928
Contributions Received	(COIUMN A TOTALTHIS PERIOD FROMATTACHED SCHEDULES)		COIUMN B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e State Primary and
1. Monetary Contributions	\$	2,000.00	\$	2,000.00		7/4 to 10-4-
2. Loans Received		0.00		0.00		arough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	2,000.00	\$	2,000.00	20. Contributions Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21 Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	2,000.00	\$	2,000.00	Made \$	\$
Expenditures Made					Expenditure Limit	Summary for State
6. Payments Made Schedule E, Line 4	\$	1,090.78	\$	1,090.78	Candidates	•
7. Loans Made		0.00		0.00	22 Cumulativ	e Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	1,090.78	\$	1,090.78		Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election	Total to Date
10. Nonmonetary Adjustment		0.00		0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$	1,090.78	\$	1,090.78		\$
Current Cash Statement						\$
12. Beginning Cash Balance	\$	710.00	To	calculate Column B, add		
13. Cash Receipts Column A, Line 3 above		2,000.00	ar	nounts in Column A to the		
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00		orresponding amounts om Column B of your last	*Amounts in this section n reported in Column B.	nay be different from amounts
15. Cash Payments Column A, Line 8 above		1,090.78		port. Some amounts in olumn A may be negative	(op 0 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 /	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	1,619.22	fig	ures that should be		
If this is a termination statement, Line 16 must be zero.			ре	obtracted from previous		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	e first report being filed r this calendar year, only irry over the amounts		
Cash Equivalents and Outstanding Debts				om Lines 2, 7, and 9 (if		
18. Cash Equivalents						
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00			FPPC Toll-Free Helplin	FPPC Form 460 (January/05 ne: 866/ASK-FPPC (866/275-3772

Schedule A **Monetary Contributions Received** SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A Statement covers period **CALIFORNIA FORM** 01/01/2015 through 01/17/2015 Page _____ of ___ 5___ I.D. NUMBER

Diaz for Co	uncil 2015				1373	928
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)
01/13/2015	Catherine Justman 25408 Prado de la Felicidad Calabasas, CA 91302	⊠IND □COM □OTH □PTY □SCC	Executive Officer Justman Packaging & Display	1,000.00	1,000.00	P2015 \$1,000.00
01/13/2015	Justman Packaging & Display 5819 Telegraph Rd. Los Angeles, CA 90040	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,000.00	P2015 \$1,000.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		□IND □COM □OTH □PTY □SCC				
The state of the s		□IND □COM □OTH □PTY □SCC			:	
			SUBTOTAL\$	2,000.00		

Schedule A Summary 1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.)\$ 2. Amount received this period – unitemized monetary contributions of less than \$100\$ 0.00

3. Total monetary contributions received this period.

2,000.00 *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

FPPC Form 460 (January/05)

Schedule E	Type or print in ink. Amounts may be rounded to whole dollars.				atement covers	period CALIFO	SCHEDULE E
Payments Made					01/01/2	FOR	
SEE INSTRUCTIONS ON REVERSE				thro	ugh <u>01/17/2</u>	015 Page _5	of _5
NAME OF FILER		···				I.D. NUM	
Diaz for Council 2015						137392	8
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB 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	MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating survey resear very and me	s	RAD RFD SAL TEL TRC TRS TSF	radio airtime and returned contribu campaign worker t.v. or cable airtin candidate travel, staff/spouse travet transfer between voter registration	production costs utions rs' salaries ne and production costs lodging, and meals el, lodging, and meals committees of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures me	ust also be summ	arized on S	chedule D.		A second	SUBTOTAL\$	0.00
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule E	subtotals.)	**************************************	******	**************	*************	\$	0.00
2. Unitemized payments made this period of under \$100							
3. Total interest paid this period on loans. (Enter amount from S							
4. Total payments made this period. (Add Lines 1, 2, and 3. En							

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)