

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

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VER PAGE

CALIFORNIA
FORM 460

Date Stamp

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Page 1 of 7

2015 JAN 22

For Official Use Only

CITY CLERK
CITY OF CERRITOS

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>1/1/15</u> through <u>1/17/15</u>	Date of election if applicable: (Month, Day, Year) <u>3/3/15</u>
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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 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:

- ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

1373321

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

COMMITTEE TO ELECT JIM EDWARDS
STREET ADDRESS (NO P.O. BOX)

19719 ALBERT AVE
CITY STATE ZIP CODE AREA CODE/PHONE

CERRITOS, CALIF 90703 562-924-6582
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

CONNIE L. EDWARDS

MAILING ADDRESS

19719 ALBERT AVE.

CITY STATE ZIP CODE AREA CODE/PHONE

CERRITOS, CA 90703

562-924-6582

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 1-17-15
Date

Executed on 1-20-15
Date

Executed on _____
Date

Executed on _____
Date

By Connie L. Edwards
Signature of Treasurer or Assistant Treasurer

By Jim Edwards
Signature of Controlling Officeholder, Candidate, State Measure Proponent 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
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COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Jim EDWARDS

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

CERRITOS CITY COUNCIL

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

19719 ALBERT AVE CERRITOS, CA 90703

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 ADDRESS 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 ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

CITY CLERK
CITY OF CERRITOS

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

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

☐ 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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT JIM EDWARDS 2015 CITY CLERK

Statement covers period

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Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 2049.00	\$ 2049.00
2. Loans Received Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 2049.00	\$ 2049.00
4. Nonmonetary Contributions Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 2049.00	\$ 2049.00

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 Received	\$	\$
21. Expenditures Made	\$	\$

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 1175.09	\$ 1175.09
7. Loans Made Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 1175.09	\$ 1175.09
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0	0
10. Nonmonetary Adjustment Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 1175.09	\$ 1175.09

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

1/1/15	\$
1/1/15	\$

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 6520.64
13. Cash Receipts Column A, Line 3 above	2049.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0
15. Cash Payments Column A, Line 8 above	1175.09
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 7394.55

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 10,500.00

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.

Schedule A
Monetary Contributions Received

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

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

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I.D. NUMBER
1373321

COMMITTEE TO ELECT JIM EDWARDS 2014 CITY CLERK
CITY OF CERRITOS

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)
1-14	JANET BEACH 20140 Bouma CT CERRITOS, CA 90703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	400. ⁰⁰	400. ⁰⁰	
1-15	DIANE M. MENDEZ - PADELFORE 18104 S. SUMMER AVE. ARTESIA, CA 90701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	500. ⁰⁰	500. 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				

SUBTOTAL \$ 900.⁰⁰

Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) \$ 1700.⁰⁰

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 349.⁰⁰

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 2049.⁰⁰

*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 A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

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COMMITTEE TO ELECT JIM EDWARDS CITY CLERK
CITY OF CERRITOS

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)
1-7	JEAN McHATTON 16406 DEBRA LANE CERRITOS, CA 90703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	100.00	100.00	
1-9	BUELL, MARY 10730 E. ARTESIA BLVD. CERRITOS, CA 90703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	100.00	350.00	
1-9	MARY BUELL 10730 E. ARTESIA CERRITOS, CA 90703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	250.00	350.00	
1-12	SHIRLEY RYAN 17817 DE ORO CIR CERRITOS, CA 90703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INSTRUCTIONAL AIDE & DAY CARE TEACHER	250.00	250.00	
1-13	MARY JANE FUJIMURA 12559 KENOBI CT CERRITOS, CA 90703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	100.00	100.00	
SUBTOTAL \$				800.00		

*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

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

SCHEDULE B - PART 1

SEE INSTRUCTIONS ON REVERSE

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CITY CLERK

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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. 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
Jim EDWARDS 19719 ALBERT AVE CERRITOS, CA 90703 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	\$ 500.00	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 500 6/30/15 DATE DUE	0% 0 RATE	\$ 500.00 DATE INCURRED	CALENDAR YEAR \$ 10,500.00 PER ELECTION** \$ 10,500.00
Jim EDWARDS 19719 ALBERT AVE CERRITOS, CA 90703 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	\$ 500.00	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 5,100 6/30/15 DATE DUE	0% 0 RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
Jim EDWARDS 19719 ALBERT AVE CERRITOS, CA 90703 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	\$ 500.00	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 500 6/30/15 DATE DUE	0% 0 RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$						\$	\$	\$

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(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
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

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

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COMMITTEE TO ELECT Jim EDWARDS 2015

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, airline 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
ABC PRINTING 11823 SOUTH STREET CERRITOS, CA 90703	LIT		982.09
USPS 18122 CARMENITA RD. CERRITOS, CA 90703	POS		193. ⁰⁰

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

SUBTOTAL \$ 1175.09

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1175.09
- Unitemized payments made this period of under \$100 \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 1175.09**