

Recipient Committee  
Campaign Statement  
Cover Page

Date/Stamp	CALIFORNIA FORM <b>460</b>
CITY CLERK OFFICE	Page <u>1</u> of <u>3</u>
2016 JUL 29 A 10:12	For Official Use Only
CITY OF MONTEREY PARK	

Statement covers period from <u>1/1/16</u> through <u>6/30/16</u>	Date of election if applicable: (Month, Day, Year) <u>2013</u>
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SEE INSTRUCTIONS ON REVERSE

<p><b>1. Type of Recipient Committee:</b> All Committees – Complete Parts 1, 2, 3, and 4.</p> <p><input checked="" type="checkbox"/> Of/ceholder, Candidate Controlled Committee  <input type="checkbox"/> State Candidate Election Committee  <input type="checkbox"/> Recall  <small>(Also Complete Part 5)</small></p> <p><input type="checkbox"/> General Purpose Committee  <input type="checkbox"/> Sponsored  <input type="checkbox"/> Small Contributor Committee  <input type="checkbox"/> Political Party/Central Committee</p> <p><input type="checkbox"/> Primarily Formed Ballot Measure Committee  <input type="checkbox"/> Controlled  <input type="checkbox"/> Sponsored  <small>(Also Complete Part 6)</small></p> <p><input type="checkbox"/> Primarily Formed Candidate/Of/ceholder Committee  <small>(Also Complete Part 7)</small></p>	<p><b>2. Type of Statement:</b></p> <p><input type="checkbox"/> Preelection Statement  <input type="checkbox"/> Semi-annual Statement  <input type="checkbox"/> Termination Statement  <small>(Also See a Form 410 Termination)</small>  <input type="checkbox"/> Amendment (Explain below)</p> <p><input type="checkbox"/> Quarterly Statement  <input type="checkbox"/> Special Odd-Year Report</p>
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<p><b>3. Committee Information</b></p> <p>COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) <u>FRIENDS OF BOB PEREZ</u></p> <p>STREET ADDRESS (NO P.O. BOX) <u>2216 ANNEA CREST AVE</u></p> <p>CITY <u>HUNTINGTON PARK</u> STATE <u>CA</u> ZIP CODE <u>91745</u> AREA CODE/PHONE</p> <p>MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE</p> <p>OPTIONAL FAX/E-MAIL ADDRESS</p>	<p>I.D. NUMBER</p> <p><b>Treasurer(s)</b></p> <p>NAME OF TREASURER <u>Jim Torrio</u></p> <p>MAILING ADDRESS <u>15738 Chestnut St</u></p> <p>CITY <u>Whittier</u> STATE <u>CA</u> ZIP CODE <u>90608</u> AREA CODE/PHONE</p> <p>NAME OF ASSISTANT TREASURER, IF ANY</p> <p>MAILING ADDRESS</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE</p> <p>OPTIONAL FAX/E-MAIL ADDRESS</p>
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**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 <u>7/31/16</u> Date	By <u>[Signature]</u> Signature of Treasurer or Assistant Treasurer
Executed on <u>7/31/16</u> Date	By _____ Signature of Controlling Of/ceholder, Candidate, State Measure Proponent or Responsible Of/cer of Sponsor
Executed on _____ Date	By _____ Signature of Controlling Of/ceholder, Candidate, State Measure Proponent
Executed on _____ Date	By _____ Signature of Controlling Of/ceholder, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

5. Of fceholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
*FRIENDS OF BOB PEPEL*

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
*2168 S. MILAM BLVD #2067 Mountain View, CA 91754*

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 of fceholder, 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/Of fceholder Committee List names of of fceholder(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>11/1/16</u> through <u>6/30/16</u>	CALIFORNIA FORM <b>460</b>
	Page <u>3</u> of <u>3</u>
NAME OF FILER	I.D. NUMBER <u>1257810</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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>0</u>	\$ <u>5,400.00</u>
2. Loans Received Schedule B, Line 3	\$ <u>0</u>	\$ <u>1,074.68</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>0</u>	\$ <u>6,474.68</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>0</u>	\$ <u>6,474.68</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>0</u>	\$ <u>6,142.77</u>
7. Loans Made Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>0</u>	\$ <u>6,142.77</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>0</u>	\$ <u>6,142.77</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>28,411</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments Column A, Line 8 above	\$ <u>0</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>28,411</u>

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

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.