

ALBERT ROBLES  
FOR CARSON CITY COUNCIL 2013

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

COPY

Type or print in ink.

AMENDMENT

PER PAGE

CALIFORNIA  
FORM

460

Page 1 of 3

For Official Use Only

Statement covers period

from Jan 20, 2013

through Feb 16, 2013

Date of election if applicable:  
(Month, Day, Year)

March 5, 2013

13 AUG -7 AM 11:10

CITY OF CARSON

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 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

Summary Page calculations

3. Committee Information

I.D. NUMBER

1355385

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

ALBERT ROBIES FOR CARSON CITY COUNCIL  
2013

STREET ADDRESS (NO P.O. BOX)

21304 S. AVALON BLVD.

CITY STATE ZIP CODE AREA CODE/PHONE  
CARSON, CA 90745 (310) 987-8670

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Albert@albertrobies.com

Treasurer(s)

NAME OF TREASURER

ALBERT ROBIES

MAILING ADDRESS

21304 S. AVALON BLVD.

CITY STATE ZIP CODE AREA CODE/PHONE  
CARSON CA 90745 (310) 987-8670

NAME OF ASSISTANT TREASURER, IF ANY

Sylvia Rubio

MAILING ADDRESS

21304 S. AVALON BLVD.

CITY STATE ZIP CODE AREA CODE/PHONE  
CARSON CA 90745 (562) 305-7404

OPTIONAL: FAX / E-MAIL ADDRESS

Sylvia@albertrobies.com

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 9/7/13  
Date

Executed on  
Date

Executed on  
Date

Executed on  
Date

By   
Signature of Treasurer or Assistant Treasurer

By   
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  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 3

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

ALBERT ROBLES

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

CARSON CITY COUNCIL

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

21304 S. AVALON BLVD CARSON CA 90745

**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

COMMITTEE TO RE-ELECT  
ALBERT ROBLES

I.D. NUMBER

960246

NAME OF TREASURER

ALBERT ROBLES

CONTROLLED COMMITTEE?

☒ YES ☐ NO

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

21304 S. AVALON BLVD.

CITY STATE ZIP CODE AREA CODE/PHONE

CARSON CA 90745 (310) 987-8670

COMMITTEE NAME

FRIENDS OF ALBERT ROBLES

I.D. NUMBER

971138

NAME OF TREASURER

ALBERT ROBLES

CONTROLLED COMMITTEE?

☒ YES ☐ NO

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

21304 S. AVALON BLVD.

CITY STATE ZIP CODE AREA CODE/PHONE

CARSON CA 90745 (310) 987-8670

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

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

CALIFORNIA FORM **460**

Statement covers period  
from Jan 20, 2013  
through FEB 16, 2013

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

I.D. NUMBER

1355385

## 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>35809.99</u>	\$ <u>47,354.99</u>
2. Loans Received .....	Schedule B, Line 3	\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ <u>40,809.99</u>	\$ <u>52,354.99</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$ <u>4,900.00</u>	\$ <u>16,136.86</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ <u>45,709.99</u>	\$ <u>68,496.85</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

6. Payments Made .....	Schedule E, Line 4	\$ <u>28,454.12</u>	\$ <u>28,454.12</u>
7. Loans Made .....	Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ <u>28,454.12</u>	\$ <u>28,454.12</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$ <u>4,900.00</u>	\$ <u>16,136.86</u>
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ <u>33,354.12</u>	\$ <u>44,590.98</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>11,550.00</u>
13. Cash Receipts .....	Column A, Line 3 above	\$ <u>40,809.99</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments .....	Column A, Line 8 above	\$ <u>28,454.12</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>23,905.87</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>5,000.00</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.

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Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

COPY

Type or print in ink.

AMENDMENT

Date Stamp

CALIFORNIA  
FORM

460

Page 1 of 4

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from JAN 1, 2013  
through Jan 19, 2013

Date of election if applicable:  
(Month, Day, Year) 13 AUG -7 AM 11:10  
March 5, 2013 CITY OF CARSON

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)

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection Statement - Attach Form 495

- ☒ Amendment (Explain below)

For Schedule C and Summary page for same period  
Jan 1 - Jan 19, 2013

3. Committee Information

I.D. NUMBER 1355385

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

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

STREET ADDRESS (NO P.O. BOX)

21304 S. AVAION BLVD

CITY STATE ZIP CODE AREA CODE/PHONE

CARSON CA 90745 (310) 987-8670

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

alberto@albertrobles.com

Treasurer(s)

NAME OF TREASURER

ALBERT ROBLES

MAILING ADDRESS

21304 S. AVAION BLVD.

CITY STATE ZIP CODE AREA CODE/PHONE

CARSON CA 90745 (310) 987-8670

NAME OF ASSISTANT TREASURER, IF ANY

Sylvia Rubco

MAILING ADDRESS

21304 S. AVAION BLVD.

CITY STATE ZIP CODE AREA CODE/PHONE

CARSON CA 90745 (310) 987-8670

OPTIONAL: FAX / E-MAIL ADDRESS

Sylvia@albertrobles.com

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 8/7/13  
Date

Executed on  
Date

Executed on  
Date

Executed on  
Date

By  
Signature of Treasurer or Assistant Treasurer

By  
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  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

ALBERT ROBLES

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

CARSON CITY COUNCIL

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

21304 S. AVALON BLVD., Carson CA 90745

**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

ALBERT ROBLES  
Committee to RE-ELECT

I.D. NUMBER

960246

NAME OF TREASURER

ALBERT ROBLES

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

21304 S. AVALON BLVD.

CITY STATE ZIP CODE AREA CODE/PHONE

CARSON

CA

90745

(310) 987-8670

COMMITTEE NAME

FRIENDS OF ALBERT ROBLES

I.D. NUMBER

971138

NAME OF TREASURER

ALBERT ROBLES

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

21304 S. AVALON BLVD.

CITY STATE ZIP CODE AREA CODE/PHONE

CARSON

CA

90745

(310) 987-8670

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

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

Statement covers period from <u>Jan 1, 2013</u> through <u>Jan 19, 2013</u>	CALIFORNIA FORM <b>460</b> Page <u>3</u> of <u>4</u>
I.D. NUMBER <u>1355385</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

AIDEN ROBLES FOR CARSON CITY COUNCIL 2013

## 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>11,550.00</u>	\$ <u>11,550.00</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>11,550.00</u>	\$ <u>11,550.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>11,236.86</u>	\$ <u>11,236.86</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>22,786.86</u>	\$ <u>22,786.86</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>0</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>0</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>11,236.86</u>	\$ <u>11,236.86</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>11,236.86</u>	\$ <u>11,236.86</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
<u>      </u> / <u>      </u> / <u>      </u>	\$ _____
<u>      </u> / <u>      </u> / <u>      </u>	\$ _____

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>11,550.00</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>11,550.00</u>

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
---	-------------

## 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.



**Schedule C**  
**Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period  
from Jan 1, 2013  
through Jan 19, 2013

CALIFORNIA  
FORM **460**

Page 4 of 4

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER  
1355385

AIBENT ROBLES FOR CADSON CITY COUNCIL 2013

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Jan 2013	VERA P. DEWITT 21306 S. ADALAN BLVD CADSON, CA 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed	Rent <del>CONDO</del>	1,800.00		
Jan 2013	Committee to RE-ELECT AIBENT ROBLES # 960246	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MAILING & CONSULTING	8,736.86		
Jan 2013	Tony Innocentes	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed	Consulting SERVICE	1,500.00		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 11,236.86
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 0
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL \$ 11,236.86

\*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

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Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

COPY

Type or print in ink. AMENDMENT

PER PAGE

CALIFORNIA  
FORM

460

Page 1 of 3

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from FEB 17, 2013

through JUNE 30, 2013

Date of election if applicable  
(Month, Day, Year)

March 5, 2013

13 AUG -7 AM 11:09

CITY OF CARSON

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)

☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection Statement - Attach Form 495

☒ Amendment (Explain below)

Summary page calculations of adjustments  
from 1st preelection statement.

3. Committee Information

I.D. NUMBER

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

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

STREET ADDRESS (NO P.O. BOX)

21304 S. AVALON BLVD.

CITY STATE ZIP CODE AREA CODE/PHONE  
CARSON CA 90745 (310) 987-8670

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

albert@albertrobles.com

Treasurer(s)

NAME OF TREASURER

ALBERT ROBLES

MAILING ADDRESS

21304 S. AVALON BLVD.

CITY STATE ZIP CODE AREA CODE/PHONE  
CARSON CA 90745 (310) 987-8670

NAME OF ASSISTANT TREASURER, IF ANY

Sylvia Rubid

MAILING ADDRESS

21304 S. AVALON BLVD.

CITY STATE ZIP CODE AREA CODE/PHONE  
CARSON CA 90745 (310) 308-7404

OPTIONAL: FAX / E-MAIL ADDRESS

Sylvia@albertrobles.com

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 8/7/13

Date

Executed on

Date

Executed on

Date

Executed on

Date

By

Signature of Treasurer or Assistant Treasurer

By

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  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 3

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

ALBERT ROBIES

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

CARSON CITY COUNCIL 2013

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

21304 S. AVAION BLVD., CARSON CA 90745

**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

Committee to RE-ELECT ALBERT ROBIES

I.D. NUMBER

960246

NAME OF TREASURER

ALBERT ROBIES

CONTROLLED COMMITTEE?

☒ YES ☐ NO

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

21304 S. AVAION BLVD.

CITY STATE ZIP CODE AREA CODE/PHONE

CARSON CA 90745 (30) 987-8670

COMMITTEE NAME

FRIENDS OF ALBERT ROBIES

I.D. NUMBER

971138

NAME OF TREASURER

ALBERT ROBIES

CONTROLLED COMMITTEE?

☒ YES ☐ NO

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

21304 S. AVAION BLVD.

CITY STATE ZIP CODE AREA CODE/PHONE

CARSON CA 90745 (30) 987-8670

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

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

Statement covers period from <u>FEB 17, 2013</u> through <u>JUNE 30, 2013</u>	CALIFORNIA FORM <b>460</b>
Page <u>3</u> of <u>3</u>	I.D. NUMBER <u>1355385</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

## 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>74,088.99</u>	\$ <u>121,448.98</u>
2. Loans Received ..... Schedule B, Line 3	<u>7,000.00</u>	<u>12,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>81,088.99</u>	\$ <u>133,448.98</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>6,166.40</u>	<u>22,803.26</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>87,255.39</u>	\$ <u>156,252.24</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

6. Payments Made ..... Schedule E, Line 4	\$ <u>86,859.96</u>	\$ <u>115,314.08</u>
7. Loans Made ..... Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>86,859.96</u>	\$ <u>115,314.08</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>6,166.40</u>	<u>22,803.26</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>93,526.36</u>	\$ <u>138,117.34</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>23,405.87</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>81,088.99</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>0</u>
15. Cash Payments ..... Column A, Line 8 above	<u>86,859.96</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>18,134.90</u>

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
---	-------------

## 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>12,000.00</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.

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Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

COPY

Type or print in ink.

SEMI-ANNUAL

COVER PAGE

CALIFORNIA  
FORM

460

Page 1 of 20

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from FEB 17, 2013

through JUNE 30, 2013

Date of election if applicable:

(Month, Day, Year)

13 JUL 31 PM 5:44

MARCH 5, 2013 CITY OF CARSON

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

1355385

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

ALBERT ROBIES FOR CARSON CITY COUNCIL 2013

STREET ADDRESS (NO P.O. BOX)

21304 AVALON BLVD.

CITY STATE ZIP CODE AREA CODE/PHONE

CARSON CA 90745 (310) 987-8670

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

ALBERT ROBIES

MAILING ADDRESS

21304 AVALON BLVD.

CITY STATE ZIP CODE AREA CODE/PHONE

CARSON, CA 90745 (310) 987-8670

NAME OF ASSISTANT TREASURER, IF ANY

SYLVIA RUBIO

MAILING ADDRESS

21304 AVALON BLVD.

CITY STATE ZIP CODE AREA CODE/PHONE

CARSON CA 90745 (310) 987-8670

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

7/30/13

Date

Executed on

7/31/13

Date

Executed on

Date

Executed on

Date

By

By

By

By

Signature of Treasurer or Assistant Treasurer

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

State of California

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 30

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

ALBERT ROBIES

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

CARSON CITY COUNCIL

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

21304 S. AVALON BOOD., CARSON, CA 90745

**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

COMMITTEE TO RE-ELECT  
ALBERT ROBIES

I.D. NUMBER

960246

NAME OF TREASURER

ALBERT ROBIES

CONTROLLED COMMITTEE?

☒ YES ☐ NO

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

125 E. 214th ST.

CITY STATE ZIP CODE AREA CODE/PHONE

CARSON

CA

90745

(562) 234-0970

COMMITTEE NAME

FRIENDS OF ALBERT ROBIES

I.D. NUMBER

971138

NAME OF TREASURER

ALBERT ROBIES

CONTROLLED COMMITTEE?

☒ YES ☐ NO

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

125 E. 214th ST.

CITY STATE ZIP CODE AREA CODE/PHONE

CARSON, CA 90745

(562) 987-8670

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

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

Statement covers period  
from FEB 17, 2013  
through JUNE 30, 2013

CALIFORNIA  
FORM **460**

Page 3 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALBERT RODRIGUEZ FOR CARSON CITY COUNCIL 2013

I.D. NUMBER

1355385

## 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>74088.99</u>	\$ <u>121,448.98</u>
2. Loans Received .....	Schedule B, Line 3	<u>7,000.00</u>	<u>12,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ <u>81,088.99</u>	\$ <u>133,448.98</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3	<u>6,666.40</u>	<u>22303.26</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ <u>87,755.39</u>	\$ <u>155,752.24</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

6. Payments Made .....	Schedule E, Line 4	\$ <u>86,859.96</u>	\$ <u>115,314.08</u>
7. Loans Made .....	Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ <u>86,859.96</u>	\$ <u>115,314.08</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment .....	Schedule C, Line 3	<u>6,666.40</u>	<u>22,303.26</u>
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ <u>93,526.36</u>	\$ <u>137,617.34</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>12,355.87</u>
13. Cash Receipts .....	Column A, Line 3 above	<u>81,088.99</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	<u>0</u>
15. Cash Payments .....	Column A, Line 8 above	<u>86,859.96</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>6,584.90</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).

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

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ <u>0</u>
------------------------------------	--------------------	-------------

## 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>12,000.00</u>

\*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

Statement covers period  
from FEB 17, 2013  
through JUNE 30, 2013

CALIFORNIA FORM **460**

Page 4 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALBERT RODRIGUEZ FOR CARSON CITY COUNCIL 2013

I.D. NUMBER

1355385

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)
2/22/13	PAUL Randall 17701 S. AVALON BLVD #318 CARSON, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RATHEDN DEVELOPMENTAL ENGINEER	100.00	300.00	
2/22/13	ALBRIGHT YEE & SCHWARTZ, LLP 888 WEST 6th ST. #1400 LOS ANGELES, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00	2,350.00	
2/22/13	LEMINIEUX + O'NEILL 4105 E. THOUSAND OAKS BLVD, STE 30 WESTLAKE VILLAGE, CA 91362	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
2/22/13	PREMONSTRATE INC. 17502 WHITTIER BLVD, STE. H-124 WHITTIER, CA 90605	<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	
2/22/13	SOUTHERN CALIFORNIA PIPE TRADES 501 SHATTO PL STE 400 LOS ANGELES, CA 90038 #760715	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.	5,000.00	
SUBTOTAL \$				7,700.00		

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.)

\$ 73850.00

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

\$ 238.99

3. Total monetary contributions received this period.

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

TOTAL \$ 74,088.99

\*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)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

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

SCHEDULE A (CONT.)

Statement covers period from <u>FEB 17, 2013</u> through <u>JUNE 30, 2013</u>	<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>30</u>	

NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

I.D. NUMBER

1355385

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)
2/23/13	TAPIA & GARCIA, LLP 316 W. 2nd ST., STE 1800 LOS ANGELES, CA 90012	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,600.00	8,600.00	
2/23/13	EDWARD CHAVEZ 464 N. MAYLAND AVE LA PUENTE, CA 91746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	USEVMIND DIRECTOR	250.00	500.00	
2/22/13	FARIBA M. NOSHADAN 310 S. PRESPECT AVE APT 41 REDONDO BEACH, CA 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	1,000.00	4,000.00	
2/25/13	TERMINY GENDAL 400 PIONEER DR GLENDALE, CA 91203 <del>REDONDO BEACH, CA 90277</del>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER WASTE RESOURCES INC.	1,000.00	1,000.00	
2/26/13	LINDA J. SHIVARIAN 8500 FOLLMOUTH UNIT 1113 PLAYA DEL REY, CA 90293	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
SUBTOTAL \$				8,250.00		

\*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.)

Statement covers period from <u>FEB 17, 2013</u> through <u>JULY 30, 2013</u>	<b>CALIFORNIA FORM 460</b>
Page <u>6</u> of <u>30</u>	I.D. NUMBER <u>1355385</u>

NAME OF FILER

ALBERT RODRIGUEZ FOR CARSON CITY COUNCIL 2013

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)
2/27/13	D. R. CONSULTANTS 125 S. FIGUEROA ST., STE 3320 LOS ANGELES, CA 90017	<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	
2/27/13	HEATPlex CORP 405 E. SANTA OLIVERA ST. ARCADIA, CA 91006	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	3,000.00	
3/1/13	CHRISTINE FRANK 325 S. BROADWAY #1670 SAN DIEGO, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY BROWNSTEIN HYATT	500.00	750.00	
3/1/13	AUBREE L GREEN 325 BROADWAY SAN DIEGO, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY BROWNSTEIN & HYATT	100.00	100.00	
2/27/13	ISABEL LORENDO 3140 CEDAR AVE. LONG BEACH, CA 90806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WELLS FARGO BANK EMPLOYEE	750.00	750.00	
SUBTOTAL \$				<u>4,350.00</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**

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

SCHEDULE A (CONT.)

Statement covers period from <u>FEB 17, 2013</u> through <u>JUNE 30, 2013</u>		CALIFORNIA FORM <b>460</b>
Page <u>7</u> of <u>30</u>		
NAME OF FILER <u>ALBERT ROBLES FOR OAKLAND CITY COUNCIL 2013</u>		I.D. NUMBER <u>1358385</u>

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)
2/27/13	RICK TAYLOR 1011 ENCLID AVE., #C SANTA MONICA, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DAKOTA COMMUNICATIONS PRINCIPAL	3,000.00	3,500.00	
2/28/13	ALSTON & BIRD LLP 333 South Hope St., 16th FLOOR LOS ANGELES, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	750.00	
2/28/13	FOUNDATION FOR POLICY OF GOVT 8819 WHITTIER BLVD., STE 105 PICO RIVERA, CA 90660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		900.00	2,400.00	
2/28/13	PRICILLA HUNT 4416 W. 154th ST LAWRENCE, CA 90260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HUNT ENTERPRISES PRESIDENT	2,500.00	2,500.00	
2/28/13	LABORERS LOCAL 802 #960603 540 N. MARINE AVE WILMINGTON, CA 90748	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
SUBTOTAL \$				17,650.00		

\*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.)

Statement covers period from <u>FEB 17, 2013</u> through <u>JUNE 30, 2013</u>	<b>CALIFORNIA FORM 460</b>
Page <u>8</u> of <u>30</u>	I.D. NUMBER <u>1355385</u>

NAME OF FILER

ALBERT RODRIGUEZ FOR CARSON CITY COUNCIL 2013

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)
2/28/13	JOSE LAUCHENGO P.O. BOX 767 LOS ANGELES, CA 90078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF EMPLOYED	200.00	400.00	
2/28/13	ROBERT J. SAPIELSTEIN 861 N. HOPE ST., SANTA BARBARA, CA 93110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY BROWNSTEIN & HYATT	500.00	500.00	
2/28/13	SETH BLATER 21 EAST CARILLO ST., SANTA BARBARA, CA 93101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY BROWNSTEIN & HYATT	500.00	500.00	
2/27/13	AMY CHEN 920 BIG BRIAR WAY LA CANADA FLINTRIDGE, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SO. WATER AUTHORITY GEN'T AFFAIRS REP.	100.00	300.00	
2/28/13	SEAN KRAJEWSKI 417 S. AUL ST. APT 850 LOS ANGELES, CA 90013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
SUBTOTAL \$				1,800.00		

\*Contributor Codes

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(other than PTY or SCC)  
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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>FEB 17, 2013</u> through <u>JUNE 30, 2013</u>	CALIFORNIA FORM <b>460</b> Page <u>9</u> of <u>30</u>
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NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

I.D. NUMBER

1355 385

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)
3/1/13	BYRON REED 12155 TIARA ST., VALLEY VILLAGE, CA 91607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VICE PRESIDENT BANK OF AMERICA	150.00	150.00	
3/1/13	CHRISTOPHER STEPHENS P.O. BOX 5010 RAVATO SANTA FE, CA 92067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
3/2/13	B. A. INC. 800 WEST 6TH ST., STE 400 LOS ANGELES, CA 90017	<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	
3/2/13	RAEYETTE BARVEST 9991 VILLETTE CT. ELK GROVE, CA 95757	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NATIONALS USD. EDUCATOR	1,000.00	1,000.00	
3/2/13	MICHAEL MITOMA 460 E. 314TH ST CARSON, CA 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
SUBTOTAL \$ <u>2,150.00</u>						

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

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

SCHEDULE A (CONT.)

Statement covers period from <u>FEB 17, 2013</u> through <u>JUNE 30, 2013</u>	<b>CALIFORNIA FORM 460</b>
Page <u>10</u> of <u>30</u>	I.D. NUMBER <u>1355385</u>

NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

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)
3/4/13	DICENSE STRATEGIES FOR ORGANIZING 930 COLORADO BLVD. BLDG 2 LOS ANGELES, CA 90041	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
3/4/13	DOUGLAS HUNT 4416 W. 154TH ST, LAWNDALE, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESSMAN Hunt ENTERPRISES	1,000.00		
3/4/13	S.W. REGIONAL COUNCIL FOR CHAPERALS 533 S. FREEMONT AVE., STE 501 LOS ANGELES, CA 90071 #870169	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
3/4/13	AVA BARBOSA 2592 NIXON WAY FULLERTON, CA 92835	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	400.00	400.00	
3/4/13	JENNIE RAY CARLIN 600 ANTON WAY BLD. 11TH FLOOR COSTA MESA, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GLOBAL BUS. SOLUTIONS CONSULTANT	500.00	500.00	
SUBTOTAL \$				2,650.00		

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

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

SCHEDULE A (CONT.)

Statement covers period from <u>FEB 17, 2013</u> through <u>JUNE 30, 2013</u>	<b>CALIFORNIA FORM 460</b>
Page <u>11</u> of <u>770</u>	I.D. NUMBER <u>1355385</u>

NAME OF FILER

AIBENT RODRIGUEZ FOR CARSON CITY COUNCIL 2013

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)
3/4/13	KATHY IRISH LIVING TRUST 3744 CORTA CALLE ST. PASADENA, CA 91107	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
3/4/13	RINDEC GAGAN 550 S. HOPE ST., STE 530 LOS ANGELES, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	3,000.00	
3/11/13	DISTRICT COUNCIL FOR IRON WORKERS 1660 SAN PABLO AVE., STE C PILOLE, CA 94564 # 831693	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	5,000.00	
3/11/13	REEB GOVT 1107 9TH ST, STE 510 SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	3,000.00	
3/12/13	BROWN STEW + HYATT FARBEN/SCHNECK 410 SEVENTEENTH ST., STE 2200 DENVER, CO 80202	<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	
SUBTOTAL \$				3250.00		

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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.)

Statement covers period from <u>FEB 17, 2013</u> through <u>JUNE 30, 2013</u>		<b>CALIFORNIA FORM 460</b> Page <u>12</u> of <u>30</u>
I.D. NUMBER <u>1355385</u>		

NAME OF FILER

ALBERT RODRIGUEZ FOR CARSON CITY COUNCIL 2013

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)
3/20/13	WATSON LAND CO. 22610 WILMINGTON AVE. CARSON, CA 90745	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500.00	2500.00	
3/25/13	SOLORIO FOR COLLEGE BOARD 3605 LONG BEACH BLVD. STE 426 LONG BEACH, CA 90807 #1348743	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00	750.00	
3/25/13	CARSON ESTATE TRUST 100 BAYVIEW CIRCLE, STE 500 NEWPORT BEACH, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500.00	2500.00	
3/27/13	SCHWARTZ, STEWART, DOHRMANN & SON 6366 WILSHIRE BLVD. STE. 2000 LOS ANGELES, CA 90048	<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	
4/10/13	RALPH MOORE 23245 ARLINGTON AVE. UNIT C TORRANCE, CA 90501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HUNT ENT. VICE PRESIDENT	200.00	200.00	
SUBTOTAL \$ <u>6,450.00</u>						

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

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>Feb 17, 2013</u> through <u>JUNE 30, 2013</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>13</u> of <u>70</u>
I.D. NUMBER <u>1355385</u>	

NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

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)
4/11/13	DAKOTA COMMUNICATIONS 11845 W. OLYMPIC BLVD. STE 645 LOS ANGELES, CA 90064	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	
4/16/13	CA. LAWYERS FOR EQUALITY & PROGRESS 555 CAPITOL BLVD STE 1425 SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
4/17/13	HARRIS & ASSOCIATES 865 S. FIGUEROA ST. STE 2750 LOS ANGELES, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00	6,500.00	
4/18/13	PATRICIA BOLOCOCK 405 INDIAN HILL BLVD CHATELAIN, CA 91711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IRH INTEGRATED RESOURCE M. CHATELAIN, CA OFFICE MANAGER.	1500.00	1500.00	
4/18/13	TAFOLA & GARCIA LLP 316 W. 2nd ST., STE 1000 LOS ANGELES, CA 90012	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00	8,600.00	
SUBTOTAL \$				8,500.00		

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

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

SCHEDULE A (CONT.)

Statement covers period from <u>FEB 17, 2013</u> through <u>JUNE 30, 2013</u>	<b>CALIFORNIA FORM 460</b>
Page <u>14</u> of <u>30</u>	I.D. NUMBER <u>1355385</u>

NAME OF FILER

ALBERT RODRIGUEZ FOR CARSON CITY COUNCIL 2013

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)
4/23/13	ALBRIGHT YEE & SCHMIT LLP 888 W. 64th ST. STE 1400 LOS ANGELES, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		850.00	2,350.00	
4/22/13	COMMITTEE TO ELECT MIKAH ALI 849 WEST STOCKWELL ST. COMPTON, CA 90222 #1293081	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00	1500.00	
4/23/13	RICK NICKEL INC. 1209 E. CARSON ST. CARSON, CA 90745	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
4/23/13	HEATPLEX CORP. 405 E. SANTA CLARA ST. ARCADIA, CA 91006	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1600.00	3,600.00	
4/22/13	TAPOYA & GARCIA LLP. 316 W. 2nd St., STE 180 LOS ANGELES, CA 90012	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1600.00	8600.00	
SUBTOTAL \$				5,800.00		

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

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

SCHEDULE A (CONT.)

Statement covers period  
from FEB 17, 2013  
through JUNE 30, 2013

CALIFORNIA  
FORM **460**

Page 15 of 30

NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

I.D. NUMBER

1355385

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)
4/23/13	DELILAH LENDIX 1111 HILLCREST ROAD GLENDALE, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SUBS TRANSPORTATION SERVICES PRINCIPAL	2500.00	2,500.00	
4/30/13	DONALD DEAR 15433 S. CATALINA AVE. GARDENA, CA 90247	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WEST BASIN MUNICIPAL WATER DIRECTOR	500.00	1750.00	
5/2/13	KINDEL GAGAN 550 S. HOPE ST., LOS ANGELES, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	3,000.00	
	DONALD DEAR 15433 S. CATALINA AVE. GARDENA, CA 90247	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECTOR WEST BASIN MUNICIPAL WATER	250.00	1750.00	
5/2/13	ROBERT KATHERMAN 1308 BARTORE AVE. STE 109 TOLAND, CA 90501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WATER REPLENISHMENT DISTRICT DIRECTOR	250.00	250.00	
SUBTOTAL \$				4,500.00		

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

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

SCHEDULE A (CONT.)

Statement covers period from <u>FEB 17, 2013</u> through <u>JUNE 30, 2013</u>	CALIFORNIA FORM <b>460</b> Page <u>16</u> of <u>70</u>
I.D. NUMBER <u>1355385</u>	

NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

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)
5/2/13	JOSE LAURENTECO P.O. Box 767 LOS ANGELES, CA 90078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF EMPLOYED	200.00	400.00	
5/2/13	CCE CONSULTING GROUP P.O. Box 10024 LONG BEACH, CA 90810	<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	
5/2/13	CWS SYSTEMS INC. 3814 E. COLORADO BLVD. #E102 PASADENA, CA 91107	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00	750.00	
5/3/13	PRICE TRANSFER 2790 E. DELANO BLVD. RANCHO DOMINGUEZ, CA 90221	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
5/3/13	KAREN AVILA 21532 CRAIG CT. CARSON, CA 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CARSON CITY TREASURER	100.00	100.00	
SUBTOTAL \$				1800.00		

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

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>FEB 17, 2013</u> through <u>JUNE 30, 2013</u>	<b>CALIFORNIA FORM 460</b>
Page <u>17</u> of <u>30</u>	I.D. NUMBER <u>1355385</u>

NAME OF FILER

ALBERT ROBLES FOR CANSON CITY COUNCIL 2013

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)
5/3/13	LEELA SINHA 730 SANTA ANA DRIVE CORONA DEL MAR, CA 92625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
5/7/13	BNFS RAILWAY CO. 2500 LOU WENK DR. ADB-3 FORT WORTH, TX 76131	<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	
5/14/13	COALITION FOR BETTER LOS ANGELES 1111 W. JAMES H. WOOD BLVD LOS ANGELES, CA 90015	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
5/7/13	REEB GOVT RELATIONS 1107 94th ST., STE 510 SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	3,000.00	
5/2/13	TAFONA GARCIA LLP. 316 W. 2nd ST., STE 1000 LOS ANGELES, CA 90012	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	8,600.00	
SUBTOTAL \$ <u>3,250.00</u>						

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

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

SCHEDULE A (CONT.)

Statement covers period from <u>FEB 17, 2013</u> through <u>JUNE 30, 2013</u>	<b>CALIFORNIA FORM 460</b>
Page <u>16</u> of <u>30</u>	I.D. NUMBER <u>1355885</u>

NAME OF FILER

AIRPORT ROBBERIES FOR CARSON CITY COUNCIL 2013

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)
5/13/13	BULLETIN DISPLAYS LLC. 7127 E. SOUTH ST., STE B LONG BEACH, CA 90801	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
5/13/13	LA/OC BUILDING COMPANIES & CONST. 1626 BEVERLY BLVD. #822029 LOS ANGELES, CA 90026	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
5/17/13	NICCOLO DE LUCA 1560 11TH AVE. SACRAMENTO, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TOWNSEND PUBLIC AFFAIRS ADVOCATE	250.00	250.00	
5/20/13	ANSHULTZ SO. CA. SPORTS CENTER 18400 AVALON BLVD. STE 100 CARSON, CA 90746	<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	
6/3/13	INTERNATIONAL UNION OF ENGINEERS 150 E. CARSON ST., PASADENA, CA 91103 #743030	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
SUBTOTAL \$				3,000.00		

\*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



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

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

SCHEDULE A (CONT.)

Statement covers period  
from FEB 17, 2013  
through JUNE 30, 2013

CALIFORNIA  
FORM **460**

Page 19 of 30

NAME OF FILER

ALBERT RODRIGUEZ FOR CARSON CITY COUNCIL 2013

I.D. NUMBER

1755385

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)
6/14/13	EDUARDO E. CHAVEZ 460 N. MIAMI AVE LA PUENTE, CA 91746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECTOR USGV MWD	250.00	750.00	
6/14/13	RICK TAYLOR & ASSOC. 2999 OVERLAND AVE. NO. 210 LOS ANGELES, CA 90064	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1,000.00	
6/20/13	AECOM U.S. FEDERAL PWC	<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	
6/24/30	PARIJA M. MOGHADAM 310 PROSPECT AVE APT 4 REDONDO BEACH, CA 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	1,000.00	4,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 2750.00

\*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

Statement covers period  
from FEB 17, 2013  
through JUNE 30, 2013

CALIFORNIA  
FORM **460**

Page 20 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

I.D. NUMBER

1355385

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 DEAR FOR MAYOR 21838 FIGUEROA ST. CARSON, CA 90745 #1260745 † <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>0</u>	<u>5,000.00</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	<u>5,000.00</u> DATE DUE _____	_____% RATE \$ _____	<u>5,000.00</u> <u>2/23/13</u> DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
JIM DEAN FOR MAYOR 21838 FIGUEROA ST., CARSON, CA 90745 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>0</u>	<u>2,000.00</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	<u>2,000.00</u> DATE DUE _____	_____% RATE \$ _____	<u>2,000.00</u> <u>6/20/13</u> DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
KLEUDOLA FOR SENATE 3605 LONG BEACH BLVD. † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>5,000.00</u>	<u>0</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	<u>5,000.00</u> DATE DUE _____	_____% RATE \$ _____	<u>5,000.00</u> <u>7/8/13</u> DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$ <u>7,000.00</u> \$ <u>0</u> \$ <u>12,000.00</u> \$							<u>12,000.00</u>	

(Enter (e) on  
Schedule E, Line 3)

## Schedule B Summary

- Loans received this period ..... \$ 7,000.00  
(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 \$ 7,000.00  
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 C**  
**Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>FEB 17, 2013</u> through <u>JUNE 30, 2013</u>	<b>CALIFORNIA FORM 460</b>
Page <u>11</u> of <u>30</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ARIBENT ROBLES FOR CARSON CITY COUNCIL

I.D. NUMBER

1355385

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
MARCH 2013	VERA ROBLES DEWITT 21306 AVALEN BLVD CARSON, CA 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self employed	RENT	1,000.00	2,000.00	
MARCH 2013	ANGEL GONZALEZ 5037 S. JEFFERSON BLVD. LOS ANGELES, CA 90016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self employed	CONSULTING SERVICE	2,000.00	4,900.00	
APRIL 2013	JOHN HARRIS 865 S. FIGUEROA ST. 2750 LOS ANGELES, CA 90017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY HARRIS + ASSOC.	FUNDRAISER. PRINTING	2,333.20	2,333.20	
APRIL 2013	FRANCISCO LEAL LOS ANGELES, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY LEAL + TREJO	Fundraiser	1,333.20	1,333.20	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 6,666.40

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.)

\$ 6,666.40

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

\$ 0

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)

TOTAL \$ 6,666.40

\*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)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

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

SCHEDULE D

Statement covers period from <u>FEB 17, 2013</u> through <u>JUNE 30, 2013</u>		CALIFORNIA FORM <b>460</b>
Page <u>21</u> of <u>30</u>		
NAME OF FILER <u>ALBERT RODRIGUEZ FOR CARSON CITY COUNCIL 2013</u>		I.D. NUMBER <u>1355385</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	ISAAC GALVAN Compton City Council Compton, CA #6797798 <input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		3,000.00	3,000.00	
	ZULITA FOR CITY CLERK. 2013 Compton, CA #1354437 <input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		1,000.00	1,000.00	
	DAVID VELA FOR COLLEGE BOARD L.A. Community COLLEGE COMPTON <input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		500.00	500.00	
				SUBTOTAL \$ <u>4,500.00</u>		

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... \$ 4,500.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL \$ 4,500.00

**Schedule E**  
**Payments Made**

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

Statement covers period from <u>FEB 17, 2013</u> through <u>JUNE 30, 2013</u>		CALIFORNIA FORM <b>460</b>
Page <u>20</u> of <u>30</u>		
NAME OF FILER <u>AIRBENT ROBIES FOR CARSON CITY COUNCIL 2013</u>		I.D. NUMBER <u>1355385</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**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
ATTD ADVERTISING 8407 E. ROSECRANS AVE. PARAMOUNT, CA 90723	LIT	LITERATURE	5,350.00
RANDOM LENGTHS NEWSPAPER 1700 S. PACIFIC AVE SAN PEDRO, CA 90733	PRT	ADVERTISING	135.00
SOUTH COAST PUBLISHING 2594 E 28TH ST STE 212 SIGNAL HILL, CA 90755	PRT	ADVERTISING	675.00

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

SUBTOTAL \$ 6,160.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>86,859.96</u>
2. Unitemized payments made this period of under \$100	\$ <u>0</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>86,859.96</u>

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

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

SCHEDULE E (CONT.)

Statement covers period  
from FEB 17, 2013  
through JUNE 30, 2013

CALIFORNIA **460**  
FORM

Page 24 of 30

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER  
1355385

AIRBENT ROBIES FOR CARSON CITY COUNCIL 2013

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
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
US. POSTAL SERVICE CARSON, CA	POS		2944.00
HECTOR STERDAND 1430 RONAN AVE WILMINGTON CA 90744	SAL	Campaign Salary	550.00
ISAAC SEQUOIA	SAL	Campaign Salary	500.00
NEISON WILLIAMS CARSON, CA 90745	CVC	Donation	90.00
PHILIPPINE TRIBUNE 18012 S. PIONEER BLVD. STE E ARTESIA, CA 90701	PRT		500.00

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

SUBTOTAL \$ 4584.00

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

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

SCHEDULE (CONT.)

Statement covers period from <u>FEB 17, 2013</u> through <u>JUNE 30, 2013</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>25</u> of <u>30</u>
	I.D. NUMBER <u>1355385</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

**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
JAY'S PAINTING	LIT	PAINTING.	250.00
WELLS FARGO BANK. CARSON, CA	OFC	BANK FEES	146.00
FRED LENSEN CARSON, CA.	FND	Band For Fundraiser	1,000.00
POLITICAL DATA INC. P.O. BOX 59510 NORWALK, CA 90652	LIT		320.00
THE CHALERIA CONSULTING 425 W. BEECH BLVD. #413 SAN DIEGO, CA 92101	WEB		1319.99

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

SUBTOTAL \$ 3,035.99

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

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

SCHEDULE E (CONT.)

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b> Page <u>16</u> of <u>30</u> I.D. NUMBER _____
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER \_\_\_\_\_

**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
USA	TRC	TRAVEL EXPENSE	1330.14
ANSON PRINTING. 119 WEST 223RD ST. CARSON, CA 90745	LIT		632.25
THE POLITICAL SCIENTIST 924 16TH STREET HERMOSA BEACH, CA 90254	LIT		603.59
JOSE YANEZ 3210 W. ORANGE AVE #14 ANAHEIM, CA 92804	CMP	VIARIACHI	100.00
SYLVIA RUBIO DOWNEY, CA 90240	OFC	OFFICE SUPPLIES ETC. REIMBURSEMENT	2,400.00 <del>2,400.00</del>

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

\$ 5065.93 SUBTOTAL \$ 10,240.00



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

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

SCHEDULE E (CONT.)

Statement covers period  
from FEB 17, 2013  
through JUNE 30, 2013

CALIFORNIA  
FORM **460**

Page 21 of 30

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER  
1355385

ALBERT ROBIES FOR CARSON CITY COUNCIL 2013

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
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
TERRE ANN SULLIVAN (CARSON HIGH SCHOOL) 22328 MAIN ST. CARSON, CA 90745	PRT	YEARBOOK AD.	225.00
ALBERT ROBIES 21304 AVALON BLVD. CARSON, CA 90745	TRC	TRAVEL EXPENSES	609.73
ISAAC GALVAN FOR CITY COUNCIL Compton, CA ID # 6797798	CTB	Campaign Contribution	3,000.00
AUTOMATIC PRINTING 1621 CARRILLO AVE TOLLAKE, CA 90501	LIT	PRINTING	506.85
ZUKITA FOR CITY CLEAK 2013 1502 S. NORTHWOOD AVE. COMPTON, CA 90220 ID#1354437	CTB	Campaign Contribution	1,000.00

SUBTOTAL \$ 5341.58

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

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

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

SCHE E (CONT.)

Statement covers period from <u>FEB 17, 2013</u> through <u>JUNE 30, 2013</u>	<b>CALIFORNIA FORM 460</b>
Page <u>28</u> of <u>70</u>	I.D. NUMBER <u>1355385</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

**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
DOUBIETREE 2 ELVIC PLAZA DR CARSON, CA 90745	FND	FUNDRAISER EVENT FACILITY	1899.21
CARSON SHERIPPS STATION SUPPORT 21356 SOUTH AVAION BLVD. CARSON, CA 90745	CVC	Donation	500.00
ALBERT ROBLES CARSON, CA 90745	FIL	FILING EXPENSES	387.50
ACADEMY OF MEDICAL ARTS 22328 S MAIN ST CARSON, CA 90745	CVC	Donation	100.00
INDEPENDANT VOTERS LEAGUE 3700 WILSHIRE BLVD. #1050 B LOS ANGELES, CA 90010	LIT		2,000.00

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

SUBTOTAL \$ 4886.71

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

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

SCHEDULE (CONT.)

Statement covers period from <u>FEB 17, 2013</u> through <u>JUNE 30, 2013</u>	<b>CALIFORNIA FORM 460</b>
Page <u>2A</u> of <u>70</u>	
I.D. NUMBER <u>1355385</u>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

**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
SILVIA RUBIO DOWNEY, CA 90240	SAL		5,000.00
COMMUNITY CENTER (CHURCH EVENTS) CARSON, CA 90745	CMP	Campaign EVENT	4,053.98
CHURCH. BROTHER LIFE MINISTRIES CARSON, CA 90745	CVC.	Donation	50.00
VERA ROBLES DEWITT CARSON, CA 90745	P.O.S	Stamp REIMBURSEMENT	184.00
ANGEL GONZALEZ 5037 W. JEFFERSON BLVD LOS ANGELES, CA 90016	LIT	Campaign LITERATURE AND MAILINGS	23,918.63

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

SUBTOTAL \$ 33206.61

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

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

SCHEDULE (CONT.)

Statement covers period from <u>FEB 17, 2013</u> through <u>JUNE 30, 2013</u>	<b>CALIFORNIA FORM 460</b>
Page <u>70</u> of <u>90</u>	I.D. NUMBER <u>1355385</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

ALBERT ROBERT FOX CARSON CITY COUNCIL 2013

**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
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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
LEADING EDGE LEO1, CA 95242	LIT	CAMPAIGN LITERATURE E MAILINGS	22,579.14
DAVID VELA FOR COLLEGE BOARD L.A. COMMUNITY COLLEGE BOARD	CTB	Campaign Contribution	500.00
MASON Inocentes Long BEACH, CA	SAL	Campaign <del>Contribution</del> work SAL	1,500.00

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

SUBTOTAL \$ 24,579.14

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# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT <b>CALIFORNIA</b> FORM	ORGANIZATION <b>410</b>
Page 2	
I.D. NUMBER	

COMMITTEE NAME

ALBERT ROBLES FOR CITY COUNCIL 2013

## 4. Type of Committee Complete the applicable sections.

### Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
ALBERT ROBLES	CARSON CITY COUNCIL	2013	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
WELLS FARGO Bank	(562) 856-5260	7015737419
ADDRESS	CITY	STATE ZIP CODE
4601 E. 2nd St.	Long Beach	CA 90803

### Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

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# 497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER <b>AIBERT ROBLES JR CARSON City Council 2013</b>		Date of This Filing <b>3/6/13</b>	Date Stamp <b>MAR -6 PM 3:22</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) <b>1355385</b>	Report No. <b>7</b>		
STREET ADDRESS <b>21304 AURON BLVD.</b>		<input type="checkbox"/> Amendment to Report No. <b>1</b> (explain below)		
CITY <b>CARSON</b>	STATE <b>CA</b>	ZIP CODE <b>90745</b>	No. of Pages	

## 1. Contribution(s) Received

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
<b>3/5/13</b>	<b>KINDEL GAGAN 550 S. HOPE ST. STE 530 LOS ANGELES, CA 90071</b>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>1,000.00</b> <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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

### \*\*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
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 PTY - Political Party  
 SCC - Small Contributor Committee

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# 497 Contribution Report

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NAME OF FILER <i>AIRBENT RODIES FOR CARSON City Council 2013</i>		Date of This Filing <i>3/4/2013</i>	RECEIVED CITY CLERK Date Stamp <i>18 MAR -4 PM 4:56</i> CITY OF CARSON	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER <i>(30) 987-8670</i>	I.D. NUMBER (if applicable) <i>#1355385</i>	Report No. <i>6</i>		
STREET ADDRESS <i>21304 AVALON BLVD.</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>CARSON</i>	STATE <i>CA.</i>	ZIP CODE <i>90745</i>	No. of Pages <i>1</i>	

## 1. Contribution(s) Received

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
<i>3/1/13</i>	<i>JIM DEAN FOR MAYOR 21838 FIGUEROA ST. CARSON, CA 90745 #1260745</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>5000.00</i> <input checked="" type="checkbox"/> Check if Loan _____% Provide interest rate
<i>3/2</i>	<i>RAENETT EARNEST 9991 VILLETTE CT. ELK GROVE, CA 95757</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>1600.00</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<i>3/4</i>	<i>DONALD G. Hunt. (Hunt ENTERPRISES) 4416 W. 154th St., LAKEDALE, CA 90260</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>PRESIDENT Hunt ENTERPRISES.</i>	<i>1800.00</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate

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

# 497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER <i>ALBERT RODRIGUEZ FOR CARSON CITY Council 2013</i>		Date of This Filing <i>3/4/2013</i>	Date Stamp <i>13 MAR -4 PM 4:55</i> CITY OF CARSON	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER <i>(30) 987-8670</i>	I.D. NUMBER (if applicable) <i>#1355385</i>	Report No. <i>6</i>		
STREET ADDRESS <i>21304 AVALON BLVD.</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>CARSON</i>	STATE <i>CA.</i>	ZIP CODE <i>90745</i>	No. of Pages <i>1</i>	

## 1. Contribution(s) Received

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
<i>3/1/13</i>	<i>JIM DEAN FOR MAYOR 21838 FIDELITY ST. CARSON, CA 90745 #1260745</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>5000.00</i> <input checked="" type="checkbox"/> Check if Loan _____% Provide interest rate
<i>3/2</i>	<i>RAENETT EARNES 9991 VILLETTE CT. ELK GROVE, CA 95757</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>1000.00</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<i>3/4</i>	<i>DONALD G. Hunt (Hunt ENTERPRISES) 4416 W. 154th St.) LAKEDALE, CA 90260</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>PRESIDENT Hunt ENTERPRISES.</i>	<i>1000.00</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate

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

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497 CONTRIBUTION REPORT

NAME OF FILER <i>AIRBART RODRIGUEZ FOR CARSON CITY Council 2013</i>		Date of This Filing <i>3/4/2013</i>	Date Stamp <b>CITY CLERK</b> <i>18 MAR -4 PM 4:56</i> <b>CITY OF CARSON</b>	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER <i>(30) 987-8670</i>	I.D. NUMBER (if applicable) <i>#1355385</i>	Report No. <i>2</i>		
STREET ADDRESS <i>21304 AVALON BLVD.</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>CARSON</i>	STATE <i>CA.</i>	ZIP CODE <i>90745</i>	No. of Pages <i>1</i>	

## 1. Contribution(s) Received

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
<i>3/1/13</i>	<i>JIM DEAN FOR LIAISON 21838 FIGUEROA ST. CARSON, CA 90745 #1260745</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>5000.00</i> <input checked="" type="checkbox"/> Check if Loan _____% Provide interest rate
<i>3/2</i>	<i>RAENETT EARNEST 9991 VILLETTE CT. ECK GROVE, CA 95757</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>1000.00</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<i>3/4</i>	<i>DONALD G. Hunt. (Hunt ENTERPRISES) 4416 W. 154th St.) LAUNDALE, CA 90360</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>PRESIDENT Hunt ENTERPRISES.</i>	<i>1000.00</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate

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

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# 497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER <b>ALBERT ROBIES FOR CARSON CITY COUNCIL 2013</b>		Date of This Filing <b>2/28/2013</b>	Date Stamp <b>FEB 28 PM 5:34</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>(310) 987-8670</b>	I.D. NUMBER (if applicable)	Report No. <b>5</b>	CITY OF CARSON	
STREET ADDRESS <b>21304 AVALON BLVD.</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>CARSON,</b>	STATE <b>CA.</b>	ZIP CODE <b>90745</b>	No. of Pages <b>2</b>	

## 1. Contribution(s) Received

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
	<b>TRAFUJA &amp; GARCIA LLP.</b> <b>316 W. 2ND ST., STE 100</b> <b>LOS ANGELES, CA 90012</b>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>5,000.00</b> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<b>2/28/13</b>	<b>Donald G. Hunt.</b> <b>4416 W. 154TH ST.</b> <b>LAWNDALE, CA 90260</b>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>2,500.00</b> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<b>2/28/13</b>	<b>CARBONERS LOCAL 802</b> <b>540 N. MARINE AVE.</b> <b>WILMINGTON, CA 90748</b>  <b># 960603</b>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>1,000.00</b> <input type="checkbox"/> Check if Loan _____% Provide interest rate

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

# 497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER <b>AIGENT ROBIES FOR CARSON CITY COUNCIL 2013</b>		Date of This Filing <b>2/25/2013</b>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>(310) 987-8670</b>	I.D. NUMBER (if applicable) <b>1355385</b>	Report No. <b>5</b>		
STREET ADDRESS <b>21304 AVALON BLVD.</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>CARSON</b>	STATE <b>CA</b>	ZIP CODE <b>90745</b>	No. of Pages <b>2</b>	

## 1. Contribution(s) Received

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
2/21/13	HEATFLEX CORP. 405 E. SANTA CLARA ST. ARCADIA, CA 91006	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>2,000.00</b> <input type="checkbox"/> Check if Loan _____% Provide interest rate
2/21/13	D R. CONSULTANTS + DESIGNERS 725 S. FIGUEROA ST., STE 3320 LOS ANGELES, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>1,000.00</b> <input type="checkbox"/> Check if Loan _____% Provide interest rate
2/27/13	RICK TAYLOR 1011 EUCALYPTUS # C SANTA MONICA, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<b>DAKOTA</b> <b>PRINCIPAL</b>	<b>3,000.00</b> <input type="checkbox"/> Check if Loan _____% Provide interest rate

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



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# 497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER <i>ALBERT RODRIGUEZ FOR CARSON CITY COUNCIL 2013</i>		Date of This Filing <i>2/26/2013</i>	Date Stamp <b>CITY CLERK</b> FEB 26 PM 4:19 <b>CITY OF CARSON</b>	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER <i>(562) 981-8670</i>	I.D. NUMBER (if applicable) <i>1355385</i>	Report No. <i>4</i> <i>13</i>		
STREET ADDRESS <i>21304 AVALON BLVD.</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below) <i>1</i>		
CITY <i>CARSON.</i>	STATE <i>CA</i>	ZIP CODE <i>90745</i>		

## 1. Contribution(s) Received

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
<i>2/25/2013</i>	<i>TOMMY GENDAK</i> <i>400 PIONEER DR.</i> <i>Glendale, CA 91203</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>MANAGER</i> <i>WASTE RESOURCE INC.</i>	<i>1,000.00</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<i>2/26/2013</i>	<i>LIVDA J. SHIRVANI</i> <i>8500 FALMOUTH, UNIT 1113</i> <i>PLAYA DEL REY, CA 90393</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>1,000.00</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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

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# 497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER <b>ALBERT ROBIES FOR CARSON CITY COUNCIL 2013</b>		Date of This Filing <b>2/25/13</b>	Date Stamp: <b>13 FEB 25 PM 4:</b> <b>CITY OF CARSON</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>(310) 987-8670</b>	I.D. NUMBER (if applicable) <b>1355385</b>	Report No. <b>3</b>		
STREET ADDRESS <b>21304 AVALON BLVD</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>CARSON</b>	STATE <b>CA</b>	ZIP CODE <b>90745</b>		

## 1. Contribution(s) Received

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
<b>2/22/2013</b>	<b>SOUTHERN CALIFORNIA PIPE TRADES DISTRICT COUNCIL #16 POLITICAL ACTION COMMITTEE 501 SHATTU PLACE, STE 400 LOS ANGELES, CA 90020</b> <b>ID# 760715</b>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>5,000.00</b> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<b>2/22/2013</b>	<b>XENOPHON STRATEGIES 1625 EYE ST, NW STE 610 WASHINGTON, DC 20006</b>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>1,000.00</b> <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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

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

497 CONTRIBUTION REPORT

NAME OF FILER <b>AIBERT ROBLES FOR CARSON CITY COUNCIL/2013</b>		Date of This Filing <b>2/25/13</b>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>(310) 987-8670</b>	I.D. NUMBER (if applicable) <b>1355385</b>	Report No. <b>3</b>		
STREET ADDRESS <b>21304 AVALON BLVD.</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>CARSON, CA</b>	STATE <b>CA</b>	ZIP CODE <b>90745</b>		

## 1. Contribution(s) Received

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
2/25/2013	FARIBA M. MEGHADAM 310 S. PROSPECT AVE APT. 41 REDONDO BEACH, CA 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED.	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
2/22/2013	PROMOVISTA INC. 13502 WHITTIER BLVD. STE. H-181 WHITTIER, CA 90605	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
2/23/2013	AIBRIGHT, YEE & SCHMIT, LLP 858 WEST 6th ST, STE. 1400 LOS ANGELES, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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

**\*\*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

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Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

COPY 2ND PRE-ELECTION

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CITY OF CARSON

CALIFORNIA  
FORM 460

Page 1 of 24

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SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from Jan 20, 2013

through FEB 16, 2013

Date of election if applicable  
(Month, Day, Year)

MARCH 5, 2013

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

1355385

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

ALBERT ROBIES FOR CARSON CITY COUNCIL 2013

STREET ADDRESS (NO P.O. BOX)

21304 AVALON BVD

CITY STATE ZIP CODE AREA CODE/PHONE

CARSON, CA 90745 (310) 987-8670

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

ALBERT ROBIES

MAILING ADDRESS

21304 AVALON BVD

CITY STATE ZIP CODE AREA CODE/PHONE

CARSON, CA 90745 (310) 987-8670

NAME OF ASSISTANT TREASURER, IF ANY

SYLVIA RUBIO

MAILING ADDRESS

21304 AVALON BVD

CITY STATE ZIP CODE AREA CODE/PHONE

CARSON, CA 90745 (310) 987-8670

OPTIONAL: FAX / E-MAIL ADDRESS

albert@albertrobies.com

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 2/26/13

Date

Executed on 2/26/13

Date

Executed on

Date

Executed on

Date

By  Signature of Treasurer or Assistant Treasurer

By  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  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 24

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

ALBERT ROBIES

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

CITY COUNCIL, CARSON

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

21304 AVALON BLVD, CARSON, CA 90745

**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

Committee to Re-Elect ALBERT ROBIES

I.D. NUMBER

960246

NAME OF TREASURER

ALBERT ROBIES

CONTROLLED COMMITTEE?

☒ YES ☐ NO

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

125 E. 214th St

CITY STATE ZIP CODE AREA CODE/PHONE

CARSON CA 90745 (562) 234-0970

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

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

Statement covers period  
from Jan 20, 2013  
through Feb 16, 2013

CALIFORNIA  
FORM **460**

Page 3 of 24

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

ALBERT ROBIES FOR CARSON CITY COUNCIL 2013

1355385

## 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>35809.99</u>	\$ <u>47359.99</u>
2. Loans Received .....	Schedule B, Line 3	<u>5,000.00</u>	<u>5,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ <u>40,809.99</u>	\$ <u>52,359.99</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3	<u>4,900.00</u>	<u>15,636.86</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ <u>45709.99</u>	\$ <u>67996.85</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

6. Payments Made .....	Schedule E, Line 4	\$ <u>28454.12</u>	\$ <u>28454.12</u>
7. Loans Made .....	Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ <u>28454.12</u>	\$ <u>28454.12</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment .....	Schedule C, Line 3	<u>4900.00</u>	<u>15636.86</u>
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ <u>33354.12</u>	\$ <u>44090.98</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>0</u>
13. Cash Receipts .....	Column A, Line 3 above	<u>40,809.99</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	<u>0</u>
15. Cash Payments .....	Column A, Line 8 above	<u>28454.12</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>12355.87</u>

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

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ <u>0</u>
------------------------------------	--------------------	-------------

## 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>5,000.00</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.

# Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period  
from Jan 20, 2013  
through FEB 16, 2013

CALIFORNIA  
FORM **460**

Page 4 of 24

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALBERT ROBIES FOR CARSON CITY COUNCIL 2013

I.D. NUMBER

1355385

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)
<u>1/24/13</u>	<u>KINDEL GAGAN</u> <u>556 S. HOPE ST, STE 530</u> <u>LOS ANGELES, CA 90071</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>1,000.00</u>		
<u>1/26/2013</u>	<u>GWS NURSERY + SUPPLIES</u> <u>10120 MILLER WAY</u> <u>SOUTH GATE, CA 90280</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>1,000.00</u>		
<u>1/24/2013</u>	<u>CCE CONSULTING GROUP</u> <u>P.O. BOX 10024</u> <u>LONG BEACH, CA 90810</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>1,000.00</u>		
<u>1/30/2013</u>	<u>DONALD L DEAR</u> <u>15433 S. CATALINA AVE</u> <u>GARDENA, CA 90247</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>DIRECTOR</u> <u>WEST BASIN</u> <u>MUNICIPAL WATER</u> <u>DISTRICT</u>	<u>1,000.00</u>		
<u>2/4/2013</u>	<u>VAZQUEZ FOR WATER BOARD 2012</u> <u>3700 WILSHIRE BLVD. #1050-B</u> <u>LOS ANGELES, CA 90010</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>2,000.00</u>		

SUBTOTAL \$ 6,000.00

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 34,300.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 1,509.99
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 35809.99

### \*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)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

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

SCHEDULE A (CONT.)

Statement covers period from <u>Jan 20, 2013</u> through <u>FEB 16, 2013</u>		<b>CALIFORNIA FORM 460</b> Page <u>5</u> of <u>24</u> I.D. NUMBER <u>1355385</u>

NAME OF FILER  
AMBERT ROBLES FOR CARSON CITY COUNCIL 2013

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)
2/4/2013	FARIBA MOGHADAM 310 S. PROSPECT AVE REDONDO BEACH, CA 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00		
2/11/2013	REEB GOVERNMENT RELATIONS 1107 9TH ST., STE 510 SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00		
2/11/2013	AFSCME 1902 PAC CALIFORNIA FOR CLEAN RELIABLE WATER 700 NORTH ALAMEDA ST. LOS ANGELES, CA 90012 #1343082	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00		
2/11/2013	HERNANDEZ FOR ASSEMBLY 2012 3700 WILSHIRE BLVD STE 1050 B LOS ANGELES, CA 90010 #1334127	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00		
2/13/2013	JACQUE ROBINSON FOR <sup>CITY</sup> COUNCIL 4001 INGLEWOOD AVE., BLDG. 101 #162 REDONDO BEACH, CA 90278 #	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00		

SUBTOTAL \$ 8,000.00

\*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

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

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

SCHEDULE A (CONT.)

Statement covers period  
 from Jan 20, 2013  
 through FEB 16, 2013

CALIFORNIA  
 FORM **460**

Page 6 of 24

NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

I.D. NUMBER

1355385

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)
2/13/2013	I. L. W. U. LOCAL 13 POLITICAL ACTION COMMITTEE FUND 1630 CEDAR ST. SAN PEDRO, CA 90731	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00		
2/13/2013	CH2M, HILL INC. 9191 Jamaica ST ENGLEWOOD, CO 80112	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00		
2/7/2013	GIENDA LI ZELENIA-LINIA 144 E. 234 PL CARSON, CA 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HEWEAN TRUCKING PRESIDENT	300.00		
2/7/2013	MARTIN LUTHER KING JR DEMOCRATIC CLUB 1304 OAKHURST DR HARBOR CITY, CA 90710	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
2/4/2013	LILIAN Y KAWASAKI 3553-A ATLANTIC AVE, #1 LONG BEACH, CA 90807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WRD Director	400.00		

SUBTOTAL \$ 5,800.00

**\*Contributor Codes**

IND - Individual  
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 (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

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

SCHEDULE A (CONT.)

Statement covers period from <u>Jan 20, 2013</u> through <u>FEB 16, 2013</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>24</u>
I.D. NUMBER <u>1355385</u>	

NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

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)
2/5/2013	ANNY CHEN 920 BIG BRIAR WAY LA CANADA FLINTRIDGE, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager San Diego Water Authority	200.00		
2/7/2013	RONALD N. WILSON 3700 WILSHIRE BVD. STE 655 LOS ANGELES, CA 90010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney self-employed	500.00		
1/27/2013	RICHARD A. Hernandez 100 W. 226th PL. CARSON, CA 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00		
1/27/2013	REM, LLC 1308 SATURN AVE, STE 109 TERRACE, CA 90501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
1/25/2013	PAUL RANDALL 17701 S. AVALEN BLVD. #318 CARSON, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RNG RAYTHEON	200.00		
SUBTOTAL \$				1250.00		

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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.)

Statement covers period  
from Jan 19, 2013  
through Feb 16, 2013

CALIFORNIA  
FORM **460**

Page 8 of 24

NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

I.D. NUMBER

1355385

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)
2/15/2013	ARGENT MEDICAL GROUP INC 23251 MAIN ST CARSON, CA 90745	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
2/16/2013	Gloria D. Gray 3008 W. 82 PLACE INGLEWOOD, CA 90305	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director West Basin Municipal Water Dist.	200.00		
2/16/2013	ALSTON & BIRD LLP. 333 S. HOPE ST. 16TH FLOOR LOS ANGELES, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
2/16/2013	<del>EDWARD J. CASEY</del> EDWARD J. CASEY 333 HOPE ST. #1640 FL. LOS ANGELES, CA 90071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY ALSTON & BIRD LLP	500.00		
2/19/2013	MOHAMMAD POURNAMDARI 221 AVENUE B REDONDO BEACH, CA 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		

SUBTOTAL \$ 1,800.00

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

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

SCHEDULE A (CONT.)

Statement covers period from <u>JAN 20, 2013</u> through <u>FEB 16, 2013</u>	<b>CALIFORNIA FORM 460</b>
Page <u>9</u> of <u>24</u>	I.D. NUMBER <u>1355385</u>

NAME OF FILER

HIBERT ROBIES FOR CARSON CITY COUNCIL 2013

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)
1/27/2013	VASQUES & COMPANY LLP 801 S. GRAND AVE # 400 LOS ANGELES, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
1/27/2013	MICHAEL S. GAGAN 880 W. 1ST ST., # 400 LOS ANGELES, CA 90012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KINDEL GAGAN PRINCIPAL	500.00		
2/16/2013	UJA JOURNEYMEN & APPRENTICES LOCAL # 250 - PAC ID. # 743-959 18355 S FLORENCE ST., GARDENA, CA 90248	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00		
2/16/2013	RP FAMILIES FOR SUSAN RUBIO 14624 VIA CALIND BALDWIN PARK, CA 91706 #1318213	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00		
2/19/2013	JOHN W. SCHWADA 2035 MANDEVILLE CANYON RD. LOS ANGELES, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant self-employed	500.00		

SUBTOTAL \$ 7,250.00

\*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.)

Statement covers period

from \_\_\_\_\_

through \_\_\_\_\_

CALIFORNIA FORM **460**

Page 10 of 24

I.D. NUMBER

NAME OF FILER

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)
2/19/2013	FULBRIGHT & JAWORSKI LLP 2260 ROSS AVE. STE 2800 DALLAS, TX 75201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
2/19/2013	HARUTYUN GULLAPYAN ANNIE GULLAPYAN 3510 BEN RIVER DR. HACIENDA HEIGHTS, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00		
2/19/2013	RICK TAYLOR 1811 EUCLID #C SANTA MONICA, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dakota, Inc. Principal	500.00		
2/19/2013	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 11 297 N. MORENO AVE PASADENA, CA 91101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
	XENOPHON 1625 EYE ST., STE 610 WASHINGTON, DC 20006	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00		

SUBTOTAL \$ 4,000.00

**\*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)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)



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

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

SCHEDULE A (CONT.)

Statement covers period  
 from JAN 20, 2013

through FEB 16, 2013

CALIFORNIA  
 FORM **460**

Page 11 of 24

NAME OF FILER

ALBERT ROBIES FOR CARSON CITY COUNCIL 2013

I.D. NUMBER

1355385

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)
<u>2/20</u>	<u>COMPASS PR GROUP</u> <u>5654 COLISEUM ST</u> <u>LOS ANGELES, CA 90016</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>100.00</u>		
<u>2/20</u>	<u>PILIPINO AMERICAN ALLIANCE USA</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>100.00</u>		
		<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 \$ 200.00

**\*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)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# Schedule B - Part 1 Loans Received

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

SCHEDULE B - PART 1

Statement covers period  
from Jan 20, 2013  
through FEB 16, 2013

CALIFORNIA **460**  
FORM

Page 12 of 24

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

I.D. NUMBER

1355385

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
MENDOZA FOR SENATE 2014 3605 LONG BEACH BLVD., SE 426 LONG BEACH, CA 90807 #1308496		\$ _____	\$ <u>5,000.00</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$							\$	\$

## Schedule B Summary

- Loans received this period ..... \$ 5,000.00  
(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 \$ 5,000.00  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

(Enter (e) on  
Schedule E, Line 3)

†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 B – Part 2 Loan Guarantors

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

SCHEDULE B - PART 2

Statement covers period  
from Jan 20, 2013  
through Feb 16, 2013

CALIFORNIA **460**  
FORM

Page 13 of 24

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALBERT ROBLES For CARSON CITY COUNCIL 2013

I.D. NUMBER

1355385

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  _____ DATE  _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  _____ DATE  _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  _____ DATE  _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  _____ DATE  _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	

SUBTOTAL \$

Enter on  
Summary Page,  
Line 17 only.

# Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period  
from Jan 20, 2013  
through FEB 16, 2013

CALIFORNIA  
FORM **460**

Page 14 of 24

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

I.D. NUMBER

1355385

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Feb 2013	Vera Robla - Del. # 21306 Avalon Blvd Corona, CA 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed	Rent	\$1,000		
Feb 2013	Tony Trocena 1501 India St. St 103 PMB 4 San Diego, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed Consultant	consulty service	\$1,000		
Feb 2013	Angel Gonzalez 5037 W. JEFFERSON BLVD LOS ANGELES, CA 90016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed <del>consultant</del> <del>party</del>	consulty service party	\$2,900		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 4,900.00

## Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 4,900.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 0
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL \$ 4,900.00

### \*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 D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

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

Statement covers period  
 from Jan 29, 2013  
 through FEB 16, 2013

SCHEDULED

**CALIFORNIA FORM 460**

Page 15 of 24

I.D. NUMBER  
1355385

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL \$**

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... \$ 0
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 0

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

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

SCHEDULED (CONT.)

Statement covers period  
 from Jan 20, 2013  
 through FEB. 16, 2013

CALIFORNIA  
 FORM **460**

Page 16 of 24

NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

I.D. NUMBER

1355385

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$

0

# Schedule E Payments Made

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

SCHEDULE E

Statement covers period

from Jan 20, 2013

through Feb 16, 2013

CALIFORNIA  
FORM

**460**

Page 17 of 24

I.D. NUMBER

1355385

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
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
U.S. POSTAL SERVICE	POS	STAMPS	690.00
VBTEA NEWSLETTER 15024 VENTURA BLVD #530 SHERMAN OAKS, CA. 91403	PRT	SLATES	700.00
CALIFORNIA JUSTICE VOTER GUIDE P.O. Box 631 TOLSON, CA 90508	PRT	ADS	903.72

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

SUBTOTAL \$ 2293.72

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 28355.66  
 2. Unitemized payments made this period of under \$100 ..... \$ 98.46  
 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0  
 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 28454.12

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>Jan 20, 2013</u> through <u>FEB 16, 2013</u>	<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
	Page <u>18</u> of <u>24</u>
	I.D. NUMBER <u>1355385</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

**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
ANGEL GONZALEZ 5037 W. JEFFERSON BLVD. LOS ANGELES, CA 90016	LIT	PRINTING LITERATURE MAILINGS	11803.70
LEADING EDGE 11940 N. LOWER SACRAMENTO RD. LODI, CA 95242	LIT	LITERATURE MAILINGS	1850.00
E.V. & ASSOCIATES 21306 So. Arden Blvd. CARSON, CA 90745	OFS	OFFICE EXPENSES	1750.00
ALBERTO SERRANO	CNS	CAMPAIGN CONSULTANT	1000.00
SYLVIA RUBIO 9016 MANZANAR AVE. DOWNEY, CA 90240	OFS	OFFICE EXPENSES	2500.00

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

SUBTOTAL \$ 18903.70



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

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

SCHEDULE E (CONT.)

Statement covers period from <u>Jan 20, 2013</u> through <u>Feb 16, 2013</u>	<b>CALIFORNIA FORM 460</b>
Page <u>19</u> of <u>24</u>	I.D. NUMBER <u>1355385</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL

**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
ATID ADVERTISING 8407 ROSECORANIS AVE. PARAMOUNT, CA 90723	LIT	FLYER DISTRIBUTION	925.00
DEMOCRATIC VOTER 7248 W. Edna Place Covina, CA 91722	PRT	SLATE	610.70
CREATIVE DATA 1261 WINGATE PL. POMONA, CA	CNS		950.00
HANTE HANKS SHOPPERS.	PLT	ADVERTISING	1397.44
CAMPAINEN L.A. 17211 So. Broadway St. Garden, CA 90248	CMP		2360.00

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

SUBTOTAL \$ 6243.14

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

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

SCHEDULE E (CONT.)

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	Page <u>20</u> of <u>24</u>
	I.D. NUMBER <u>1355385</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALBERT ROBERT FOR CARSON CITY COUNCIL 2013

**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
CITY OF CARSON CARSON, CA.	OFC	FILING FEES	120.00
BUDGET WATCHDOG	PRT	SLATE	365.00
PHILIPPINO TRIBUNE	PRT		250.00
CITIZENS FOR GOOD GOVERNMENT 728 W. Edna Place Covina, CA 91722	PRT	SLATE	180.10

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

**SUBTOTAL \$** 915.10



**Schedule C**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

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

Statement covers period

from \_\_\_\_\_

through \_\_\_\_\_

CALIFORNIA  
 FORM

**460**

Page 22 of 24

I.D. NUMBER

1355385

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALBERT ROBIES FOR CARSON CITY COUNCIL 2013

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

# Schedule H Loans Made to Others\*

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

Statement covers period from <u>JAN 20, 2013</u> through <u>FEB 16, 2013</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>23</u> of <u>24</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALBERT ROBLES for CARSON CITY Council 2013

I.D. NUMBER

1355385

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS		\$ _____	\$ _____	\$ _____	\$ _____	

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

- Loans made this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans ..... \$ 0  
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 0  
(Enter the net here and on the Summary Page, Column A, Line 7.)  
(May be a negative number)

\*\*If Required

**Schedule I**  
**Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period  
 from Jan 20, 2013  
 through FEB 16, 2013

CALIFORNIA  
 FORM **460**

Page 24 of 24

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALBERT ROBLES For CARSON CITY Council 2013

I.D. NUMBER

1355385

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule I Summary**

- Itemized increases to cash this period. .... \$ 0
- Unitemized increases to cash of under \$100 this period. .... \$ 0
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .... \$ 0
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .... **TOTAL \$** 0

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# 497 Contribution Report

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

RECEIVED

497 CONTRIBUTION REPORT

NAME OF FILER <b>ALBERT ROBLES FOR CARSON CITY COUNCIL 2013</b>		Date of This Filing <b>2/19/2013</b>	CITY Date Stamp <b>FEB 19 PM 3:13</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>(310) 987-8670</b>	I.D. NUMBER (if applicable) <b>1355385</b>	Report No. <b>2</b>	CITY OF CARSON	
STREET ADDRESS <b>21304 AVALON BLVD.</b>		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY <b>CARSON</b>	STATE <b>CA</b>	ZIP CODE <b>90745</b>	No. of Pages <b>1/2</b>	

## 1. Contribution(s) Received

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
2/16/2013	MENDOZA FOR SENATE 2014 3605 LONG BEACH BLVD., STE. 426 LONG BEACH, CA 90807 #1308496	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00 <input checked="" type="checkbox"/> Check if Loan _____% Provide interest rate
2/16/2013	BP FAMILIES FOR SUSAN RUBIO 14624 VIA EL CAMINO BARDWIN PARK, CA. 91706 #1318213	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
2/16/2013	LIA JOURNEYMEN & APPRENTICES LOCAL #250-PAC ID# 743-959 18355 S. FIGUEROA ST. CARLENA, CA 90248	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000. <input type="checkbox"/> Check if Loan _____% Provide interest rate

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

### \*\*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



# 497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER <b>ALBERT ROBLES FOR CARSON CITY COUNCIL 2013</b>		Date of This Filing <b>2/19/2013</b>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>(310) 987-8670</b>	I.D. NUMBER (if applicable) <b>1355385</b>	Report No. <b>2</b>		
STREET ADDRESS <b>21304 AVAION BLVD.</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>CARSON, CA</b>	STATE <b>CA</b>	ZIP CODE <b>90745</b>	No. of Pages <b>2/2</b>	

## 1. Contribution(s) Received

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
<b>2/19/2013</b>	<b>HARUTYUN GULLAPYAN ANNIE GULLAPYAN 3510 BELL RIVER DRIVE HACIENDA HEIGHTS, CA 91745</b>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>1,500.00</b> <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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

### \*\*Contributor Codes

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 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

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# 497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER <b>ALBERT ROBLES FOR CARSON CITY Council 2013</b>		Date of This Filing <b>2/13/13</b>	RECEIVED CITY CLERK 13 FEB 13 PM 3:47 CITY OF CARSON	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>(310) 987-8670</b>	I.D. NUMBER (if applicable) <b>1355385</b>	Report No. <b>1</b>		
STREET ADDRESS <b>21304 AVALON BVD.</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>CARSON, CA</b>	STATE <b>CA</b>	ZIP CODE <b>90745</b>	No. of Pages <b>10FA</b>	

## 1. Contribution(s) Received

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
2/13/2013	JACQUE ROBINSON FOR CITY COUNCIL 4001 INGLEWOOD AVE. BLDG. 101 #162 REDONDO BEACH, CA 90278	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
2/13/2013	I. L. W. U. LOCAL 13 POLITICAL ACTION COMMITTEE FUND 630 CENTRE STREET SAN PEDRO, CA 90731	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
2/13/2013	CH2M HILL Inc. 9191 S. Jamaica St. ENGLEWOOD, CO 80112-5946	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

### \*\*Contributor Codes

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OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

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

# 497 Contribution Report

Type Print in ink.  
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER <b>ALBERT ROBLES FOR CARSON CITY COUNCIL 2013</b>		Date of This Filing <b>2/13/13</b>	RECEIVED CITY CLERK 13 FEB 13 PM 3:47 CITY OF CARSON	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>(310) 987-8670</b>	I.D. NUMBER (if applicable) <b>1355385</b>	Report No. <b>1</b>		
STREET ADDRESS <b>21304 AVAALON BLVD.</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>CARSON, CA</b>	STATE <b>CA</b>	ZIP CODE <b>90745</b>	No. of Pages <b>2 OF 4</b>	

## 1. Contribution(s) Received

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
2/11/2013	REEB GOVERNMENT RELATIONS, LLC 1107 4TH STREET, SUITE 510 SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
2/11/2013	AFSCME 1902 CALIFORNIA FOR CLEAN AND RELIABLE WATER 700 NORTH ALAMEDA STREET LOS ANGELES, CA 90012 ID# 1343082	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
2/11/2013	HERNANDEZ FOR ASSEMBLY 2012 3700 WILSHIRE BLVD STE 1050B LOS ANGELES, CA 90010 ID.# 1334127	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

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

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER <b>ALBERT ROBIES FOR CITY COUNCIL 2013</b>		Date of This Filing <b>2/13/2013</b>	RECEIVED CITY CLERK 13 FEB 13 PM 3:47 CITY OF CARSON	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>(310) 987-8670</b>	I.D. NUMBER (if applicable) <b>1355385</b>	Report No. <b>1</b>		
STREET ADDRESS <b>21304 AVALON BLVD</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>CARSON, CA</b>	STATE <b>CA</b>	ZIP CODE <b>90745</b>	No. of Pages <b>30F4</b>	

## 1. Contribution(s) Received

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
1/30/2013	DONALD L. DEAR 15433 S. CATALINA AVE GARDENA, CA 90247	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECTOR WEST BASIN MUNICIPAL WATER DISTRICT	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
2/4/2013	VASQUEZ A WATERBOARD 2012 3700 WILSHIRE BLVD. #1050 B LOS ANGELES, CA 90010	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
2/4/2013	FARIBA M. MDGHADANI 310 S. PROSPECT AVE APT 41 REDONDO BEACH, CA 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED	2,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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 PTY - Political Party  
 SCC - Small Contributor Committee

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

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER <b>ALBERT ROBLES FOR CARSON CITY COUNCIL 2013</b>		Date of This Filing <b>2/13/13</b>	RECEIVED CITY CLERK 13 FEB 13 PM 3:47 CITY OF CARSON	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>(310) 987-8670</b>	I.D. NUMBER (if applicable) <b>1355385</b>	Report No. <b>1</b>		
STREET ADDRESS <b>21304 AVALON BLVD</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>CARSON</b>	STATE <b>CA</b>	ZIP CODE <b>90745</b>		

## 1. Contribution(s) Received

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
1-26-13	KINDEL GAGAN 550 S. HOPE ST., #530 LOS ANGELES, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
1-26-13	GWS NURSERY & SUPPLIES P.O. BOX 1901 NORWALK, CA 90650	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
1-26-13	CCE CONSULTING GROUP. P.O. BOX 10024 LONG BEACH, CA 90810	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

### \*\*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

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

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

COPY

Type or print in ink.

1ST PRE-ELECTION

COVER PAGE

RECEIVED  
CITY CLERK

Date Stamp

CALIFORNIA  
FORM

460

Page 1 of 14

For Official Use Only

Statement covers period

from Jan 1, 2013

through Jan 19, 2013

Date of election if applicable:  
(Month, Day, Year)

3/5/2013

5 PM 1:53

CITY OF CARSON

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 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

1355385

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

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

STREET ADDRESS (NO P.O. BOX)

21304 AVALON BLVD

CITY STATE ZIP CODE AREA CODE/PHONE

CARSON, CA 90745 (310) 987-8670

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

ALBERT ROBLES

MAILING ADDRESS

21304 AVALON BLVD.

CITY STATE ZIP CODE AREA CODE/PHONE

CARSON, CA 90745 (310) 987-8670

NAME OF ASSISTANT TREASURER, IF ANY

SYLVIA RUBIO

MAILING ADDRESS

21304 AVALON BLVD.

CITY STATE ZIP CODE AREA CODE/PHONE

CARSON, CA 90745 (310) 987-8670

OPTIONAL FAX / E-MAIL ADDRESS

albert@albertrobles.com

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

2/5/2013

Date

Executed on

2-5-13

Date

Executed on

Date

Executed on

Date

By

Signature of Treasurer or Assistant Treasurer

By

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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

State of California

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 14

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

ALBERT ROBIES

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

CITY COUNCIL, CARSON

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

21304 AVALON BVD., CARSON, CA 90745

**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

Committee to Re-Elect Albert Robies

I.D. NUMBER

960246

NAME OF TREASURER

Albert Robies

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

125 E. 214TH ST.

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Carson,

CA

90745

562-234-0970

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

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

Statement covers period from <u>Jan 1, 2013</u> through <u>Jan 19, 2013</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>14</u>	I.D. NUMBER <u>1355385</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Albert ROBIES CITY COUNCIL CAMPAIGN 2013

## 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>11,550.00</u>	\$ <u>11,550.00</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>11,550.00</u>	\$ <u>11,550.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>10,736.86</u>	\$ <u>10,736.86</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>22,286.86</u>	\$ <u>22,286.86</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

6. Payments Made ..... Schedule E, Line 4	\$ <u>0</u>	\$ <u>0</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>0</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>0</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>0</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>0</u>

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
---	-------------

## 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.

**Schedule A**  
**Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from Jan 1, 2013  
through Jan 19, 2013

CALIFORNIA  
FORM **460**

Page 4 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

I.D. NUMBER

1355385

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)
<u>1/17/2013</u>	<u>Julie L. KESSLER.</u> <u>EDWARD J. CASSEY</u> <u>333 HOPE ST., #16th FLOOR</u> <u>LOS ANGELES, CA 90071</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>ATTORNEY</u> <u>ALISTAN &amp; BIRD</u> <u>LLP.</u>	<u>500.00</u>		
<u>1/17/2013</u>	<u>ANTONIO MENDOZA</u> <u>1651 EXCELLO ST.</u> <u>ARTESIA, CA 90701</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>CENTRAL BASIN</u> <u>Water DISTRICT</u>	<u>500.00</u>		
<u>1/16/2013</u>	<u>KALYN H. TRAN</u> <u>1011 EUCIID AVE.</u> <u>SANTA MONICA, CA 90403</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>MANICURIST</u>  <u>SELF EMPLOYED</u>	<u>1,500.00</u>		
<u>1/16/2013</u>	<u>Bichter Engineering Inc.</u> <u>1782 E. 17th St #107</u> <u>TUSTIN, CA 92780</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>500.00</u>		
<u>1/18/2013</u>	<u>Harris &amp; Associates.</u> <u>865 S FIGUEROA St., # 2150</u> <u>LOS ANGELES, CA 90017</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>5,000.00</u>		
SUBTOTAL \$					<u>8,000.00</u>	

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) ..... \$ 11,500.00

2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 50.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 11,550.00

\*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)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

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

SCHEDULE A (CONT.)

Statement covers period  
 from Jan 1, 2013  
 through Jan 19, 2013

**CALIFORNIA**  
**FORM 460**

Page 5 of 14

NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

I.D. NUMBER

1355385

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)
1/18/2013	LEGISLATIVE ADVOCACY group 3767 Worsham Ave. Long Beach, CA 90808	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00		
1/18/2013	Foundation For Policy + Government 3767 Worsham Ave Long Beach, CA 90808	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00		
1/18/2013	ANDMAR INVESTMENT LLC. 707 WILSHIRE BLVD STE 3700 LOS ANGELES, CA 90017-3519	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00		
1/18/2013	CHRISTINE FRAHM 225 BROADWAY #1670 SAN DIEGO, CA 92101-500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BROWSTEN HATT ATTORNEY AT LAW	250.00		
1/18/2013	TEERY L FOREMAN 6804 CALLE TANIA CARPINTERIA, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant CHZM Hill	250.00		
SUBTOTAL \$					3,500.00	

\*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.

Statement covers period  
from JAN 1, 2013  
through Jan 19, 2013

CALIFORNIA  
FORM **460**

Page 6 of 14

I.D. NUMBER

1355385

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Albert ROBLES FOR CARSON CITY COUNCIL 2013

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
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____
SUBTOTALS \$						\$	\$	\$

(Enter (e) on  
Schedule E, Line 3)

### Schedule B Summary

1. Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
2. 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.)
3. 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 B – Part 2**  
**Loan Guarantors**

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

SCHEDULE B - PART 2

Statement covers period from <u>Jan 1, 2013</u> through <u>Jan 19, 2013</u>	<b>CALIFORNIA FORM 460</b>
Page <u>7</u> of <u>14</u>	I.D. NUMBER <u>1355 385</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Albert ROBLES FOR CARSON CITY COUNCIL 2013

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER. (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  <hr/> DATE  <hr/>		CALENDAR YEAR  \$ _____  PER ELECTION (IF REQUIRED)  \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  <hr/> DATE  <hr/>		CALENDAR YEAR  \$ _____  PER ELECTION (IF REQUIRED)  \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  <hr/> DATE  <hr/>		CALENDAR YEAR  \$ _____  PER ELECTION (IF REQUIRED)  \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  <hr/> DATE  <hr/>		CALENDAR YEAR  \$ _____  PER ELECTION (IF REQUIRED)  \$ _____	
<b>SUBTOTAL \$</b> <u>0</u>						Enter on Summary Page, Line 17 only.

**Schedule C**  
**Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period  
from Jan 1, 2013  
through Jan 19, 2013

CALIFORNIA  
FORM **460**

Page 8 of 14

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Albert ROBLES FOR CARSON CITY COUNCIL 2013

I.D. NUMBER  
1355385

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Jan 2013	Vera Robles - DeWitt 21306 Avalon Blvd Carson, CA 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed	Rent	\$1,000		
Jan 2013	Committee to Re-Elect Albert Robles 125 E. 24th St Carson, CA 90745 ID # 960246	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<del>self-employed</del> Controlled Committee	mailing	\$8,236.86		
Jan 2013	Tony Innocente	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-employed	Consulting service	\$1,500		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

10,736.86

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.)

\$ 10,736.86

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

\$ 0

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)

TOTAL \$ 10,736.86

\*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 D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

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

Statement covers period  
 from Jan. 1, 2013  
 through Jan 19, 2013

SCHEDULED

CALIFORNIA  
 FORM **460**

Page 9 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALBERT ROBIES FOR CARSON CITY COUNCIL 2013

I.D. NUMBER

1355385

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$						

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... \$ 0
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 0

# Schedule E Payments Made

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

Statement covers period from <u>Jan 1, 2013</u> through <u>Jan 19, 2013</u>		SCHEDULEE <b>CALIFORNIA FORM 460</b> Page <u>10</u> of <u>14</u> I.D. NUMBER <u>1355385</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Albert Roberts FOR CARSON CITY COUNCIL 2013

**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

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

**SUBTOTAL \$**

## Schedule E Summary

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



# Schedule F Accrued Expenses (Unpaid Bills)

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

SCHEDULE F

Statement covers period  
from Jan 1, 2013  
through Jan 19, 2013

CALIFORNIA  
FORM **460**

Page 11 of 14

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

ALBERT ROBLES FOR CARSON CITY COUNCIL 2013

I.D. NUMBER

1355385

**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

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

SUBTOTALS \$ \$ \$ \$

## 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 \$ 0
- 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
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) NET \$ 0  
May be a negative number

Schedule     
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

Statement covers period  
from Jan 1, 2013  
through Jan 19, 2013

SCHEDULE G  
**CALIFORNIA FORM 460**  
Page 12 of 14  
I.D. NUMBER  
1355385

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Albert ROBLES  
NAME OF AGENT OR INDEPENDENT CONTRACTOR

- CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CVP | 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  |
| UT  | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets. TOTAL\* \$

# Schedule H Loans Made to Others\*

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

Statement covers period  
from Jan 1, 2013  
through Jan 19, 2013

CALIFORNIA FORM **460**

Page 13 of 14

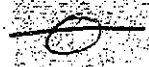
SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Albert ROBLES

I.D. NUMBER

1355385

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____ % RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PERELECTION** \$ _____
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____ % RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PERELECTION** \$ _____
<b>SUBTOTALS</b>		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____		

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

- Loans made this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans ..... \$ 0  
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 0  
(Enter the net here and on the Summary Page, Column A, Line 7.)  
(May be a negative number)

\*\*If Required

# Schedule I Miscellaneous Increases to Cash

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

SCHEDULE I

Statement covers period  
from Jan 1, 2013  
through Jan 19, 2013

CALIFORNIA  
FORM **460**

Page 14 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALBERT ROBIES

I.D. NUMBER

1355385

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

0

## Schedule I Summary

1. Itemized increases to cash this period. .... \$ 0  
 2. Unitemized increases to cash of under \$100 this period. .... \$ 0  
 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .... \$ 0  
 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the  
 Summary Page, Line 14.) ..... TOTAL \$ 0

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# Statement of Organization Recipient Committee

Type or print in ink

STATEMENT ORGANIZATION

Statement Type

☒ Initial

Not yet qualified ☐ or

☐ Amendment

List I.D. number:

# \_\_\_\_\_

☐ Termination – See Part 5

List I.D. number:

# \_\_\_\_\_

1, 26, 2013  
Date qualified as committee

            
Date qualified as committee  
(if applicable)

            
Date of Termination

Date Stamp

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CITY OF CARSON

CALIFORNIA  
FORM

410

For Official Use Only

## 1. Committee Information

NAME OF COMMITTEE

ALBERT ROBIES FOR CARSON CITY COUNCIL 2013

STREET ADDRESS (NO P.O. BOX)

21304 AVALON BLVD

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CARSON

CA

90745

(310) 987-8670

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

albert@albertrobies.com

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Los Angeles

Attach additional information on appropriately labeled continuation sheets.

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

ALBERT ROBIES

STREET ADDRESS

21304 AVALON BLVD.

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CARSON

CA

90745

(310) 987-8670

NAME OF ASSISTANT TREASURER, IF ANY

SYLVIA RUBIO

STREET ADDRESS

21304 AVALON BLVD.

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CARSON

CA

90745

(310) 987-8670

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

## 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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

DATE

Executed on

DATE

Executed on

DATE

Executed on

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# Statement of Organization Recipient Committee

STATEMENT ORGANIZATION  
CALIFORNIA FORM **410**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME

ALBERT ROBLES FOR CITY COUNCIL 2013

## 4. Type of Committee Complete the applicable sections.

### Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
ALBERT ROBLES	CARSON CITY COUNCIL	2013	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
WELLS FARGO Bank	(562) 856-5260	7015737419
ADDRESS	CITY	STATE ZIP CODE
4601 E. 2nd St.	Long Beach	CA 90803

### Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink **SEMI-ANNUAL**

Date Stamp

CALIFORNIA  
FORM

COVER PAGE  
**460**

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CITY OF CARSON

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LOS ANGELES COUNTY

Page 1 of 3

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CAMPAIGN FINANCE  
DISCLOSURE SECTION

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 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

960246

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

Committee to Re-Elect Albert Robles

STREET ADDRESS (NO P.O. BOX)

125 E. 214th St.

CITY

Carson

STATE

CA

ZIP CODE

90745

AREA CODE/PHONE

(310) 987-8670

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

CITY

albert@albertrobles.com

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

ALBERT ROBLES

MAILING ADDRESS

21304 S. AVALON BLVD.

CITY

Carson

STATE

CA

ZIP CODE

90745

AREA CODE/PHONE

(310) 987-8670

NAME OF ASSISTANT TREASURER, IF ANY

Sylvia Rubio

MAILING ADDRESS

21304 S. AVALON BLVD.

CITY

Carson

STATE

CA

ZIP CODE

90745

AREA CODE/PHONE

(562) 305-740

OPTIONAL: FAX / E-MAIL ADDRESS

Sylvia@albertrobles.com

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

8/1/13

Date

Executed on

8/1/13

Date

Executed on

Date

Executed on

Date

By

Signature of Treasurer or Assistant Treasurer

By

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

FPPC Form 460 (January/05)

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



Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 3

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

COMMITTEE TO RE-ELECT ALBERT ROBIES

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

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

125 E. 24TH ST., CARSON, CA 90745

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

CITY COUNCIL  
ALBERT ROBIES FOR CARSON 2013 1355385

NAME OF TREASURER

ALBERT ROBIES

CONTROLLED COMMITTEE?

☒ YES ☐ NO

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

21304 S. AVALON BLVD.

CITY

CARSON

STATE

CA

ZIP CODE

90745

AREA CODE/PHONE

(310) 987-8670

COMMITTEE NAME

FRIENDS OF ALBERT ROBIES  
OFFICE HOLDER ACCOUNT

I.D. NUMBER

971138

NAME OF TREASURER

ALBERT ROBIES

CONTROLLED COMMITTEE?

☒ YES ☐ NO

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

21304 S. AVALON BLVD.

CITY

CARSON

STATE

CA

ZIP CODE

90745

AREA CODE/PHONE

(310) 987-8670

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

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

Statement covers period from <u>FEB 17, 2013</u> through <u>JUNE 30, 2013</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>3</u>	I.D. NUMBER <u>960246</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO RE-ELECT ALBERT ROBIES

## 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>0</u>
2. Loans Received	Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</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>0</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	\$ <u>0</u>	\$ <u>0</u>
21. Expenditures Made	\$ <u>0</u>	\$ <u>0</u>

## 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>0</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>0</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>0</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
<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>0</u>
<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>0</u>

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>0</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>0</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.