# ALBERT ROBLES FOR GARSON CITY COUNCIL 2018

| Recipient Co<br>Campaign S | ommittee<br>Statement  | 4  |
|----------------------------|------------------------|----|
| Cover Page                 | !                      |    |
| Government Code            | Sections 84200-84216.5 | 5) |



Type or print in ink.

**AMENDMENT** 

|                  | - ICI AOI             |
|------------------|-----------------------|
| Daté Stamp       | california 460 form   |
|                  | Page of               |
| 3 AUS - 7 AN 111 | For Official Use Only |
| BLA BLAVERA      |                       |

ER PAGE

Date of election if applicable: Statement covers period (Month, Day, Year) from Jan 20, 2013 SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Quarterly Statement Preelection Statement Primarily Formed Ballot Measure Officeholder, Candidate Controlled Committee Special Odd-Year Report Semi-annual Statement State Candidate Election Committee Committee O Controlled Supplemental Preelection Termination Statement ○ Recall (Also file a Form 410 Termination) Statement - Attach Form 495 Sponsored (Also Complete Part 5) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER Treasurer(s) 45385 Committee Information NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) MAILING ADDRESS ZIP CODE CITY STREET ADDRESS (NO P.O. BOX) ISTANT TREASURER, IF ANY AREA CODE/PHONE ZIP CODE STATE ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX ZIP CODE AREA CODE/PHONE AREA CODE/PHONE STATE ZIP CODE CITY FAX / E-MAIL ADDRESS OPTIONAL: OPTIONAL: FAX / E-MAIL ADDRESS ra @ albert robles. Com albert@albert robics

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 | at the foregoing is true and correct.   |   |
|---|---|---|
| Executed on 97/13   | BySignals of reasurer or Assistant (reasurer  |   |
| Executed on   | By. Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor |   |
| Executed onDate   | BySignature of Controlling Officeholder, Candidate, State Measure Proponent                                     | _ |
| Executed onDate   | By Signature of Controlling Officeholder, Candidate, State Measure Proponent                                    |   |

rent 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



| Officeholder or Candidate Controlled Committee  | 6. | Primarily Formed Ballo                                 | ot Measure                      | Committee                 | !               |                   |
|---|----|--|---------------------------------|---------------------------|-----------------|-------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE   |    | NAME OF BALLOT MEASURE                                 |                                 | <del>-</del> <del>-</del> |                 |                   |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  |    | BALLOT NO. OR LETTER                                   | JURISDICTIO                     | ON .                      |                 | SUPPORT<br>OPPOSE |
| CAUSON ONLY COUNCIL  RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  21304 S. AVALON BUY CANSON CA 90745  |    | Identify the controlling of                            |                                 |                           | ate measure p   | roponent, if any. |
| 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. |    | OFFICE SOUGHT OR HELD                                  | NOIDATE, ONTIN                  |                           | DISTRICT NO. 1F | ANY               |
| COMMITTEE NAME  LOWUNTIEE TO RE-ELECT  AIBLUT ROBLES  NAME OF TREASURER  1.D. NUMBER  Q 60246  CONTROLLED COMMITTEE?  | 7. | . Primarily Formed Can officeholder(s) or candidate(s) | ididate/Offices) for which this | eholder Co                | ommittee Lis    | t names of        |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  |    | NAME OF OFFICEHOLDER OR                                | <u>·</u>                        |                           | IGHT OR HELD    | SUPPORT OPPOSE    |
| 21304 S. AUGLON BUD.  CITY STATE ZIP CODE AREA CODE/PHONE  CARCOLL CARCOLL GO 987-8610  |    | NAME OF OFFICEHOLDER OR                                | CANDIDATE                       | OFFICE SOL                | IGHT OR HELD    | SUPPORT OPPOSE    |
| COMMITTEE NAME FUILENTYS OF ALBERT ROBIES  1.D. NUMBER  971138  |    | NAME OF OFFICEHOLDER OR                                | CANDIDATE                       | OFFICE SOL                | JGHT OR HELD    | SUPPORT OPPOSE    |
| NAME OF TREASURER  CONTROLLED COMMITTEE?  YES NO  |    | NAME OF OFFICEHOLDER OR                                | CANDIDATE                       | OFFICE SOL                | JGHT OR HELD    | SUPPORT OPPOSE    |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  21304 S. AUALOL BUD.  CITY STATE ZIP CODE AREA CODE/PHONE  CHASOL CA 90745 (30) 987-8670  |    | Atta   | ach continuat                   | on sheets if              | necessary       |                   |

#### **Campaign Disclosure Statement Summary Page**

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

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

CALIFORNIA **FORM** 

SUMMARY PAGE

1355385

LD. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER AIBEAT ROBIES FOR CARSON CITY DOUNCEL 2013

Calendar Year Summary for Candidates Running in Both the State Primary and **General Elections** 

7/1 to Date 1/1 through 6/30 20. Contributions

Received

21. Expenditures Made

Candidates

**Expenditure Limit Summary for State** 

**Expenditures Made** 

6. Payments Made ...... Schedule E, Line 4 Loans Made ...... Schedule H, Line 3

To calculate Column B, add amounts in Column A to the

corresponding amounts

22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election

Total to Date

(mm/dd/yy)

**Current Cash Statement** 

12. Beginning Cash Balance ...... Previous Summary Page, Line 16 13. Cash Receipts ...... Column A, Line 3 above

14. Miscellaneous Increases to Cash ...... Schedule I, Line 4

15. Cash Payments ...... Column A, Line 8 above 16. ENDING CASH BALANCE .......... Add Lines 12 + 13 + 14, then subtract Line 15

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.

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

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

18. Cash Equivalents ...... See instructions on reverse

**Contributions Received** 

1. Monetary Contributions ...... Schedule A, Line 3

Loans Received ...... Schedule B, Line 3 SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2

Nonmonetary Contributions ...... Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4

SUBTOTAL CASH PAYMENTS ...... Add Lines 6+7 \$

9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3

Column A

TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)

Column B

CALENDAR YEAR TOTAL TO DATE

17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ ...

Cash Equivalents and Outstanding Debts

# 

| Recipient Committee<br>Campaign Statement   | Type or print in i   | nk AMENDMENT  | FORM 460  |
|---|--|---|---|
| Cover Page Government Code Sections 84200-84216.5)  SEE INSTRUCTIONS ON REVERSE   | Statement covers period from TAO 1, 2013 through Tan 19, 2013  | Date of election if applitable: 16 - 7 AN 11: 10 (Month, Day, Year)   | Page of   |
| State Candidate Election Committee  Recall (Also Complete Part 5)  General Purpose Committee  Sponsored  Sponsored  | mplete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7) | Semi-annual Statement Sp  | puarterly Statement pecial Odd-Year Report pecial Odd-Year Report per |
| STREET ADDRESS (NO P.O. BOX)  21301 S. AVALON BUD  CITY STATE ZIP CO  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E  CITY STATE ZIP CO  OPTIONAL: FAX / E-MAIL ADDRESS  Alberta albertables Com | AREA CODE/PHONE  AREA CODE/PHONE  DOE  AREA CODE/PHONE  g this statement and to the best of my know is that the foregoing is true and correct.  By   | CARSON CA NAME OF ASSISTANT TREASURER, IF ANY  SYLVIA RUBCO  MAILING ADDRESS  21364 S. AVMON BUD  CITY  STATE ZIE | edules is true and complete. I certify  |
| Executed on   | Ву   | Signature of Controlling Officeholder, Candidate, State Measure Proponent   | EPPC Form 460 (January/05)  |

FPPC Form 460 (Jaildary)03)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 460
FORM

Page 2 of 4

| Officeholder or Candidate Controlled Committee  | 6. | Primarily Formed Ballot                               | Measure (                             | Committee                                      |                      |
|---|----|---|---------------------------------------|--|----------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE   |    | NAME OF BALLOT MEASURE                                |                                       |  |                      |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  |    | BALLOT NO. OR LETTER                                  | JURISDICTIO                           | N  | SUPPORT OPPOSE       |
| CARSON CITY CONNOLL  RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  21301 S. AVALON BUD CARSON CA 90745  |    | Identify the controlling office                       |                                       |  | e proponent, if any. |
| 21304 S. Avalon Blud, Carson CA 40 145  |    | NAME OF OFFICEHOLDER, CANE                            | DIDATE, OR PRO                        | TNBNOQC  |                      |
| 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. |    | OFFICE SOUGHT OR HELD                                 | , , , , , , , , , , , , , , , , , , , | DISTRICT NO                                    | D. IF ANY            |
| COMMITTEE NAME  ABRIT ROBIES  I.D. NUMBER  ALCONOMITTEE  OLOZYL  NAME OF TREASURER  CONTROLLED COMMITTEE?   | 7. | Primarily Formed Cand officeholder(s) or candidate(s) | idate/Offic                           | eholder Committee<br>committee is primarily fo | List names of rmed.  |
| ABOUT ROBIES   X YES   NO NO COMMITTEE ADDRESS   STREET ADDRESS (NO P.O. BOX)   ZIZOU S. AUAION BIVD.   | -  | NAME OF OFFICEHOLDER OR C.                            | ANDIDATE                              | OFFICE SOUGHT OR HELI                          | SUPPORT OPPOSE       |
| CANGON CA GOTUS (310) 987-8670  | )  | NAME OF OFFICEHOLDER OR C                             | ANDIDATE                              | OFFICE SOUGHT OR HELI                          | SUPPORT OPPOSE       |
| COMMITTEENAME FLIENDS OF AIRENT LODIES 071138   |    | NAME OF OFFICEHOLDER OR C                             | ANDIDATE                              | OFFICE SOUGHT OR HELI                          | SUPPORT OPPOSE       |
| NAME OF TREASURER  CONTROLLED COMMITTEE?  YES   NO  |    | NAME OF OFFICEHOLDER OR C                             | ANDIDATE                              | OFFICE SOUGHT OR HEL                           | SUPPORT OPPOSE       |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  21304 S. AVALON BUD-  CITY STATE ZIP CODE AREA CODE/PHONE  CALSON CA 90745 (310) 987-867  | .D | Attac   | h continuatio                         | on sheets if necessary                         |                      |

# Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period

CALIFORNIA FORM

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER

| NAME OF FILER   | 1010/11-7012   |   | 755385   |
|---|--|---|--|
| Contributions Received  1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4  | TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  \$ 11,580.00  \$ 11,550.00  11,236.86 | Column B CALENDARYEAR TOTALTODATE  \$ 11,550.60  6 11,550.60  11,23686  \$ 22,786.86  | 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 \$ \$   |
| Expenditures Made  6. Payments Made  7. Loans Made  8. SUBTOTAL CASH PAYMENTS  9. Accrued Expenses (Unpaid Bills)  10. Nonmonetary Adjustment  11. TOTAL EXPENDITURES MADE  Schedule E, Line 4  Add Lines 6 + 7  Schedule F, Line 3  Add Lines 8 + 9 + 10   | s <u>C</u><br>11,236.86  | s — C<br>s — C<br>s — C<br>11,236.86<br>s — 11,236.86   | Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election (mm/dd/yy)  \$ |
| Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero. | \$ 11,550.00   | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts | *Amounts in this section may be different from amounts reported in Column B.   |
| Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above   |  | from Lines 2, 7, and 9 (if any).  | FPPC Form 460 (January/05<br>FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772   |

#### Schedule C Nonmonetary Contributions Received

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

SCHEDULE C Statement covers period CALIFORNIA **FORM** I.D. NUMBER 12552

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

| A Ho             | OUT PODIES FOR CAM   | Gon ar                               | THE COUNCIL -   | 2013                                |                                 |   | 105         | 70 705                                   |
|------------------|--|--------------------------------------|---|-------------------------------------|---------------------------------|---|-------------|--|
| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *                   | F AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF<br>GOODS OR SERVICES | AMOUNT/<br>FAIR MARKET<br>VALUE | CUMULAT<br>DAT<br>CALENDA<br>(JAN 1 - D | E<br>R YEAR | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
| Jan 2013         | VERA P. DEWITT<br>21306 S. AVALEN DWD<br>CAKSON, CA 90745                                    | ØÎND<br>□COM<br>□OTH<br>□PTY<br>□SCC | Saf Employed  | Rent                                | 1, 800.M                        |   |             |  |
| Jan<br>Zoi3      | Committee to RE-ELECT ALBERT ROBIES # 960246   | ☐IND<br>☑COM<br>☐OTH<br>☐PTY<br>☐SCC |   | consulting                          | 8,736.86                        |   |             |  |
| Jan<br>Zoi3      | Tony Inocentes   | □COM<br>□COM<br>□OTH<br>□PTY<br>□SCC | SEIF<br>EmployED  | Consulting<br>Service               | 1,50,00                         |   | ,           |  |
|                  |  | □IND □COM □OTH □PTY □SCC             |   |                                     |                                 |   |             |  |
|                  | Living a line and an appropriately labor   | Jod continue                         | tion sheets   | SUBTOTAL                            | \$                              |   |             |  |

Attach additional information on appropriately labeled continuation sheets.

| Schedule C Summa | ry |
|------------------|----|
|------------------|----|

- 1. Amount received this period itemized nonmonetary contributions. (Include all Schedule C subtotals.) 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....
- 3. Total nonmonetary contributions received this period.

\*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

# TESPACES BLANK

| Recipient Committee Campaign Statement Cover Page  | Type or print in it  | nk AMENDMENT   | Cate Stamp                  | CALIFORNIA 460 FORM of S  |
|--|--|--|-----------------------------|---|
| (Government Code Sections 84200-84216.5)   | Statement covers period from FUB17, 1013 through June 30, 1013 | Date of election if applicables (Month, Day, Year)  Mayur S. 7013  | 3 AUG -7 AN11: D            |   |
| State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Sponsored Sponsored O Small Contributor Committee   |  | 2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be Summary From From 1st part | Speci Supplemination) State | erly Statement al Odd-Year Report emental Preelection ment - Attach Form 495  HOJUSMUMS |
| 3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  ALPHAL LOBBLY PAR CHARAL CHARACTER  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CO  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BI  CITY STATE ZIP CO  OPTIONAL: FAX / E-MAIL ADDRESS  ALBERT ADDRESS COM | de <u>Area code/phone</u><br>45 (310) 987-8670<br>ox           | MAILING ADDRESS  JIBOY S. A  CITY  CARSOL  NAME OF ASSISTANT TREASUR  MAILING ADDRESS  21304 S. A  CITY  CITY  COTIONAL: FAX / E-MAIL ADDR                         | UNION BRUD.  OH 907         | S (30) Ap7-8671   |
| 4. Verification  I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on  | By   | Signature of Treasurer or Assistant  | Desgrif                     | les is true and complete. I certify   |

Executed on \_

Executed on .

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

ER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2



| Officeholder or Candidate Controlled Committee  | 6. | Primarily Formed Ballot Measu   | ıre Committe    | e                                      |                      |
|---|----|---|-----------------|--|----------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE   |    | NAME OF BALLOT MEASURE  |                 |  |                      |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  |    | BALLOT NO, OR LETTER JURISD   | CTION           |  | SUPPORT OPPOSE       |
| CHRON OTY COUNCIL 2013 RESIDENTIALIBUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 21304 S. AUPLON BUD., CARSON CA 90745   |    | Identify the controlling officeholder. NAME OF OFFICEHOLDER, CANDIDATE, O |                 | state measure                          | proponent, if an     |
| 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. |    | OFFICE SOUGHT OR HELD   |                 | DISTRICT NO.                           | IF ANY               |
| COMMITTEE NAME  COMMITTEE NAME  ROBIES  I.D. NUMBER  ALOQUE  CONTROLLED COMMITTEE?  | 7. | Primarily Formed Candidate/Cofficeholder(s) or candidate(s) for which     | Officeholder C  | Committee <i>L</i><br>is primarily for | ist names of<br>ned. |
| MOUT ROBIES  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  21291 C AUDION LIUD  |    | NAME OF OFFICEHOLDER OR CANDIDATE   | OFFICE SC       | DUGHT OR HELD                          | SUPPORT OPPOSE       |
| CITY STATE ZIP CODE AREA CODE/PHONE  CAN SOL LA 90745 (30) 487-8670   |    | NAME OF OFFICEHOLDER OR CANDIDATE   | OFFICE SC       | DUGHT OR HELD                          | SUPPORT OPPOSE       |
| FOLGULY OF ALBRUT ROBIES 971138   |    | NAME OF OFFICEHOLDER OR CANDIDATE   | OFFICE SC       | DUGHT OR HELD                          | SUPPORT OPPOSE       |
| NAME OF TREASURER CONTROLLED COMMITTEE?  ALPHALT ROBIES YES NO  |    | NAME OF OFFICEHOLDER OR CANDIDATE   | OFFICE SC       | DUGHT OR HELD                          | SUPPORT OPPOSE       |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  21304 S. AVALOU BUD-  CITY STATE ZIP CODE AREA CODE/PHONE  CAN SOL OH 90748 (3:0) 487-8676  | )  | Attach contin   | uation sheets i | f necessary                            |                      |

### Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 166 17, 2013

through Jupe 30, 2013

CALIFORNIA 460

FORM

Page 3 of 3

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

| NAME OF FILER  | nal 2013   |   |  | 1355385  |
|--|--|---|--|--|
| A PAINT ROBIES TO CAMSON CITY COUNTY  Contributions Received  1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4   | TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)  \$ 7,4088.99  7,000.00 | Column B CALENDAR YEAR TOTAL TODATE  \$ 121, 448.98 124, 803.26 \$ 156, 252, 24   | Running in Both the<br>General Elections   | mary for Candidates e State Primary and rough 6/30 7/1 to Date  \$\$ |
| Expenditures Made  6. Payments Made Schedule E, Line 4  7. Loans Made Schedule H, Line 3  8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7  9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3  10. Nonmonetary Adjustment Schedule C, Line 3  11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10  | \$ 86,859.96<br>\$ 86,859.96<br>-0<br>6,1066.40<br>\$ 93,526.36    | \$\int \lambda \l | Expenditure Limit S Candidates  22. Cumulativ (If Subject to Date of Election (mm/dd/yy) | e Expenditures Made* Voluntary Expenditure Limit)  Total to Date     |
| Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.  17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse | \$6,859.96<br>\$18,134.90<br>\$-0-                                 | 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 in reported in Column B.  | \$  nay be different from amounts  FPPC Form 460 (January/08)        |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above  |  | 1   | FPPC Toll-Free Helplin   | FPPC Form 460 (January/03<br>ne: 866/ASK-FPPC (866/275-3772          |

# 

#### Recipi Committee Campa n Statement Cover Page

(Government Code Sections 84200-84216.5)



fre

Type or p、 ∠n ink.



**CALIFORNIA FORM** 

COVER PAGE

For Official Use Only

| Statement covers period om FEB 17, 2013 | Date of election if applic<br>(Month, Day, Year) | able: 31 PN 5: 4 |
|---|--|------------------|
| İ                                       |  | Andrew Andrews   |

SEE INSTRUCTIONS ON REVERSE

through TUNE 30, 20B MARCH 5, 2013

| 1. Type of Recipient Committee: All Committee   | tees – Complete Parts 1, 2, 3, and 4.   |
|---|---|
| Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) | <ul> <li>Primarily Formed Ballot Measure</li> <li>Committee</li> <li>Controlled</li> <li>Sponsored</li> </ul> |
| General Purpose Committee   | (Also Complete Part 6)  |

Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

| - | Type | of | Statement: |  |
|---|------|----|------------|--|
|   |      |    |            |  |

| Ш | Preelection Statement |
|---|-----------------------|
| 尽 | Semi-annual Statement |
|   | Termination Statement |

(Also file a Form 410 Termination) Amendment (Explain below)

|    | Qua | arte | erly | / S | ί | at | emen | t |  |
|----|-----|------|------|-----|---|----|------|---|--|
| ~~ | _   | _    |      | _   |   |    |      |   |  |

Special Odd-Year Report Supplemental Preelection

Statement - Attach Form 495

| <ol><li>Committee Information</li></ol> | 1 |
|---|---|
|---|---|

Sponsored

Small Contributor Committee

O Political Party/Central Committee

1.D. NUMBER 355385

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

AIBERT ROBIES FOR CARSON CITY COUNCIL ZOIS

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

AVALON BIVD.

OPTIONAL: FAX / E-MAIL ADDRESS

ZIP CODE 90745 AREA CODE/PHONE

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

CITY

Executed on

Executed on ...

STATE ZIP CODE AREA CODE/PHONE

#### Treasurer(s)

NAME OF TREASURER

ROBIES

21304 AVACON BIVD. STATE

ZIP CODE AREA CODE/PHONE

Rubo

304 AVALON BIND.

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

#### 4. Verification

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

Executed on

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

ignature of Trea

Recipient Committee Campaign Statement Cover Page — Part 2

| COVERP             | AGE-PART2 |
|--------------------|-----------|
| CALIFORNIA<br>FORM | 460       |
| Page 3             | of 30     |

| Officeholder or Candidate Controlled Commi  | ttee                              | 6.  | Primarily Formed Ballo         | ot Measure      | Committee                  |                                       |
|---|-----------------------------------|-----|--------------------------------|-----------------|----------------------------|---------------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE   | _                                 |     | NAME OF BALLOT MEASURE         |                 |                            |                                       |
| AIBERT ROBIES OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC   | NUMBER IF APPLICABLE)             |     | BALLOT NO. OR LETTER           | JURISDICTIO     | NC                         | SUPPORT OPPOSE                        |
| CARSON CITY COUNCIL   |                                   |     |                                |                 |                            |                                       |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI  | · / / /-                          | -   | Identify the controlling offi  | iceholder, car  | ndidate, or state measu    | re proponent, if any                  |
| 21304 S. AVALON BOD., CA  | eson, CA 90745                    |     | NAME OF OFFICEHOLDER, CAN      |                 |                            |                                       |
|   |                                   |     |                                |                 |                            |                                       |
| Related Committees Not Included in this Statement included in this statement that are controlled by you of contributions or make expenditures on behalf of your canditures. | r are primarily formed to receive |     | OFFICE SOUGHT OR HELD          |                 | DISTRICT N                 | O. IF ANY                             |
| COMMITTEE NAME  | I.D. NUMBER                       |     |                                |                 | ···                        | · · · · · · · · · · · · · · · · · · · |
| COMMUTICE TO RE-ELECT AIDERT ROBIES   | 960246                            | 7   | . Primarily Formed Can         | didate/Offic    | eholder Committee          | List names of                         |
| NAME OF TREASURER   | CONTROLLED COMMITTEE?             | * • | officeholder(s) or candidate(s | ) for which thi | s committee is primarily f | ormed.                                |
| AIBENT ROBIES   | X YES NO                          |     | NAME OF OFFICEHOLDER OR        | CANDIDATE       | OFFICE SOUGHT OR HEL       | D G suppost                           |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC  | X)                                |     |                                |                 |                            | SUPPORT OPPOSE                        |
| 125 E. 21446 ST.  | AND CONTRACTOR                    |     |                                |                 | OCCIOS COLICUTOR US        |                                       |
| CANSON CA GOT   |                                   |     | NAME OF OFFICEHOLDER OR (      | JANDIDATE       | OFFICE SOUGHT OR HEL       | SUPPORT OPPOSE                        |
| COMMITTEE NAME  | I.D. NUMBER                       |     | NAME OF OFFICEHOLDER OR        | CANDIDATE       | OFFICE SOUGHT OR HEL       | I □ SUPPORT                           |
| FRIENDS OF AIBERT ROBIES  | 97/138                            |     |                                | •               |                            | OPPOSE                                |
| NAME OF TREASURER AIBERT RABIES   | CONTROLLED COMMITTEE?  ∑ YES ☐ NO |     | NAME OF OFFICEHOLDER OR        | CANDIDATE       | OFFICE SOUGHT OR HEL       | D SUPPORT OPPOSE                      |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO  | X)                                |     |                                |                 |                            |                                       |
| 125E. 214 HA ST. 1  | DDE AREA CODE/PHONE               |     | Atta                           | ch continuati   | on sheets if necessary     | •                                     |
| CARSON, OA GOT45  | (562) 987-8670                    |     |                                |                 |                            |                                       |

### Campaign Disclosure Statement **Summary Page**

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

Statement covers period from FCB (7, 243

**CALIFORNIA** FORM

SUMMARY PAGE

3 of 30 SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1355385 AIBERT ROBIES FOR CANSON CITY COMPREN 2013

| ALBERT KUELES FOR COMPOUNCERY COM   | 200      | 1 000  |   |  |  |
|---|----------|--|---|--|--|
| Contributions Received  |          | Column A TOTAL THIS PERIOD FROMATTACHED SCHEDULES)         |   | COIUMN B<br>CALENDAR YEAR<br>TOTALTO DATE  | Calendar Year Summary for Candidates Running in Both the State Primary and   |
| 1. Monetary Contributions   | \$<br>\$ | 74088.99<br>7,100.00<br>81,088.99<br>6,666.40<br>87,755.39 | \$<br>\$  | 131,448.98<br>12.666.60<br>133 448.98<br>22303.26<br>155752.24   | 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  7. Loans Made Schedule H, Line 3  8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7  9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3  10. Nonmonetary Adjustment Schedule C, Line 3  11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 |          | 86,859.96<br>  | \$<br>\$  | 115,314.08<br>-C<br>115314.08<br>-C<br>22,303.26<br>137,617.34   | Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)  \$ |
| Current Cash Statement  12. Beginning Cash Balance  | \$       | 86.859.96<br>6584.90                                       | an<br>co<br>fro<br>rep<br>Co<br>fig<br>su<br>pe<br>the<br>for<br>ca | calculate Column B, add tounts in Column A to the responding amounts in Column B of your last tout. Some amounts in lumn A may be negative ures that should be otracted from previous nod amounts. If this is a first report being filed this calendar year, only my over the amounts in Lines 2, 7, and 9 (if y). | *Amounts in this section may be different from amounts reported in Column B.  FPPC Form 460 (January/05)  FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)               |

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

Statement covers period

from Fab 17, 2013 through JUNE 30, 7013 **CALIFORNIA FORM** 

SCHEDULE A

I.D. NUMBER

ربيد مرسنده .

| AIBREAT          | ROBES FOR CHRESON COTY COUNCIL   | 2013                                 |  |                                   | /-  | 25385                                    |
|------------------|--|--------------------------------------|--|-----------------------------------|---|--|
| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE *                | . IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
| 2/22/13          | PAMI RANDAIL<br>177015. AVALON BIVD # 318<br>CARSON, CA 90746                                | MIND<br>COM<br>OTH<br>PTY<br>SCC     | RATHEON<br>DEVELOPMENTAL<br>ENGINEER   | 190,00                            | 380-00  |  |
| 2/22/13          | ALBRIGHT YEE'T Schnitt, U.P.<br>888 WEST WHO ST. #1480<br>LOS ANGELES, CA 90017              | □IND □COM □XOTH □PTY □SCC            |  | 1500.00                           | 2,350.00  |  |
| 2/00/13          | LEMINEUX + O'NELL<br>4165 E. THOUSAIND ONKS BIVD., SC 20<br>WESTCHIE UNLAGE, CA 91362        | □IND □COM ■SOTH □PTY □SCC            |  | 100.00                            | 100.00  |  |
| 2/02/13          | Premousta INC.   | □IND<br>□COM<br>MOTH<br>□PTY<br>□SCC |  | 1,000.00                          | 1,000.50  |  |
| 0/00/13          | DOUTHER CALIFORNIA PIPE TRAVES<br>SOI SHATTO PL. STE 400<br>LOS AMBRICO, CA 9003 \$760715    | □IND  COM □OTH □PTY □SCC             |  | 5,000.                            | 5,000.00  |  |
|                  |  |                                      | SUBTOTAL   | 7,780.00                          | Application 1   |  |

Schedule A Summary

1. Amount received this period – itemized monetary contributions. \$ 73.850,00 \$ 238.99 (Include all Schedule A subtotals.)

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

74,088,99 3. Total monetary contributions received this period. 

\*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)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from <u>FUS 17, 1013</u>

through <u>June 30, 1313</u>

CALIFORNIA 460

Page <u>30</u>

Of <u>30</u>

| NAME OF FILER    | ROBIES For CARSON CITY Course   | al 2013                              | •   |                                   |  | 1.D. NUM<br>135 | 55385                                    |
|------------------|---|--------------------------------------|---|-----------------------------------|--|-----------------|--|
| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) | CONTRIBUTOR<br>CODE *                | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO<br>CALENDAR Y<br>(JAN. 1 - DEC | EAR             | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
| 2/23/13          | TAFOYA 4 GARUA, U.G.<br>316 W. Ind ST., STE 1800<br>LOS AUGELES, CA 90012                   | □IND<br>□COM<br>MOTH<br>□PTY<br>□SCC |   | 5,000.00                          | 8,600.                                       | 00              |  |
| 2/33/13          | EDWARD CHAVEZ<br>464 N. MAYLAND AVE<br>LA PHENTE, CA 91746                                  | IVIND COM OTH PTY SCC                | USEVHWD<br>DIRECTER   | 251.17                            | S00.0  | 00              |  |
| 2/22/13          | FALIBA M. MEGHADAM<br>310 S. PRESPECT AVE APT 44<br>REDONDO BEACH, CA 90277                 | COM<br>COM<br>OTH<br>PTY<br>SCC      | REARED  | 1,000.00                          | 4,000.                                       | 00              |  |
| 2/25/13          | TENNY GENDAL 400 PRONESS BROOS GENDAL, CASTROS CARRELLO                                     | IND COM OTH SCC                      | MANGER<br>WASTE RESOURCES<br>TUC.   | 1,000.00                          | 1, 800.                                      | 00              |  |
| 2/34/13          | UNDAJ CHELANIAN<br>8500 FOULMOUTH UNIT 1113<br>PLAYA DEL REY, CA 90293                      | DAND<br>COM<br>OTH<br>PTY<br>SCC     |   | 1,000.00                          | 1,000.                                       | 00              |  |
| -                |   | ,                                    | SUBTOTAL  | \$ 8,250,00                       |  |                 |  |

\*Contributor Codes

IND - Individual

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from WB 17, 2013 CALIFORNIA FORM 460 through TUDE 30, 72/3 Page 6 of 30

SCHEDULE A (CONT.)

LD NUMBER NAME OF FILER 1355385 ROBIES FOR GARSON CITY COUNCIL 2013 MOERT PER ELECTION CUMULATIVE TO DATE AMOUNT IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR TO DATE CONTRIBUTOR RECEIVED THIS CALENDAR YEAR OCCUPATION AND EMPLOYER DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE \* (JAN. 1 - DEC. 31) (IF REQUIRED) PERIOD (IF SELF-EMPLOYED, ENTER NAME RECEIVED OF BUSINESS) D. R. CONSULTANTS □ COM 1,000.00 1255 MENUERDA ST., STE 3320 LOS ANGELES, CA 98017 1,000.00 ₩ PTY 0/21/13 □scc □IND HEATPLEX CERP ☐ COM 2/27/13 465 E. SANTA CIARAST. OTH PTY 2,000.00 3600.00 ARCHOIA, CA 91806 ☐ SCC MIND CHRISTINE FRANKY ATTORN EY Г⊓сом 3/1/18 225 SREADWAY # 1670 750.10 □OTH 500.00 BROWNSTEINST □ PTY SAN DIEGO, CA 92101 □ SCC AUBREE L'EREEN **⊠**IND ATTERNEY Псом BETWEETERN + Hurth 3/1/13 225 BREADWAY 100,00 **∏OTH** 100.00 □ PTY SON DIEGO, CA 9-2101 □SCC WELLS FARENO BACK **Z**ND □COM ISABEL MERENO 2/27/13 3140 CEME AVE. 750.00 750.00 □ OTH EUDIO/EE PTY LONG BEACH, CA GOROL □scc SUBTOTAL\$ 4350.00

\*Contributor Codes

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from PKB 17, 2013 FORM 460

SCHEDULE A (CONT.)

NAME OF FILER

Albert Robits Fon anison any council 7013

1358 385

| AL BEAU             | T ROBIES FOR CANSON CITY CON  | incel c                              | 2513   |                                   | 13  | 250200                                   |
|---------------------|---|--------------------------------------|--|-----------------------------------|---|--|
| DATE<br>RECEIVED    | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) | CONTRIBUTOR<br>CODE *                | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN, 1 - DEC, 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
| 5/176/13            | RICK TAYLOR<br>IDII ENCILD AVE., #C<br>SANTA MONICA, CA 90403                               | COM<br>COM<br>OTH<br>PTY<br>SCC      | DAKOTA<br>COMMUNICATANS<br>PMDUPAL   | 3,000.00                          | 3,500.00  |  |
| <del>3</del> /28/13 | ALSTON & BIRD UP<br>333 South HOPE ST., WHA FIR<br>LOS ANGELES, CA 90071                    | □IND<br>□COM<br>DOTH<br>□PTY<br>□SCC |  | 250.00                            | 750.00  |  |
| 3/38/13             | FELLODATION FOR POLICY OF GOUT<br>8819 WHITTIER BIVD., STE 105<br>PICO RIVERA, CA 90660     | □IND<br>□COM<br>■QTH<br>□PTY<br>□SCC |  | 900.00                            | 2,400.00  |  |
| भेग्ड  १३           | PRICILIA HUNT<br>446 W. 1544 ST<br>LANNERSE CA 90260  | DAND  COM  OTH  PTY  SCC             | Hunt Everyouses<br>Poessident  | 2,500.00                          | 2,500.00  |  |
| मेम्ह्री १३         | LABORERS LECAZ 802 #960603<br>540 N. MARINE AVE<br>Willmington, CA 90743                    | □IND  SCOM □OTH □PTY □SCC            |  | 1,000.00                          | 1,000.00  | -  |
| <del></del>         |   |                                      | SUBTOTAL\$   | 7,650.00                          | r PS Canada Property (1997)                               |  |

\*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

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from FCB 17, 7613

through June 30, 2013

CALIFORNIA 460

FORM 460

NAME OF FILER 1355 385 AIBERT ROBIES FOR CARSON CITY COUNCIL 2013 PER ELECTION AMOUNT CUMULATIVE TO DATE IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR TO DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE \* (IF REQUIRED) (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) RECEIVED OF BUSINESS) **₩**IND JOSE CAUCHENGEO ATTORNEY СОМ 3/38/13 P.O. BOH 767 400.00 200,00 □ OTH SELF EUDIEVED PTY LOS ANGELES, CA 90018 SCC **⊠**IND POBERT J. SAPERSTEN

2/38/13 841 N. HOPE ST., ATTORNEL ПСОМ 500.00 500.n OTH BROWN STEWS HYATT □ PTY SANTA BARBANA, CA 93110 □ SCC **₩**ND ATTERNEU SepH BLATER 2/28/13 SALTA DOLLO ST., ПСОМ 500.00 BLOWNSTEN & HUATT 500.00 **□**OTH SAUTA BARBADA.CA 93101 **□**PTY □scc St. WHER AUTHORY COM AMY CHEN 2/27/13 | 920 BIG BRIAR WAY GOUT AFFAIRS REP. 100.00 300,00 □OTH PTY LA CANDADA PLUTEIDEE, CA 91011 SCC SEAN KRAJEWSK, 3/38/13 417 S. ALL ST. ADT 850 ND COM 500.00 500.00 □OTH **□PTY** LOS ADBELES, CA 90013 ☐ SCC 1 800,00 SUBTOTAL\$

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

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

SCHEDULE A (CONT.)

| Statement covers period from PGB 17, 2013 | CALIFORNIA 460 |
|---|----------------|
| through JUNE 30, 2013                     | Page 9 of 30   |
|   | I.D. NUMBER    |
|   | 1355 385       |

1.000.00

250.00

ALBERT ROBIES FOU CARSON WAI COUNCIL 2013 PER ELECTION AMOUNT CUMULATIVE TO DATE IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR TO DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR DATE (IF COMMITTEE, ALSO ENTER LD. NUMBER) (IF REQUIRED) CODE \* (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) RECEIVED OF BUSINESS) VICE PARSISTAT MIND BYEND REED Псом 3/113 12155 TIARA ST., 15000 BANK OF ALLENCA 150.00 **□OTH** □PTY VALLEY VILLAGE, CA 91607 □scc ☐COM CHUSTOPHER STEPHENS 350.00 250.D 3/1/13 P.O. BOL 5010 □ OTH □PTY RANGETO SANDA PE, CA 92067 SCC □IND B. A. INC. STE 400 ПСОМ 500.00 TOTH PTY 500.00 3/2/13 LOS Angeres, CA 90017 ☐SCC DCOM RAENETTE BARDEST

□oтн

□ PTY

□scc ⊠ÑD

Гісом

□OTH

**□PTY** 

□scc

NATONES USD.

EDUCATOR.

SUBTOTAL\$ 2/50,00

1000.00

250.00

\*Contributor Codes

IND - Individual

3/2/13

NAME OF FILER

COM - Recipient Committee

(other than PTY or SCC)

3/2/13 | 9991 VILLETTE CT.

ELK GROVE, CA 95757

CARSON, CA 90745

MICHAEL MITOMA

460 E. 214th ST

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

| Statement covers period from PEB 17, 2013 | CALIFORNIA 460      |
|---|---------------------|
| through FUNE 30, 2013                     | Page 10 of 30       |
|   | 1.D. NUMBER 1355385 |

NAME OF FILER AIBENT ROBIES FON CARSON CITY COUNCIL ZOIS PER ELECTION AMOUNT **CUMULATIVE TO DATE** IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR TO DATE CONTRIBUTOR RECEIVED THIS CALENDAR YEAR DATE OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF REQUIRED) CODE \* (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) RECEIVED OF BUSINESS) DIVERSE STEATEGIES FOR Organizing COM 250.00 930 COLORADO BIVO. BIDINEZ 250,00 HTO'K 3/4/13 PTY LOS Anacles, CA 90041 SCC MND ☐COM DONALD HUNT BUSINESSLAM 4416 W. 15446 ST., Hunt EDTEMPOLISES 3/4/13 ПОТН 1.000.00 PTY LANN BALL CA □ SCC ☐ COM S.W. RESIDNA Council For CAPENTALS 533 S. PREEMONT AVE. STE 501 3/4/13 500.00 500.00 **TIOTH** PTY LOS ANGECTS CA 9807/ #870169 ☐ SCC DIND ☐COM ANA BARBOSA 2592 NIXON WAY RETINED 400.00 400.00 3/4/13 OTH □ PTY FULLETON CA 92835 ☐ SCC JERRIE RAY CARLIN 600 ANTON WAY BIR. ₩ÍÑD GIRBAN BUS. ПСОМ Solutions 500.00 □ OTH 500.00 □PTY COSTA MESA, CA 92626 CONGRILTANT □ SCC SUBTOTAL\$ 2,650.00

\*Contributor Codes

IND - Individual

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OTH – Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from PBS 17, Ze13

through Junt 30, Ze13

Through Lip Number

| NAME OF FILER    | of Robics For CARSON WAY Co  | suncil                               | 7013  |                                   |  | 1.D. NÚM<br>133          | BER<br>55385                             |
|------------------|--|--------------------------------------|---|-----------------------------------|--|--------------------------|--|
| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE *                | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO<br>CALENDAR YI<br>(JAN. 1 - DEC. | EAR                      | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
| 3/4/13           | KATHY I PISH UVING TRUST<br>3744 CORTA COLLE ST.,<br>PASADENA, CA 91107                      | □IND<br>□COM<br>MOTH<br>□PTY<br>□SCC |   | 250.00                            | 250.00   | )                        |  |
| 34/13            | KINDER GAGAN<br>550 S. HOPE ST., STE 530<br>LOS ANGELES, CA 90071                            | □IND<br>□COM<br>MOTH<br>□PTY<br>□SCC |   | 1,000.00                          | 3,000  | .00                      |  |
| 3/11/13          | DISTRICT COUNCIL FOR THON WONFERS 1640 SAN PARIO AVE, SIEC PINOLE, CA 94564 # 831693         | □IND<br>□COM<br>□OTH<br>□PTY<br>□SCC |   | 500.00                            | 5,000  | .ov                      |  |
| 3/11/13          | REES & T<br>NOT 94h 51, STE 510<br>SALVAMENTO, CA 95814                                      | □IND<br>□COM<br>MOTH<br>□PTY<br>□SCC |   | 1,000.00                          | 3,000.   | 80                       |  |
| 3/12/13          | BROWN STEW + HYAT FAMBER / SCHNECK<br>400 SEVENTEENTH ST., STE ZZOO<br>DENDER, CO 80ZOZ      | ☐IND<br>☐COM<br>ZOTH<br>☐PTY<br>☐SCC |   | 546:00                            | SBO.   | ðD                       |  |
|                  |  |                                      | SUBTOTAL  | 3250.00                           |  | 2018 6 - 1<br>2018 6 - 1 |  |

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

NAME OF FILER

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

SCHEDULE A (CONT.)

| Statement covers period from 17, 2013 | california 460 form |
|---------------------------------------|---------------------|
| through Jun 30, 251 3                 | Page   V of _ 30    |
|                                       | I.D. NUMBER         |
|                                       | 1735385             |

| AIBEA            | T RODIES FOR CARSON CLTY   | Counc                                 | IL 7013   |                                   | 133   | 55 385                                   |
|------------------|--|---------------------------------------|---|-----------------------------------|---|--|
| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)     | CONTRIBUTOR<br>CODE *                 | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
| 3/20/13          | WATSON LAND CO.<br>22010 WILMINGTON AVE.<br>CHASON, CA 90745                                     | □IND<br>□COM<br>DOTH<br>□PTY<br>□SCC  |   | 2506. VO                          | 2500180   |  |
| 3/25/13          | SOLDIED FOR CONFOR BOTHED  3605 LOWG BEACH BIVD, SIE 426  LEAB BEACH, CA 90 PO7 #1348743         | □IND □COM □OTH □PTY □SCC              |   | 750.00                            | 750.00  |  |
| 3/25/13          | CARSON ESTATE TRUST<br>100 BAYVIEW CURCLE, STE 500<br>NEW FORT BENCH. CA 92660                   | □IND<br>□COM<br>☑OTH<br>□PTY<br>□SCC  |   | 2500.00                           | 2560.00   |  |
| 3/27/13          | Satterwiz, STEWSAPIR, DOHRMANN' Son<br>1300 10: LOCALLE BIOD. STE. ZOCO<br>LOS ANGELES, CA 90048 | □IND<br>□COM<br>FLOTH<br>□PTY<br>□SCC | :   | 500.00                            | 500.00  |  |
| 4/10/13          | Couph MOORE<br>23745 ARLINGTON AVE, LING C<br>TOLRANCE, CA 90501                                 | COM<br>COM<br>OTH<br>PTY<br>SCC       | Hunt EUT.<br>VICE ADEXIDENT   | J 80 . À                          | 200.00  |  |
|                  |  |                                       | SUBTOTAL  | 6,450,00                          |   |  |

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

### Schedule A (Continuation Sheet)

Type or print in ink.

SCHEDULE A (CONT.)

| Monetary Contributions Received |  | Amounts may t<br>to whole d           |   | from Feb 17, 2013 FORM            |  | ORM 460  |  |
|---------------------------------|--|---------------------------------------|---|-----------------------------------|--|----------|--|
|                                 |  |                                       |   | through June                      | 30, 2013                                     |          | 13 of 30                                 |
| NAME OF FILER                   | I ROBIES FOR CARSON CITY C   | runcil                                | 2013  |                                   |  | I.D. NUI | MBER<br>355 385                          |
| DATE<br>RECEIVED                | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | 1 J                                   | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO<br>CALENDAR Y<br>(JAN. 1 - DEC | ÆAR      | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
| 4/11/13                         | DAKOTA GOLLIWICATIONS 11845 W. OLYMPIC BUD, SIE 645 LOS ANARIES CA 90064                     | □IND<br>□COM<br>FAOTH<br>□PTY<br>□SCC |   | 3,000.00                          | 3,000.                                       | מט       |  |

| 411/13  | LOS Angeles, CA 900Le4  | ☐PTY<br>☐SCC                         |  | D, 000.0V | 9,000.00 |   |
|---------|---|--------------------------------------|--|-----------|----------|---|
| 416/13  | CA. CABOLERS FOR EQUALITY OF PROSPER<br>555 CAPITOL LIPLY STE 1425<br>SACKALIENTO, CA 95814 | ☐IND<br>☐COM<br>☐OTH<br>☐PTY<br>☐SCC |  | 1000.00   | (000.00  |   |
| 4/17/13 | HARMS & ASSOCITES  866 & FIGUREDA 81. STE 2750  LOS Angeles, CA 90017                       | □IND<br>□COM<br>MOTH<br>□PTY<br>□SCC |  | 1500.00   | 6,500.00 | · |
| 4/18/13 | PATRICIA BOIOCECE<br>465 INDIAN HILE BUD<br>CIANGRIODT, CA 91711                            | COM<br>COM<br>TH<br>TY<br>Scc        | I L H<br>INTEGRATED RESTURC H.<br>CLANEWONI, CA<br>OFFICE MANAGEN. | 1500.00   | 1500.00  |   |
| 4/12/13 | TAFOLA + GARCIA LEP-<br>316 W. 2nd ST., STE 1000<br>LOS ANGERES, CA 90012                   | □IND<br>□COM<br>ØOTH<br>□PTY<br>□SCC |  | 1500.00   | 8,600.00 |   |
|         |   |                                      | SUBTOTAL\$   | 8,500.00  |          |   |

\*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

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

SCHEDULE A (CONT.)

| Statement covers period from FCB 17, 2013 | CALIFORNIA 460 |
|---|----------------|
| through <u>FUDE 30, 2013</u>              | Page 14 of 370 |
|   | I,D. NUMBER    |
|   | 1355385        |

MAKET DOBIE DON HARROWN AITH ASIMALL 7813

| PIDELLI          | ROBIES FOR OFFSUPI WIN COUNTER  | 2010                                  |   |                                   |   |  |
|------------------|---|---------------------------------------|---|-----------------------------------|---|--|
| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE *                 | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
| 4/25/13          | PLBRIGHT YEE & SCHNIT LIP<br>888 10. 644 5T. STE 1480<br>LOS ANGELES, CA 98017                  | □IND □COM □XOTH □PTY □SCC             |   | 850,00                            | 2,350.00  |  |
| 4/22/13          | COMMITTEE TO ELECT MICHA AU 849 WEST STOCKWELL ST., COMPTON, CA 90222 #1293081                  | □IND  INCOM  □OTH  □PTY  □SCC         |   | 1500.00                           | 1500.00   |  |
| 4125/13          | RICK DICKER THE. 1209 E. CAMSON ST. CAMSON, CA 90745  | □IND<br>□COM<br>DOTH<br>□PTY<br>□SCC  |   | <del>3</del> 50.00                | 250.00  |  |
| 4/23/13          | HEATREX COLP.<br>405 E. BANTA CIARA ST.<br>ARCADIA, CA 91806                                    | □IND<br>□COM<br>DEOTH<br>□PTY<br>□SCC |   | 1600.00                           | 3,600.00  |  |
| 422/13           | TAPOYA & GARRIER LIP.<br>316 W. 2nd St., STE 180<br>LOS ANGELES, CA 90012                       | ☐IND<br>☐COM<br>☐OTH<br>☐PTY<br>☐SCC  |   | 1600.00                           | 8600.00   |  |
|                  |   |                                       | SUBTOTAL \$   | 5.8MM                             | A SECTION OF SEC  |  |

\*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee

(other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party

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

SCHEDULE A (CONT.)

| Statement cover | -       | CALIFORNIA<br>FORM | 460 |
|-----------------|---------|--------------------|-----|
| through FUNE    | 30,2013 | Page15 of          | 30  |
|                 |         | I.D. NUMBER        |     |
|                 |         | 13553              | 8.0 |

| NAME OF FILER    | - O A - To DARL And Con  | · mail                               | 7012   |                                   | į  | NUMBER<br>1355385 |
|------------------|--|--------------------------------------|--|-----------------------------------|--|-------------------|
| DATE<br>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<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DAT<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) |                   |
| 403/13           | DELLAH LENDIX<br>1111 HILLERGY ROAD<br>GLENDALE, CA 91207                                    | MIND<br>COM<br>OTH<br>PTY<br>SCC     | SALS TRANSPORTATION<br>SERVICES<br>PRINCIPAL   | 3500.W                            | À,500.80   |                   |
| 4/38/13          | DOUALD DEAF<br>15433 S. CATALINA ANT.<br>6ARDENA, CA POLYT                                   | IND COM OTH PTY SCC                  | WEST BASIN<br>MUNICIPAL WATER<br>DIRECTOR  | 500.A                             | 1750.00  |                   |
| 5/2/13           | KINDEL GAGAN<br>550 S. HODE ST.,<br>LOS ANGELES, CA 90071                                    | □IND<br>□COM<br>MOTH<br>□PTY<br>□SCC |  | 1,000.m                           | 3,000.00   |                   |
|                  | Donald DEAR<br>15433 S. LATALINA AVE.<br>GARDENA, CA GERY                                    | GIND COM OTH PTY SCC                 | DIRECTOR<br>WEST BASIN<br>MUNICIPAL WHER   | 250,00                            | 1750.00  |                   |
| 5/2/13           | ROBENT KAHLEMUN<br>1308 SHRTORT AVE. STE 109<br>TOULDBUCE: CA 90501                          | MIND<br>COM<br>OTH<br>PTY<br>SCC     | WATER REPLENISHENCY<br>DISTRICT<br>DIRECTOR  | J50,80                            | JS1,00   |                   |
|                  |  |                                      | SUBTOTAL\$   | 4,500,00                          |  |                   |

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OTH – Other (e.g., business entity) PTY – Political Party

SCC - Small Contributor Committee

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

SCHEDULE A (CONT.)

| Statement covers period from FEB 17, 7013 | CALIFORNIA 460 |
|---|----------------|
| through JUNE 30, 2015                     | Page U of M    |
|   | I.D. NUMBER    |
|   | 1355385        |

| NAME OF FILER  AL BOOL | T ROBIES FOU GANSON CITY CE   | unal                                  | 2013  |                                   |  | 1355385   |
|------------------------|---|---------------------------------------|---|-----------------------------------|--|-----------|
| DATE<br>RECEIVED       | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE *                 | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO<br>CALENDAR YE<br>(JAN. 1 - DEC. | AR TODATE |
| 5/13                   | JOSE LAMEHENTICO<br>P.O. BOY 767<br>LOS ADGELES, CA 90078                                   | MIND<br>COM<br>OTH<br>PTY<br>SCC      | ATTORNEY<br>SELF EMPIRIES   | 200.00                            | 400.00   | 0         |
| 5/2/13                 | CCE CONSULTING GROUP<br>P.D. BOD 10024<br>LONG BEACH, CA 90310                              | □IND □COM STOTH □PTY □SCC             |   | 500.W                             | 500.   | m         |
| 5/2/13                 | CWS SUSTEMS INC.<br>384 E. COLORADO BIVD. SEIDZ<br>PASADENA, CA 91107                       | □IND<br>□COM<br>→ZOTH<br>□PTY<br>□SCC |   | 750,00                            | 7502   | W .       |
| 5/3/13                 | PRICE TRANSPOR<br>2190 E. DEC AMO BIVD.<br>RANCHO DOMINGUEZ, OA 90ZZI                       | ☐IND<br>☐COM<br>MOTH<br>☐PTY<br>☐SCC  |   | 250A                              | 250.0  | D         |
| 5/3/13                 | Karen Avilla<br>21532 CRAIG CT.<br>CARSON, CA 90745   | COM<br>COM<br>OTH<br>PTY<br>SCC       | CANSON<br>CHY TREASURER   | /00.N                             | 100.   | av        |
|                        |   |                                       | SUBTOTALS   | 1800.00                           |  |           |

\*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

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from PUB 17, 20/3 CALIFORNIA 460

SCHEDULE A (CONT.)

NAME OF FILER 1355385 PLEEUT ROBIES FOR COMSON CITY COUNCIL ZOIS PER ELECTION AMOUNT CUMULATIVE TO DATE IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR TO DATE CONTRIBUTOR RECEIVED THIS CALENDAR YEAR OCCUPATION AND EMPLOYER DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF REQUIRED) (JAN. 1 - DEC. 31) CODE \* PERIOD (IF SELF-EMPLOYED, ENTER NAME RECEIVED OF BUSINESS) DIME LECCA SUNHA ПСОМ 730 SANTA ANA DRIVE 250,00 250.00 □OTH PTY CORONA DER MAR, CA 92625 SCC □IND BNFS RAILWAY CO. COM 1,000,00 2500 LOW WENK DR. ADB-3 **∕**ZOTH 1,000,00 **□**PTY FORTWORTH, TX 76131 □scc IND COAUTION FOR BETTER LOS AVECTES ☐ COM 1111 W. JAMES M. WOOD BUD 5/14/13 500.00 ПОТН 500 m □ PTY LOS ANGENES, OA 90015 SCC REED GOUT DECATIONS COM 5/7/13 1107 944 ST., STE 510 HTO**⊵**K 3,000,00 1,000.00 PTY SACRAMENTO, CA 93814 □ SCC TAFOYA GARCIA U.P. ПСОМ 5/2/13 36 W. 2nd St., 51E 1000 8 1000 DU TOTH □PTY 500.00 LEST ANGELES, CA 98012 □ SCC SUBTOTAL\$ 3,950,00

\*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

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

| Statement covers period from FUB 17, 2013 | CALIFORNIA 460          |
|---|-------------------------|
| through <u>JUNE 30, 2013</u>              | Page                    |
|   | 1.D. NUMBER<br>1365-385 |

| NAME OF FILER    | T ROBIES FOR CARSON CITY COW  | nal To                                | <i>1</i> 3  |                                   |  | 135      | 5385                                     |
|------------------|---|---------------------------------------|---|-----------------------------------|--|----------|--|
| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) | CONTRIBUTOR<br>CODE *                 | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO<br>CALENDAR YE<br>(JAN. 1 - DEC. | AR       | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
| 5/13/13          | BULLETIP DISPLAYS LLC.<br>3127 E. SOUTH ST., STEB<br>LONG BRACH, CA 90800                   | □IND<br>□COM<br>>ZOTH<br>□PTY<br>□SCC | ·   | <i>350.0</i> 0                    | JS0.00   | 9        |  |
| 5/13/13          | LA/OC BUILDING COUNTIES & LOUST. 1626 BENERLY BIVD. #877029 LOS ANGLES, CA 90026            | □IND INCOM □OTH □PTY □SCC             |   | 500.00                            | 500.   | מט       |  |
| 5/17/13          | NICCOLO DE LUCA<br>ISLO 1144 AVE.<br>BACRANENTO, CA 18818                                   | DIND COM OTH PTY SCC                  | TOWNSEND PUBLIC<br>ATTMAS<br>ADVOCATE   | 351.00                            | 250,00   | ט        |  |
| 5/20/13          | ANSHUITZ SO.CA. SPORTS CROTTER. 18400 AVAION BIVD. STE 100 CAPSON, CA 90746                 | □IND<br>□COM<br>>ZOTH<br>□PTY<br>□SCC |   | 1,000.00                          | 1,000.0  | О        |  |
| 6/3/13           | INTERNATIONAL UNION OF BUSINEERS<br>150 E. CONSON ST.,<br>PASKOGNA, CA 91103 #743030        | ∏ОТН<br>ПРТҮ                          |   | 1,000.00                          | 1,00.0   | <i>b</i> |  |
|                  |   |                                       | SUBTOTALS   | 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

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

| Statement covers period from <u>FBB17</u> , <u>FB13</u> | CALIFORNIA 460  |
|---|-----------------|
| through <u>FUNE</u> 30, 2013                            | Page (0 of -270 |
|   | I.D. NUMBER     |

NAME OF FILER 1755385 AIBERT ROBIES FOR OMESON CITY COUNCIL PER ELECTION AMOUNT CUMULATIVE TO DATE IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR TO DATE CONTRIBUTOR RECEIVED THIS CALENDAR YEAR OCCUPATION AND EMPLOYER DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF REQUIRED) CODE \* PERIOD (JAN. 1 - DEC. 31) (IF SELF-EMPLOYED, ENTER NAME RECEIVED OF BUSINESS) **∑**(ND EDIVARDE CHAVEZ DIRECTOR. Псом 250,00 750.00 460 N. MANLAND AVE ПОТН USGVMWD PTY LA DUEWIE CA 9/746 □SCC RICK TAYLOR & ASSOC. 4/14/13 COM 1,000.00 2999 OUTOLAND AUT. NO. 210 HTS PTY 1000.00 LOS ANGRES, CA 90064 □scc AECOM US. PEDEDAL PART 6/20/13 □ COM S00.01) ŌΩ ΩPTΥ 500.00 □scc ☐ COM PARIBA UI MOGHADAM RECIATO Le/24/30 310 POSOSPECT AVE APT 4
REDONDO BEACH. CH 90277 4,000.00 1,000,00 □oтн □ PTY SCC ПСОМ □ OTH □ PTY □scc SUBTOTAL\$ 2750.000

\*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

| Schedu  | le B - | Part 1 |
|---------|--------|--------|
| Loans R | eceiv  | ed     |

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

Type or print in ink.

Amounts may be rounded to whole dollars.

|                         | 301100             |             |
|-------------------------|--------------------|-------------|
| Statement covers period | CALIFORNIA         | AGO         |
| m FEB 17, 2013          | CALIFORNIA<br>FORM | <b>40</b> U |

CCHEDITIER PART 1

through JUNE 30, 2013 Page SEE INSTRUCTIONS ON REVERSE NAME OF FILER /355385 AIBERT ROBIES FOR CARSON CITY COUNCIL 2013 (d) OUTSTANDING IF AN INDIVIDUAL, ENTER CUMULATIVE OUTSTANDING INTEREST **ORIGINAL AMÒÚNT** FULL NAME, STREET ADDRESS AND ZIP CODE AMOUNT PAID BALANCEAT OCCUPATION AND EMPLOYER BALANCE BEGINNING THIS CONTRIBUTIONS PAID THIS AMOUNT OF RECEIVED THIS OR FORGIVEN OF LENDER CLOSE OF THIS (IF SELF-EMPLOYED, ENTER PERIOD LOAN TO DATE PERIOD (IF COMMITTEE, ALSO ENTER I.D. NUMBER) THIS PERIOD PERIOD NAME OF BUSINESS) PERIOD **CALENDAR YEAR** ☐ PAID JIM DEAR FOR MAYOR 5000.00 >000 W 21838 FIGUEROA ST. PER ELECTION\* eaason, ea 90745 #1240745 ☐ FORGIVEN 5,000,00 DATE DUE X COM ☐ OTH ☐ PTY ☐ SCC CALENDARYEAR PAID Jus DEAN FOR MAYOR 1,000 D 2,000.00 21838 RIGUERON 51. RATE PER ELECTION \*\* ☐ FORGIVEN CAMSON, CA 90745 2,000.00 DATE DUE †□ IND □ COM □ OTH □ PTY □ SCC CALENDAR YEAR PAID MENDOZA FOR SENTIE s 5.000 W . 5 m.vo 3605 LONG BRACH BIVD. RATE FORGIVEN PER ELECTION \*\* , 5, moin DATE DUE ☐ COM ☐ OTH ☐ PTY ☐ SCC SUBTOTALS \$ 7,000 (10 \$ -0 12,000.00 \$ 12,000.00 \$ (Enter (e) on Schedule E, Line 3) **Schedule B Summary** 1. Loans received this period..... (Total Column (b) plus unitemized loans of less than \$100.) †Contributor Codes IND - Individual 2. Loans paid or forgiven this period ..... COM - Recipient Committee (other than PTY or SCC) (Total Column (c) plus loans under \$100 paid or forgiven.) OTH - Other (e.g., business entity) (Include loans paid by a third party that are also itemized on Schedule A.) PTY - Political Party SCC - Small Contributor Committee Enter the net here and on the Summary Page, Column A, Line 2.

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

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

**SCHEDULE C** Statement covers period CALIFORNIA **FORM** I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

1355385

| HIBE             | ENT ROBIES FOR CONSON O   | UTY CO  | uncil.  |                                     |                                 | 700  | 70985                                    |
|------------------|---|---|---|-------------------------------------|---------------------------------|--|--|
| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) | CONTRIBUTOR<br>CODE *                           | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | DESCRIPTION OF<br>GOODS OR SERVICES | AMOUNT/<br>FAIR MARKET<br>VALUE | CUMULATIVE TO<br>DATE<br>CALENDAR YEAR<br>(JAN 1 - DEC 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
| WARCH<br>7013    | VERA ROBIES DEWITT<br>21304 AVALON BIVD<br>CARSON, DA 90745                                 | IZÎND<br>☐COM<br>☐OTH<br>☐PTY<br>☐SCC           | Seit Employes   | RENT                                | 1,000.00                        | 2,000.00   |  |
| unnet<br>2013    | ANGEL GONZALEZ<br>5037 S. JEFFENSON BIUD.<br>LOS ANGELES, CA 90016                          | IND COM COTH COTH COTH COTH COTH COTH COTH COTH | Seif Employees  | Ornerutus<br>Service                | 2,000.00                        | 4,900.00   |  |
| April<br>2013    | JOHN HARRIS<br>865 S. PIEUERON St. 2750<br>LOS ANGELES, CA 90017                            | DECC  | ATTORNEY<br>HMULIS -4 ASSOC.  | FLINDRAISEA.<br>PLINTING,           | <b>2</b> ,333.70                | 2 <sub>1</sub> 833.28                                      |  |
| APAL<br>2613     | FRANCISCO LEM<br>LOS ANGELES, CA  | COM<br>COM<br>COTH<br>PTY<br>SCC                | ATTORNEY.<br>LEAR + TREJO   | FindraisER                          | 1,333.70                        | 1, 333.20  |  |
| Attach add       | ditional information on appropriately label   | ed continuat                                    | ion sheets.   | SUBTOTAL                            | 6666.40                         |  |  |

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) 2. Amount received this period – uniternized nonmonetary contributions of less than \$100 .....

3. Total nonmonetary contributions received this period. 

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

| Schedule D                         |   |
|------------------------------------|---|
| Summary of Expenditures            |   |
| Supporting/Opposing Other          |   |
| Candidates, Measures and Committee | S |

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULED

Statement covers period from PER 17, 2013

through FORM

CALIFORNIA 460

FORM

Page 10 of 70

I.D. NUMBER

|               |  |  |                              | through Available    | 10,001                                | Page         | of                                       |
|---------------|--|--|------------------------------|----------------------|---------------------------------------|--------------|--|
| NAME OF FILER | ONS ON REVERSE   |  |                              |                      |                                       | I.D. NUM     | BER                                      |
| NAME OF FILER | a D. A. G. Tom BIND ON PITEL   | aminail. To  | 7.3                          |                      |                                       | 135          | 5335                                     |
| HI BE         | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE        | TYPE OF PAYMENT  | DESCRIPTION<br>(IF REQUIRED) | AMOUNTTHIS<br>PERIOD | CUMULATIVE<br>CALENDAI<br>(JAN. 1 - D | RYEAR        | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|               | JSAAC GAIVAN Compton City Council Compton, CA # 6797798  | Monetary Contribution  Nonmonetary Contribution  Independent Expenditure |                              | 31000.00             | 3,00                                  | 0.00         |  |
|               | Compton, CA #1354437   | Monetary Contribution Nonmonetary Contribution Independent Expenditure   |                              | 1/000.10             | 1,00                                  | p.00         |  |
|               | DAVID VELLA FOR COLLEGE BOMED  L.A. Community COLLEGE BOMED  Support Oppose                                | Monetary Contribution Nonmonetary Contribution Independent Expenditure   |                              | 500.00               | 500                                   | ! <i>r</i> o |  |
|               |  |  | SUBTOTAL                     | \$ 4,500,00          |                                       |              |  |
| Z. Uniterniza | D Summary contributions and independent expenditures made ed contributions and independent expenditures ma | ac ano ponos or ana  | •                            |                      |                                       |              | 1/ 500 00                                |
| 3. Total con  | tributions and independent expenditures made this  | s period. (Add Lines 1   | 1 and 2. Do not enter on th  | e Summary Page.)     | ТС                                    | JIAL \$_     | (,000.00                                 |

### Schedule E **Payments Made**

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period

**CALIFORNIA FORM** 

SCHEDULEE

I.D. NUMBER

| AIRENT ROBIES FOU CARSON CITY COUNCIL 2013 | AIRENT | ROBIES | FOU CARSON | City | Council | 2013 |
|--|--------|--------|------------|------|---------|------|
|--|--------|--------|------------|------|---------|------|

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

| CMP cam CNS cam CTB con CVC civic FIL can FND func IND inde | If one of the following codes accurately despaign paraphemalia/misc. paign consultants tribution (explain nonmonetary)* c donations didate filing/ballot fees traising events pendent expenditure supporting/opposing others (explain defense upaign literature and mailings | MBR<br>MTG<br>OFC<br>PET<br>PHO<br>POL<br>in)* POS | member communications | RAD<br>RFD<br>SAL<br>TEL<br>TRC<br>TRS<br>TSF<br>VOT | radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponso |
|---|--|--|-----------------------|--|---|
|---|--|--|-----------------------|--|---|

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)      | CODE. O | R DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|--------------------------|-------------|
| ATTO ADVERTISING,<br>8407 E. ROSECKANS AVE.<br>PARAMOUNT, CA 907ZZ       | LIT     | LITEAUTURE               | 5,350.00    |
| RANDON LENGTHS NEWSDAPER<br>1700 S. PACIFIC AVE<br>SAN PEDRO, CA 90733   | PRT     | AWEUTISM                 | 135,00      |
| SOUTH COAST PUBLISHING<br>2599 E ZEHN ST STE ZIZ<br>SIEWAL HILL CA 90755 | PRT     | ADVENTISHLY              | 675,00      |

Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitermized payments made this period of under \$100 ......\$ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$ 

SUBTOTAL\$

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from <u>FBB 17, 2013</u>

through <u>June 30, 2013</u>

CALIFORNIA 460

FORM

Page <u>U</u> of <u>30</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

1.D. NUMBER

135585

AIBENT ROBIES FOR CAPBON CITY CONNOIL 2013 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. radio airtime and production costs MBR member communications RAD campaign paraphernalia/misc. CMP returned contributions RFD meetings and appearances campaign consultants CNS SAL campaign workers' salaries office expenses OFC contribution (explain nonmonetary)\* CTB t.v. or cable airtime and production costs petition circulating PET civic donations CVC candidate travel, lodging, and meals TRC phone banks candidate filing/ballot fees staff/spouse travel, lodging, and meals TRS polling and survey research POL fundraising events FND transfer between committees of the same candidate/sponsor TSF postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* POS ND VOT voter registration professional services (legal, accounting) PRO legal defense LEG WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings UТ AMOUNT PAID DESCRIPTION OF PAYMENT NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR US. postAr SERVICE 2944.00 POS CARSON CA Campagn Smmy HECTOR SECURAND CS0.00 1430 RONAN AVE Wilmington RA 90744 Campaign Saurry ISAAC SEQUOIA SAL 500.00

NEISON WILLIAMS.

CARSON, CA 90745

Philippine TRIBUNE
18012 S. Fronzer BIVD. STEE

ARTESIA, CA 90701

PRT

PUP

Donation

500,00

90,00

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

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period from PEB 17, 2013

CALIFORNIA **FORM** 

SCHED\_\_\_/ E (CONT.)

through <u>JUNE</u> 30, 2013

Page 15 of 30

I.D. NUMBER

1355385

NAME OF FILER AIBBUT ROBIES PON CARSON CITY COUNCIL ZOIS

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications campaign paraphernalia/misc. returned contributions meetings and appearances campaign consultants CNS campaign workers' salaries office expenses OFC contribution (explain nonmonetary)\* t.v. or cable airtime and production costs petition circulating PET civic donations candidate travel, lodging, and meals TRC phone banks candidate filing/ballot fees staff/spouse travel, lodging, and meals TRS polling and survey research POL fundraising events transfer between committees of the same candidate/sponsor FND postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* POS ND voter registration VOT professional services (legal, accounting) legal defense WEB information technology costs (internet, e-mail) print ads PRT campaign literature and mailings ЦΤ AMOUNT PAID DESCRIPTION OF PAYMENT NAME AND ADDRESS OF PAYEE CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PHNTWO JAY'S PUNTING 250.00 47 WELLS PARETO BANK. 146.00 Bank FEES

OFE CANSON, EA Band Fon Fundraisen PRED LENSEN 1.000.00 PWD CARSON CA.

POLITICAL DATA INC. 320,00 P.O. BOX 59510 47 Norwald, CA 90652

THE CHAVENIA. CONSULTUG 425 W. BEECH BUD. #43

SAN DIEGO, CA 92101

WEB

1319.99

**SUBTOTAL \$** 

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

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

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

| <u></u>                 | 00112-0-1      |
|-------------------------|----------------|
| Statement covers period | CALIFORNIA 460 |

SCHEN & E (CONT.)

| from    | FORM 460      |  |  |
|---------|---------------|--|--|
| through | Page Ut of 30 |  |  |
|         | I.D. NUMBER   |  |  |

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

radio airtime and production costs MBR member communications campaign paraphernalia/misc. RFD returned contributions meetings and appearances campaign consultants CNS SAL campaign workers' salaries OFC office expenses contribution (explain nonmonetary)\* CTB t.v. or cable airtime and production costs TEL petition circulating PET civic donations CVC candidate travel, lodging, and meals TRC phone banks candidate filing/ballot fees FIL staff/spouse travel, lodging, and meals TRS polling and survey research fundraising events FND transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)\* POS ND voter registration VOT professional services (legal, accounting) PRO legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings AMOUNT PAID DESCRIPTION OF PAYMENT NAME AND ADDRESS OF PAYEE CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) TRAVER EXPENSE UISA TRO 1320.14 ANSON PRINTING. 637.25 LIT CARSON, CA 90745 THE POLITICAL SCIENTIST 924 16+11 STREET 603.59 LIT HERALOSA BLACH, CA 90254 MARIACHI JOSE VANUEZ Im. M 3210 W. ORANGE AVE #14 PMP AWAHEIM, CA 92804 OFFICE SUPPLIES AC. SULVIA RUBAD OFE Downey, CA 90240

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

5065 93 SUBTOTAL \$

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period from PEB 17, 2013 CALIFORNIA **FORM** 

SCHED (CONT.)

I.D. NUMBER

1355385

NAME OF FILER ALBOUT ROBICS FOR CHRSON CITY Council 2013

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. radio airtime and production costs MBR member communications campaign paraphernalia/misc. returned contributions CMP. meetings and appearances campaign consultants campaign workers' salaries SAL office expenses OFC contribution (explain nonmonetary)\* t.v. or cable airtime and production costs ÇTB petition circulating PET civic donations candidate travel, lodging, and meals phone banks candidate filing/ballot fees staff/spouse travel, lodging, and meals FIL polling and survey research POL transfer between committees of the same candidate/sponsor FND fundraising events postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* voter registration VOT professional services (legal, accounting) information technology costs (internet, e-mail) legal defense print ads PRT campaign literature and mailings Ш

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                |      | R DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|--------------------------|-------------|
| TERRI ANN SULLIVAN (MISON HEH SCHOOL) 22328 MANN ST. CANSON OR 90745               | PRT  | YLARBOOK AD.             | 225,80      |
| ANDERT ROBIES 21304 HUMON BOD. CANSON, CA 90745                                    | TRE  | TRANKL EXPENSES          | 609.73      |
| TSAAC GALVAN FOR CITY COUNCIL  COMPTON, CA ID# 6797798                             | C7B  | Campaign Contribution    | 3,000.00    |
| AUTORIATIC PRINTING<br>1621 CABRILLO AVE<br>TONRANCE, CA GOSOI                     | 47   | PRINTING                 | 506.85      |
| ZUMTA PON CITY CLEAK 2013<br>1502 5 NORTHWOOD AVE.<br>COMPTON, CA 90220 ID#1354437 | ств. | Campaign Contribution    | 1,800.00    |

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

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

∠E (CONT.) Statement covers period **CALIFORNIA** from FEB 17, 2013 **FORM** through JUNE 30, 2013 I.D. NUMBER 1355385

SEE INSTRUCTIONS ON REVERSE

campaign paraphernalia/misc.

candidate filing/ballot fees

contribution (explain nonmonetary)\*

independent expenditure supporting/opposing others (explain)\*

campaign consultants

civic donations

legal defense

fundraising events

NAME OF FILER

CNS

CVC

LEG

ROBIES FOR CARSON CITY COUNCIL ZO13

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

MBR member communications meetings and appearances office expenses

OFC petition circulating PET

phone banks РНО polling and survey research

postage, delivery and messenger services

professional services (legal, accounting) PRO

RAD radio airtime and production costs

returned contributions SAL campaign workers' salaries

t.v. or cable airtime and production costs candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor TSF

voter registration VOT

WEB information technology costs (internet, e-mail)

| LT campaign literature and mailings  | PRT print ads |         | WEB information technology costs (Interne | et, e-maii) |
|--|---------------|---------|---|-------------|
| NAME AND ADDRESS OF PAYER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBE              |               | CODE OF | DESCRIPTION OF PAYMENT                    | AMOUNT PAID |
| DOUBIETREE<br>2 ervic plaza DR.<br>CAMSON. CA 90745                            |               | PND     | FUNDLAISER EVENT FACILITY                 | 1899.21     |
| CANSON SHELIPPS STATION SUPPOR<br>21356 SOUTH AVALON BLUD.<br>CANSON, CA 90745 | eT            | eve     | Donation                                  | 500.00      |
| ALBERT ROBIES CARSON, CA 90745   |               | FIL     | FILING, EXPENSES                          | 387.50      |
| ACADEALY OF MEDICIAL ARTS<br>22328 S. MAIN ST<br>CAMSON; CA 90745              |               | evc.    | Donation                                  | 100.00      |
| JNDEPENDANT VOTERS LOGUE 3700 WILSHIEZ BIND. #1050 B LOS ANGRES, CA 90010      |               | LIT     |   | 2,000.00    |

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

Type or print in ink.

Amounts may be rounded to whole dollars.

statement covers period california 460 form FB i7, 2013 form form June 30, 2013 page U of 100 form

SCHEL

Æ (CONT.)

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

ALD NUMBER
1355385

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications campaign paraphernalia/misc. RFD returned contributions meetings and appearances campaign consultants CNS SAL campaign workers' salaries OFC office expenses contribution (explain nonmonetary)\* CTB t.v. or cable airtime and production costs petition circulating PET civic donations CVC candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees staff/spouse travel, lodging, and meals polling and survey research POL fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF POS independent expenditure supporting/opposing others (explain)\* voter registration VOT professional services (legal, accounting) PRO legal defense LEG WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings ЦT

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE O | R DESCRIPTION OF PAYMENT        | AMOUNT PAID |
|---|--------|---------------------------------|-------------|
| SULVIA RUBIO DOWNEY, CA 90240                                       | SAL    |                                 | 5,000.ov    |
| COMMUNICA CENTER (CHOWN EVENTS) CARSON, CH 90145                    | СНР    | Campaign EVENT                  | 4,053.98    |
| CHURCH.<br>CANSON, CA 90745   | evc.   | Donation                        | 50.00       |
| VENA RORSES DEWITT LANSON, CA 92745                                 | P.o.S  | Stong RENORMESTHENT             | 184.00      |
| ANGEL GONZALET<br>5057 W. JEFFENSON BLUD<br>LES ANGELES, CA 90016   | LIT    | Company MERATURE and<br>MAKINGS | 33,918.63   |

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

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

Statement covers period **CALIFORNIA FORM** Page 20I.D. NUMBER

1355385

SEE INSTRUCTIONS ON REVERSE

legal defense

NAME OF FILER

Щ

ROBERTS FOR CARSON CITY CONNELL 2013

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. returned contributions meetings and appearances CNS campaign consultants campaign workers' salaries SAL office expenses OFC contribution (explain nonmonetary)\* CTB t.v. or cable airtime and production costs petition circulating PET civic donations CVC candidate travel, lodging, and meals phone banks РΗО candidate filing/ballot fees FIL polling and survey research POL fundraising events FND postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)\* POS

professional services (legal, accounting) PRO

staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor

voter registration VOT WEB information technology costs (internet, e-mail)

PRT print ads campaign literature and mailings

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) |     | OR DESCRIPTION OF PAYMENT     | AMOUNT PAID |
|---|-----|-------------------------------|-------------|
| LEADING EDGE  | LIT | CAMPANOW LITERATURE ÉMANLINOS | 22,579.14   |
| LA. COMMUNTY CALLETT DEARD  | £78 | Campaign Contre Entron        | \$60.00     |
| MASON Inocentes<br>LongBEAGH, CA                                    | SAL | Campaign Contractionse.       | 1,500.00    |
|   |     |                               |             |
|   |     |                               |             |

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

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| (0)   |   | ( AK   |  |  | STATEMENT (         | RGANIZATION  |
|---|---|--|--|--|---------------------|--|
| Statement of<br>Recipient Cor                                 | Organization<br>nmittee   | Type or print in ink RECEIVED BY LOS ANGELES COUNTY                                      | S RECOVERY<br>CITY O'LERK  | Date Stamp   | CALIFORN<br>FORM    | 410  |
| Statement Type  | ∏ Initial  Not yet qualified ☐ or                                 | ☐ Amendment  2bist I D-number: 2013 FEB II P# 3: 38                                      | Termination — See Part 5 in the List I.D. number 13 MAR 25 PH 4: 5 | e office of the Secretary of S<br>of the State of California   | tate LOS ANGE       | LES COUNTY   |
|   | 1,26,2013   | #<br>Campaign finance<br>Domination repair   | Date of Termination  | JAN 31 2013  |                     | 7 PM 3: 37   |
|   | Date qualified as committee                                       | Date qualified as committee:<br>(If applicable)  |  |  | P                   | M FRANCE   |
| 1. Committee  | Information   |  | 2. Treasurer and Ot  | her Principal Offic  | ers                 | 2 mm 6 2 2 6 2 2 6 2 2 5 6 2 3 5 6 2 2 5 6 2 5 |
|   | EE  | city council 2013  | NAME OF TREASURER ALBERT STREET ADDRESS 2/304 AL                   | ROBIES<br>PALON BIUD.  |                     |  |
| STREET ADDRESS  | (NO P.O. BOX)   |  | CITY   | STATE  | ZIP CODE            | AREA CODE/PHONE  |
|   | AUMON BIVD  |  | CARSON   | , CA 907   | 45 (310)            | 987-867C   |
| CITY  | STATE   | ZIP CODE AREA CODE/PH  | NAME OF ASSISTANT TREAS  | RLIBIO   |                     |  |
| CARSON  | CA_   | 90745 (310) 987-8  | STREET ADDRESS   |  |                     |  |
| MAILING ADDRESS   |   | <u> </u>   | 21304 M  | MON BIVD.  |                     | AREA CODE/PHONE  |
|   |   |  | CITY   | CA 90745   | ZIP CODE (3/0)      | 987-8676   |
| OPTIONAL: FAX / E   |   |  | CITY SON,  | HER PRINCIPAL OFFICER(S), IF   | (32.47              | 98 1 801   |
| albert @  | albertrobles.com  | <b>√</b>   |  | IEV FINITON ME OF FIGE MONTH   |                     |  |
| COUNTY OF DOMIC   |   | ERE COMMITTEE IS ACTIVE IF DIFFERENTY OF DOMICILE  | MAILING ADDRESS  |  |                     |  |
| Los Ang   |   |  | CITY   | STATE  | ZIP CODE            | AREA CODE/PHONE  |
| Attach additional   | information on appropriately labele                               | d continuation sheets.   |  |  |                     |  |
| 3. Verification I have used all perjury under the Executed on | reasonable diligence in preparing laws of the State of California | ng this statement and to the best of<br>a that the foregoing is true and com<br>By<br>By | SIGNATURE OF   | ained herein is true and continue and contin | SURER               |  |
| Executed on   | DATE  | By   |  | FICEHOLDER, CANDIDATE, OR STA  |                     |  |
| Executed on   | DATE  | By   | SIGNATURE OF CONTROLLING OF  | FICEHOLDER, CANDIDATE, OR STA  | TE MEASURE PROPONEN | orm 410 (January/05)   |

FPPC Form 410 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

## Statement of Organization **Recipient Committee**

INSTRUCTIONS ON REVERSE

| COMMITTEE |  |
|-----------|--|
|           |  |
|           |  |
|           |  |

AIBERT ROBLES FOR CITY COUNCIL 2013

| S | CALIFORNIA 410 FORM |
|---|---------------------|
|   | Page 2              |
|   | I.D. NUMBER         |

4. Type of Committee Complete the applicable sections.

- 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.

| If this committee acts jointly with another controlled committee.  | ELECTIVE OFFICE SOUGHT OR HELD  | YEAR OF ELECTION   | PARTY          |        |
|--|---|--|----------------|--------|
| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT   | (INCLUDE DISTRICT NUMBER IF APPLICABLE)   |  | Non-Partisan   |        |
| AIBERT ROBIES  | CARSON CITY COUNCIL   | 2013   | ☐ Non-Partisan |        |
| List the financial institution where the campaign bank account is local name of Financial Institution  WEUS FAREO Bank  ADDRESS  4601 E. 2nd St., Long | AREA CODE/PHONE<br>(562) 856-5260   | ONIY)  MANK ACCOUNT NUMBER  7015737419  STATE ZIP CODE  90803                          |                |        |
|  | ce specific candidates or measures in a single election CANDIDATE(S) OFFICE SOUGHT R LETTER) (INCLUDE DISTRICT NO | n. List below:<br>FOR HELD OR MEASURE(S) JURISDICTIC<br>CITY OR COUNTY, AS APPLICABLE) | SUPPORT        | OPPOSE |
|  |   |  |                |        |

# TISPACE SELANA

Reason for Amendment: \_\_

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

| 497 Contribution Report                   |   | Amounts may be rounded   | Amounts may be rounded to whole dollars. |   | 497 CONTRIBUTION REPOR |                    |
|---|---|--|--|---|------------------------|--------------------|
| NAME OF FILER AIBENT R AREA CODE/PHONE NU | OBIES FOU CAPSON CUTY (I applicable)  135535                  | · .  | ng <u> </u>                              | MAR - 6 PH G: 22  Y OF CAMSON   | CALIFO<br>FOR          |                    |
| CHREOU                                    | AUPLON BIVD, STATE OH-  | ZIP CODE (explain belown)  Amend to Report (explain belown)  No. of Pa | t No                                     |   |                        |                    |
| DATE<br>RECEIVED                          | FULL NAME, STREET ADDRESS AND                                 | D ZIP CODE OF CONTRIBUTOR<br>ITER LO. NUMBER)                          | CONTRIBUTOR<br>CODE *                    | IF AN INDIVIDUAL,<br>ENTER OCCUPATION AND EI<br>(IF SELF-EMPLOYED, ENTER NAME O |                        | AMOUNT<br>RECEIVED |
| 3/5/13                                    | FINDEL GAGAN<br>550 S. HADE St. STE 53<br>LOS ANGLES, CA 9007 | D<br>1/  | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC                |   |                        | /, PTC. (V)        |
|   |   |  | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC                |   |                        | Check if Loan      |
|   |   |  | ☐ IND☐ COM☐ OTH☐ PTY                     |   |                        | ☐ Check if Loan    |

\*\*Contributor Codes

IND - Individual

□ scc

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 497 (March/2011)

Provide interest rate

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

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

|   | Amounts ma                  | y be todilated to will                       | ole dollars. | DUNCIBUR        | 497 CONTRIBUTION REPOR | Τ |
|---|-----------------------------|--|--------------|-----------------|------------------------|---|
| NAME OF FILER<br>Alkeut Rediks Pau Cantoni City | Louad 2013                  | Date of 5                                    | 3/4/2013     | OH F GOALINE    | CALIFORNIA 497         |   |
| REA CODE/PHONE NUMBER / I.D. NUMB               | ER (if applicable)<br>55385 | Report No                                    | 6            | 3 MAR-4 PH 4:56 | For Official Use Only  |   |
| STREET ADDRESS  2/304 AVALON BIVD.              | STATE ZIP CODE              | Amendment<br>to Report No<br>(explain below) |              | HI OF GARDON    |                        |   |
| CANSON  | DA GA745                    | No. of Pages _                               |              |                 | İ                      | 1 |

### 1. Contribution(s) Received

Reason for Amendment: \_

| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE *             | IF AN INDIVIDUAL,<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME C BUSINESS) | AMOUNT<br>RECEIVED  |
|------------------|--|-----------------------------------|---|---|
| 311/13           | Jan Dean for Lityer 21838 FIGUENCIA St. CANSON, CA 90745 # 1260745                           | IND  X COM OTH PTY SCC            |   | 5000.00  Check if Loan  Provide interest rate   |
| 3/2              | RAENETT EARNEST<br>9991 VILLETTE CT.<br>ELK GROVE, CA 95757                                  | X IND<br>COM<br>OTH<br>PTY<br>SCC |   | \tag{\tag{box} \tag{\tag{box}} 
| 3/4              | DONALD G. Hunt. (Hunt ENTERPRISES) 4416 W. 15440 St., LAWBERE, CA GOSLO                      | IMD ☐ COM ☐ OTH ☐ PTY ☐ SCC       | PRESIDENT<br>Hunt EN CAPMSES.   | (800. ₪  Check if Loan  Provide interest rate   |

| **C | nni | rihi | utor | Codes |
|-----|-----|------|------|-------|
|     |     |      |      |       |

IND - individual

COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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

| 497 | CONT | TRIBI | ITION | REPOR | ₹Т |
|-----|------|-------|-------|-------|----|

| NAME OF FILER ALBERT REDIES POR CAN  | En ely Could 2013                    | Date of This Filling 3/4/2013 CT Pate Stamp CALIFORNIA FORM 497 |
|--------------------------------------|--------------------------------------|---|
| AREA CODE/PHONE NUMBER (30) 987-8670 | 1.D. NUMBER (if applicable) #1355385 | Report No   |
| STREET ADDRESS<br>21304 AVALON BIVD. |                                      | desplain below)   |
| CANSON                               | STATE ZIP CODE  CA . 90 745          | No. of Pages  |

### 1. Contribution(s) Received

Reason for Amendment: .

| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER LD. NUMBER) | CONTRIBUTOR<br>CODE *          | . IF AN INDIVIDUAL,<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED                            |
|------------------|--|--------------------------------|--|---|
| 311/13           | JULI DEAM FOR LIMYOR 21838 FIGUENCIA ST. CAMBON, CA 90745 44 1260745                           | ☐ IND  X COM ☐ OTH ☐ PTY ☐ SCC |  | 5000.00  Check if Loan  Provide interest rate |
| 3/2              | RAGNETT EARNEST<br>9991 VILLETTE CT.<br>ECK GROVE, CA 95757                                    | X IND COM OTH PTY SCC          |  | ## Check if Loan  — % Provide interest rate   |
| 3/4              | DONALD G. thent. (Hunt ENTERPRISES) 4416 W. 15440 St.) LANDALE, CA GOSGO                       | IND COM OTH SCC                | PRESIDENT<br>Hunt ENTERPMISES.   | Check if Loan  Provide interest rate          |

#### \*\*Contributor Codes

IND - Individual

IN STANFFER LAND IN

COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

Reason for Amendment: \_

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

497 CONTRIBUTION REPORT

|  | DECEMBER 497 CONTRIBUTION REPORT                     |
|--|--|
| NAME OF FILER AI BOUT ROBBES POU CONSON CUTY CONOUL ZOLZ       | Date of This Filing 1/4/2013 CIT Pare Stamp FORM 497 |
| AREA CODE/PHONE NUMBER (if applicable)  (30) 987-8670 #1355385 | Report No  |
| 21304 AVALON BIVD.   | Amendment to Report No                               |
| CITY STATE ZIP CODE CANSON CA. 90 743                          | (explain below) No. of Pages                         |
| 1. Contribution(s) Received                                    |  |

| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONT JBUTOR                               | IF AN INDIVIDUAL,<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED                                |
|------------------|--|---|--|---|
| 31/3             | JULI DEAN FOR LINYOR 21838 FIGUERON ST. CANSON, CA 90745 44 1260745                          | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC |  | 5000.00  Check if Loan  Provide interest rate     |
| 3/2              | RAENETT EARNEST<br>9991 VILLETTE CT.<br>ELK GROVE, CA 95757                                  | IND COM OTH PTY SCC                       |  | // Check if Loan  Provide interest rate           |
| 3/4              | Donard G. Hunt (Hunt Extensions) 4416 W. 15440 St.) LANDARE, CA 90260                        | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | PRESIDENT<br>Hunt EvicaPMSES.  | (OCO. CT)  ☐ 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

# 

| 497 Contribut           | tion Report   | Type or print in in<br>Amounts may be rounded to v |                             | RECENTED<br>OITY CLERK  | 497 CONTRIBUTION REPORT                                |
|-------------------------|---|--|-----------------------------|---|--|
| NAME OF FILER ALBERT RO | BIES FOU CARGON CITY CO   | Mucl Zo/3 Date of This Filing                      | 2/2 <b>8</b> /20B3          | Date Stamp<br>FEB 28 PN 5: <b>3</b> 4   | CALIFORNIA 497   |
| AREA CODE/PHONE NU      | JMBER I.D. NUMBER (if applicable)   | Report No.   | <i>5</i> 0                  | TY OF CARSSII   | For Official Use Only                                  |
| STREET ADDRESS 21304 A  | VALON BIVD.   | Amendm to Report No (explain below)                |                             |   |  |
| CANSON,                 | CA 9  | 745 No. of Page                                    | s                           |   |  |
| 1. Contributio          | on(s) Received  |  |                             |   |  |
| DATE<br>RECEIVED        | FULL NAME, STREET ADDRESS AND (IF COMMITTEE, ALSO EN                      | ITER I.D. NUMBER)                                  | CONTRIBUTOR<br>CODE *       | IF AN INDIVIDUAL,<br>ENTER OCCUPATION AND EMF<br>(IF SELF-EMPLOYED, ENTER NAME OF                                       | PLOYER AMOUNT RECEIVED                                 |
|                         | THEOUN & GARCIA. CLP.<br>316 W. 2ND ST., STE LOC<br>LOS ANGELES, CA 90012 |  | ☐ IND☐ COM☐ SOTH☐ PTY☐ SCC  |   | 5000, 00 .  ☐ Check if Loan  Provide interest rate     |
| 0/28/13                 | Donald G. Hunt. 4416 W. 154th ST.: LAWNIGACE, CA 90260                    |  | ☐ IND☐ COM STOTH☐ PTY☐ SCC  |   | ∠, STO, O  ☐ Check if Loan  — %  Provide interest rate |
| 928/13                  | LABONERS LOCAL. 802<br>540 N. MAMINE AVE.<br>WILMINGTON, CA 90748         | # 960603   | ☐ IND COM ☐ OTH ☐ PTY ☐ SCC |   |  |
| Reason for Amen         | dment:  |  |                             | *Contributor Codes IND – Individual COM – Recipient Col OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu |  |

FPPC Form 497 (November/07) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Reason for Amendment: \_\_

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

497 CONTRIBUTION REPORT

| NAME OF FILER                                   |   | Date of   | 2/25/2013             | Date Stamp CALIFO  |  |
|---|---|---|-----------------------|--|--|
| AIBEUT RE<br>AREA CODE/PHONE NUI<br>(810) 987-8 |   | This Filing<br>Report No                                    | 5                     |  | Official Use Only                                    |
| STREET ADDRESS                                  | VALON BIVD-<br>STATE ZIP CODE<br>CA 90745   | Amendme<br>to Report No.<br>(explain below)<br>No. of Pages | ·                     |  |  |
| 1. Contribution                                 | n(s) Received   |   |                       |  |  |
| DATE<br>RECEIVED                                | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIS                                 | BUTOR   | CONTRIBUTOR<br>CODE * | IF AN INDIVIDUAL,<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED                                   |
| 2/21/13   | HEATMEX CORP-<br>405 E. SANTA CLAMA St.<br>ARCADIA, CA 91006                      |   | IND COM OTH PTY SCC   |  | 2,000,00  □ Check if Loan  **  Provide interest rate |
| 2/21/13   | D. R. CONSULTANTS & DESIGNERS 725 S. FIGUEROA St., STE 3320 LOS ANGELES, CA 90017 |   | IND COM OTH PTY SCC   |  | /, 600.00  Check if Loan  Provide interest rate      |
| 2/27/13   | RICK TAY FOR  1011 EUCID # C  SANTA MONKA, CA 90403                               |   | IND COM OTH SCC       | DAKHA<br>PRINCEPAL   | 3, obo. Ø  □ Check if Loan  Provide interest rate    |
|   |   |   |                       | *Contributor Codes   |  |

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

497 CONTRIBUTION REPORT

| 497                         |
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| Use Only                    |
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| an PTY or SCC)              |
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| 497 Contribution  | оп кероп   | Amounts may be rounded to  | whole dollars.                | RECEVED 497 CON   | TRIBUTION REPORT  |
|---|--|--|-------------------------------|---|---|
| NAME OF FILER  AND LET ROY  AREA CODE/PHONE NUMBE  310) 987 - 867  STREET ADDRESS  21304 AVAL  CITY  CAUSON | ON BILD STATE ZIPO   | Date of This Filing Report No.  Amendm to Report No. (explain below) No. of Page | o                             | ODAte Stamp, ERR CALIFO FOR STATE OF CARSON   |   |
| 1. Contribution   |  |  |                               |   |   |
| DATE<br>RECEIVED  | FULL NAME, STREET ADDRESS AND ZIP C<br>(IF COMMITTEE, ALSO ENTER I.D.  | ODE OF CONTRIBUTOR<br>NUMBER)  | CONTRIBUTOR<br>CODE *         | IF AN INDIVIDUAL,<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  | AMOUNT<br>RECEIVED  |
| 2/22/2013   | SOUTHERN CAUPORNIA PIPE TRADES DISTRICT COUNCIL #16 POLITICAL PICTION COMMITTEE 501 SHATTO PLACE, STE 400 LOS ANGELES, CA 90020 DD | # 760715   | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC |   | 5,000.00 ☐ Check if Loan ————————————————————————————————————     |
| 2/22/2013   | XENOPHON STRATEGIES<br>1625 EYE ST., NW STE. 610<br>WAGAINGTON, VC. 2006   |  | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC     |   | (, 000 - 00  ☐ Check if Loan  ——————————————————————————————————— |
|   |  |  | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC     |   | ☐ Check if Loan % Provide interest rate                           |
| Reason for Amendm   | ent:   |  | ·                             | **Contributor Codes  IND - Individual  COM - Recipient Committee (oth  OTH - Other (e.g., business ent  PTY - Political Party  SCC - Small Contributor Comm | ity)  |

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

497 CONTRIBUTION REPORT

| NAME OF FILER  ALBERT ROLL  AREA CODE/PHONE NUM  (3/0) 987-86  STREET ADDRESS  2/304 A  CITY  CHARGO  1. Contribution | BER I.D. NUMBER (if applicable) 1355385  HUALON BIND- STATE ZIP CODE 90745         | Date of 2 This Filing — Report No. —  Amendment to Report No. (explain below)  No. of Pages — | 3   | Date Stamp  CALIFO  FOR  |                    |
|---|--|---|---|--|--------------------|
| DATE<br>RECEIVED  | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU                                 | TOR   | CONTRIBUTOR<br>CODE *                     | IF AN INDIVIDUAL,<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)   | AMOUNT<br>RECEIVED |
| 2/20/2013   | FARICH NI. MOGHADAM<br>310 S. PROSPECT AVE APT. 41<br>REDONDE BEACH, CA 90277      |   | IND COM OTH PTY SCC                       | RETINED.   | /, OOD, OD         |
| 2/02/2013   | PREMIOUISTA INC.<br>13502 WHITHER BUD. STE.H-181<br>WHITHER, EA 90605              |   | ☐ IND<br>☐ COM<br>☑ OTH<br>☐ PTY<br>☐ SCC |  | / 000.00           |
| 2/22/0813   | AIBRIGHT, YEE & SCHMIT. U.P<br>888 WEST 644 ST, STE. 1400<br>LES ANGELES, CA 90817 |   | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC             |  | /, 500 c €0        |
| Reason for Amendn   | nent:  |   |   | **Contributor Codes IND - Individual COM - Recipient Committee (control of the control of the co | ntity)             |

# 

|  | Statement covers period from Jan 20, 2013   | Date of election if applicables (Month, Day, Year)   | RECEIVED<br>CITY CLERK<br>FEB 25 PM 4: 32<br>TY OF CARSOIL | Page of 24 For Official Use Only  |
|--|---|--|--|---|
| 1. Type of Recipient Committee: All Committees – Committe | plete Parts 1, 2, 3, and 4. marily Formed Ballot Measure mmittee Controlled Sponsored o Complete Part 6) marily Formed Candidate/ ficeholder Committee o Complete Part 7) | 2. Type of Statement:    Preelection Statement   Semi-annual Statement   Temination Statement (Also file a Form 410 T                            | Spe  | arterly Statement<br>cial Odd-Year Report<br>oplemental Preelection<br>tement - Attach Form 495 |
| 3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  AT BEAT ROBES FOR CARSON CITY CO  STREET ADDRESS (NO P.O. BOX)  21304 AVALON BWO  CITY STATE ZIP COD  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO  CITY STATE ZIP COD  OPTIONAL: FAX / E-MAIL ADDRESS   | DE AREA CODE/PHONE (316) 981-8616   | MAILING ADDRESS  21304 AL  CITY  CARGON  NAME OF ASSISTANT TREASU  SYLVIA F  MAILING ADDRESS  21304 AY  CITY  CAROCH  OPTIONAL: FAX / E-MAIL ADD | RER, IF ANY RUBID  VALON BIUD  CA 90°                      | CODE AREA CODE/PHONE 145 (30) 981 - 8670  CODE AREA CODE/PHONE 145 (30) 981 - 8670              |
| 4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California  Executed on   Executed on   Date  Date   | By  |  | nt Treasurer   |   |

Executed on \_

Executed on \_

Date

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent PPPC 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

| COVERP             | AGE-PART2 |
|--------------------|-----------|
| CALIFORNIA<br>FORM | 460       |
| Page _2            | of 24     |

| Officeholder or Candidate Controlled Committee   | ee                              | 6. | Primarily Formed Ballot NAME OF BALLOT MEASURE          | t Measure C    | ommittee              |                    |        |
|--|---------------------------------|----|---|----------------|-----------------------|--------------------|--------|
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT   | NUMBER IF APPLICABLE)           |    | BALLOT NO. OR LETTER                                    | JURISDICTION   |                       | SUPPORT OPPOSE     |        |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT  | STATE ZIP<br>SON, CA 90745      |    | Identify the controlling office                         |                |                       | sure proponent, if | f any. |
| Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand | are primarily formed to receive |    | OFFICE SOUGHT OR HELD                                   |                | DISTRIC               | NO. IF ANY         |        |
| COMMITTEE NAME  COMMITTEE NAME  TO RE-ELECT ALBERT ROBIE  NAME OF TREASURER  | CONTROLLED COMMITTEE?           | 7. | . Primarily Formed Cano officeholder(s) or candidate(s) | didate/Office  | committee is primarii | y iormeo.          |        |
| AIBERT ROBIES  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO  125 E. ZIUTA OF   |                                 |    | NAME OF OFFICEHOLDER OR C                               | ANDIDATE       | OFFICE SOUGHT OR I    | OPPO               |        |
| CARBON CA 90745  | 562) 234-0970                   |    | NAME OF OFFICEHOLDER OR C                               | CANDIDATE      | OFFICE SOUGHT OR      | SUPPO              |        |
| COMMITTEE NAME   | I.D. NUMBER                     |    | NAME OF OFFICEHOLDER OR C                               | CANDIDATE      | OFFICE SOUGHT OR      | ☐ OPPO             |        |
| NAME OF TREASURER  | CONTROLLED COMMITTEE?  YES NO   |    | NAME OF OFFICEHOLDER OR (                               | CANDIDATE      | OFFICE SOUGHT OR      | HELD SUPP          |        |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO   |                                 |    | Atta  | ch continuatio | n sheets if necessa   | rry                |        |

### Campaign Disclosure Statement **Summary Page**

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

SUMMARY PAGE Statement covers period **CALIFORNIA** from Jan 20, 2013 **FORM** through 16, 2013 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER 1355385 AlbERT ROBIES FOR CARGON CITY COUNCIL 2013 Calendar Year Summary for Candidates Column B Column A CALENDAR YEAR Running in Both the State Primary and **Contributions Received TOTALTHIS PERIOD** (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 47359.99 35809.99 1. Monetary Contributions ...... Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 5.000.00 5,000.00 2. Loans Received ...... Schedule B, Line 3 40.809.99 52 359.99 20. Contributions SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ Received 4,900.00 15.636.86 Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures 67996.85 45709.99 Made **Expenditure Limit Summary for State Expenditures Made** 28454.12 Candidates 6. Payments Made ...... Schedule E, Line 4 \$ 7. Loans Made ...... Schedule H, Line 3 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit) SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ Total to Date 9. Accrued Expenses (Unpaid Bills) ......Schedule F, Line 3 Date of Election (mm/dd/yy) 10. Nonmonetary Adjustment ...... Schedule C, Line 3 44,090.98 **Current Cash Statement** 12. Beginning Cash Balance .................................. Previous Summary Page, Line 16 To calculate Column B. add amounts in Column A to the 13. Cash Receipts ...... Column A, Line 3 above corresponding amounts \*Amounts in this section may be different from amounts from Column B of your last 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 reported in Column B. report. Some amounts in 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 12355.87 figures that should be 16. ENDING CASH BALANCE ........ Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents ...... See instructions on reverse 5.000.00 FPPC Form 460 (January/05) 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

| Schedule A         |              |          |
|--------------------|--------------|----------|
| <b>Monetary Co</b> | ontributions | Received |

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

Statement covers period CALIFORNIA from Jan 20,2013 **FORM** through FEB 16, 2013

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER 1215201

| Albe      | ERT ROBIES FOR CAREON CITY   | Council                              | 2013  |                                   | 175   | S 785   |
|-----------|--|--------------------------------------|---|-----------------------------------|---|---|
|           | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE *                | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED)                      |
| ikidi3    | FINTEL GAGAN<br>550 S. HOPE ST, STESSO<br>LES AMBRIES, CA 90071                              | □IND<br>□COM<br>XOTH<br>□PTY<br>□SCC |   | 1,000.00                          |   |   |
| 1/24/2013 | GWS NUPSERY + Supplies<br>10120 MILLER WAY<br>SOUTH GATE, CA 90250                           | □IND<br>□COM<br>■OTH<br>□PTY<br>□SCC |   | 1,860.60                          |   |   |
| ·         | CCE CONSULTING ERRUP<br>P.O. BOX 10024<br>LONG BERKH, CA 90810                               | □IND □COM INOTH □PTY □SCC            |   | (,660,50                          |   |   |
| 1/30/2013 | DOWALD L DEAR<br>15433 S. CATALWA AVE<br>GARDENA, CA 90247                                   | MIND COM OTH PTY SCC                 | DIRECTER WEST BASIN MUNICIPAL WATER DISTRICT  | 1,000.00                          |   |   |
| 2/4/2013  | VAZQUEZ FER WATER BOARD ZDIZ<br>3700 WILSHIRE BIVD. # 1050B<br>LOS ANGELES, CA 90010         | □IND  COM □OTH □PTY □SCC             |   | 2,000.00                          |   | - Special Sept. (Fe Managers Special Special Sept. Sec. 1994) |
|           | 1  |                                      | SUBTOTAL\$  | 4,000.00                          |   |   |

**Schedule A Summary** 

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

3. Total monetary contributions received this period.  \*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)

| Schedule | A (Continuation      | n Sheet) |
|----------|----------------------|----------|
| Monetary | <b>Contributions</b> | Received |

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

| A                | PREUT ROBIES FOR CARBON CITY  | Counci                              | L 2013  |                                   |   | 1355385  |
|------------------|---|-------------------------------------|---|-----------------------------------|---|--|
| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)                      | CONTRIBUTOR<br>CODE *               | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-ÉMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DA<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | TO DATE  |
| 2/4/2013         | FARIBA MOGHADAM<br>310 S. PROSPECT AVE<br>REDOUDO BEACH, CA 90277   | IND COM OTH PTY                     |   | 2, 600.00                         |   |  |
| 2/11/2013        | REED GOVERNMENT RELATIONS<br>1107 944 ST., STE-510<br>SACRAMENTO, CA 95814  | □IND □COM ⊠OTH □PTY □SCC            |   | 1,000.00                          |   |  |
| 2/11/2013        | AFSCNE 1902 PAC<br>CAUFORNIA FOR CLEAN RECURRIE COATER<br>700 NORTH ALAMEDA ST.<br>LOG ANGELES, CA 90012 #1343082 | □IND  ©COM □OTH □PTY □SCC           |   | 2,800.60                          |   |  |
| 2/11/2013        | HERNANDE FOR ASSEMBLY ZO12<br>3700 WILSHIPE BIDD STE 1050B<br>LOS AUGELES, CA 90010<br>#1334127                   | □IND<br>COM<br>□OTH<br>□PTY<br>□SCC |   | 2,000.00                          |   |  |
| 2/13/2013        | JACQUE ROBINSON FOR COUNCIL<br>4001 INGIENOSO AVE., BIDNG. 1014162<br>REDONDO BEAKH. CA 90278                     | □IND  COM □OTH □PTY □SCC            |   | 1,000.00                          |   |  |
|                  |   |                                     | SUBTOTAL  | \$ 8,000,00                       |   | engar pelikum disebili sambili.<br>Kabupatèn disebili sambili sa |

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

NAME OF FILER

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

SCHEDULE A (CONT.)

| Statement covers period from Jan 20, 2013 | CALIFORNIA 460 |
|---|----------------|
| through <i>FEB 16, 2013</i>               | Page           |
|   | I.D. NUMBER    |

ROBIES FOR CARSON CITY COUNCIL 2013 1000000 PER ELECTION CUMULATIVE TO DATE AMOUNT IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR TO DATE CALENDAR YEAR CONTRIBUTOR RECEIVED THIS OCCUPATION AND EMPLOYER DATE (IF COMMITTEE, ALSO ENTER LD. NUMBER) (IF REQUIRED) CODE \* PERIOD (JAN, 1 - DEC, 31) (IF SELF-EMPLOYED, ENTER NAME J.L.W.U. LOCAL B
POLITICAL ACTION COMMITTEE AUND
13/2013 120 CENTERST.
SAN TEDRO, CA 9073;

CHZM, HILI INC.
9/13/2013 ENGIEWEED. OF PAIR RECEIVED OF BUSINESS) ПСОМ 3,000.00 **™**OTH □ PTY □scc □сом 2,600.00 **S**COTH □ PTY SCC ZIND GIENDA MIZELENA-LIMA HENTENN TRUCKING ПСОМ 300.00 144 E. 234 PL CARSEN, CA 90745 OTH 2/1/2013 **□** PTY □scc MARTIN LUTHER KNEWS DEHOGRANCCIUB 1224 CAKHOPNE BR □ COM 100.00 **⊠**OTH 0/1/2013 HARBER CITY, CA 90710 **□** PTY SCC **₩**ND LILIAN Y KAWASAKI COM 2/4/2013 3553-A ATLANTICAVE,#1 400.00 □ OTH LONG BEACH. CA 958E7 □ PTY SCC 5,800.00 SUBTOTAL\$

\*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

| Statement covers period from 100 30, 2013 | CALIFORNIA 460 |
|---|----------------|
| through FEB 16,2013                       | Page 7 of 24   |
|   | I.D. NUMBER    |

NAME OF FILER ALBERT ROBIES FOR CAREED CITY Council 2013 1355385 PER ELECTION CUMULATIVE TO DATE AMOUNT IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR TODATE RECEIVED THIS CALENDAR YEAR CONTRIBUTOR OCCUPATION AND EMPLOYER DATE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN. 1 - DEC. 31) CODE \* (IF SELF-EMPLOYED, ENTER NAME PERIOD RECEIVED OF BUSINESS) ANY CHEN 920 EIG BRIAR WAY LA CAWADA MINTRICHE, CA 91011 MIND COM 20000 2/5/2013 \_\_OTH **PTY** SCC DCOM RONALD N. WILSON 3700 WILSHAE BUD. STE 655 500.00 □OTH. LOS AVIGERES, CA 90010 □ PTY SCC RICHARD A. Hernandez COM ZIND 100 10. 226th PL 100.00 □ OTH CALSON, EA 90745 PTY SCC RGM, LLC 1308 SATULI AVE, STE 109 COM 250.00 **▼**OTH TORRANCE, CA 90501 □PTY SCC **≥**IND PAUL RONDALL 17701 S. AVALON DIVD. #318 RUG ПСОМ RAYTHEON 200.00 □ OTH CARSON, CA 90746 □ PTY □scc SUBTOTAL\$ 1250.00

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460 FORM Table 16, 2013

| NAME OF FILER  ALBERT | ROBIES FOR CARSON CITY   | Cource                               | ul 2013  |                                   | 13  | 55385                                    |
|-----------------------|--|--------------------------------------|--|-----------------------------------|---|--|
| DATE<br>RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) |                                      | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN, 1 - DEC, 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
| 2/15/2013             | ARBERT MEDICAL ENTUP INC<br>23251 MAIN ST<br>CANSON, CA. 90745                               | □IND<br>□COM<br>★OTH<br>□PTY<br>□SCC |  | 100.00                            |   |  |
| 2/16/2013             | GIONA D. GRAY<br>3008 W. FZ PIACE.<br>FUGIEWOOD, CA 90305                                    | COM<br>OTH<br>PTY                    | Director<br>West Basin<br>Municipal Wale Dist.   | 2.60,00                           |   |  |
| 2/16/2013             | ALSTON & BIRD LIP. 333 S. HOPE ST. IbHA MOOR LOS ANGELES, CA 90071                           | □IND □COM SQTH □PTY □SCC             | Š  | 500.00                            |   |  |
| 2/14/2013             | EDWARD TO CASEY 333 HOPEST. #164AFL. LOS ANGCIES, CA 98091                                   | MND<br>COM<br>OTH<br>PTY<br>SCC      | ATTORNEY AUSTON & BARD LIP   | 500.00                            |   |  |
| 2/19/2013             | MOHAMMAD POURNAMDARI<br>221 AVENUE B<br>REDONDO BEACH, CA 90277                              | EMND<br>COM<br>OTH<br>PTY<br>SCC     |  | 500.00                            |   |  |
|                       |  |                                      | SUBTOTALS  | 1,800.00                          | And the second second                                     |  |

\*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

From JACAC, 2013

through FCB 16, 2013

LD. NUMBER

| NAME OF FILER HUBERT | ROBIES FOR CARSON CUTY CO   | uncel o                               | 2013  |                                   |   | 1355385    |
|----------------------|---|---------------------------------------|---|-----------------------------------|---|------------|
| DATE<br>RECEIVED     | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)          | CONTRIBUTOR<br>CODE *                 | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO D<br>CALENDAR YEA<br>(JAN. 1 - DEC. 3 | AR TO DATE |
| 121/2013             | UNSQUES É COMPANY LIP<br>801 S. GRAND AVE 4 400<br>LOS ANGLIES : CA 90017                             | □IND<br>□COM<br>□OTH<br>□PTY<br>□SCC  |   | 250.00                            |   |            |
| 1/27/2013            | NICHMUS. GAGAN<br>80 W. 15T.5T., # 400<br>LOS Angles, CA 98012  | COM<br>COM<br>OTH<br>PTY<br>SCC       | KINDEL GAGAN<br>PUNCIPAL  | 500.00                            |   |            |
| 2/16/2013            | UA JEURNEYMEN & APPRENTICES LECAL # 250 - PAC ID. # 743 - 959 18355 S PROVENCE ST., GANDENA, CA 90248 | □IND<br>□COM<br>□STH<br>□PTY<br>□SCC  |   | 5,800,00                          |   |            |
| गाजिक्य              | RP FALILLES FOR SUSAN RUBID 14624 VIA CALUND BAIDURN PARC, CA 91706 # 1318213                         | ☐IND<br>IXCOM<br>☐OTH<br>☐PTY<br>☐SCC |   | 1, 000.00                         |   |            |
| <br>4 19 2013        | JEHN W. SHWADA.<br>2635 MANDEWLLE CANYON RD.<br>LOS ADGRES, CA GOOYA                                  | DOM<br>COM<br>OTH<br>PTY<br>SCC       | Consultant<br>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

Type or print in ink.

Amounts may be rounded to whole dollars.

| SCHEDU | LE A | (CONT.) |
|--------|------|---------|
|        |      |         |

CALIFORNIA FORM

Statement covers period

| JAME OF FILER    |  |                                      |   | through                           |  | Page 10 of 24 |  |
|------------------|--|--------------------------------------|---|-----------------------------------|--|---------------|--|
| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)             | CONTRIBUTOR<br>CODE *                | IF AN INDIVIDUAL; ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO<br>CALENDAR Y<br>(JAN, 1 - DEC | 'EAR          | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
| 2/19/203         | FULBRIGHT & JAWORSKY LLP<br>DAGO ROSS AVE. STE 2800<br>DAGUAS, TX 75201                                  | □IND<br>□COM<br>MQTH<br>□PTY<br>□SCC |   | 500.00                            |  |               |  |
| 3/19/2013        | HARUTYUN GULLAPAYAN<br>ANNE GULLAPYAN<br>3510 BEN RIVER DR.<br>HAUENDA HEGHTS, CA 91745                  | IND COM OTH PTY                      |   | 1,500.00                          |  |               |  |
| भाष/३०१३         | RICK TRYLOR<br>1011 EUCHD #C<br>SANTA MONICA, CA 90403   | MND<br>COM<br>OTH<br>PTY<br>Scc      | Patata, Inc.<br>Principal   | 500. A                            |  |               | ·  |
| र्भाष/२०१3       | INTERNATIONAL BRITHERITEOD OF<br>ELECTRICAL WORKERS LECAL II<br>297 N. MORENGO AVE<br>PASADENA, CA 91101 | □IND □COM POTH □PTY □SCC             |   | 500.00                            |  |               |  |
|                  | XENOPHON<br>IBS EYEST., STE GIO<br>WASHINGTON, DC QEECH  | □IND<br>□COM<br>⊠OTH<br>□PTY<br>□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

# Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from JAN 20, 2013

|                  |  |                                      | ·   | through FEB 10                    | 6,2013                                      |          | // of <u>324</u>                         |
|------------------|--|--------------------------------------|---|-----------------------------------|---|----------|--|
| NAME OF FILER    | ROBIES FOR CARSON CITY COU   | wail. 2                              | Ø/3   |                                   |   | 1.D. NUM | 55 385                                   |
| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | 1 1                                  | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE T<br>CALENDAR \<br>(JAN. 1 - DEC | /EAR     | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
| 2/20             | COMPASS PR GROUP<br>5654 COLISEUM ST<br>LCS AMBRIES, CA 96016                                | □IND<br>□COM<br>ØOTH<br>□PTY<br>□SCC |   | 100.00                            |   |          |  |
| 400              | PILIPINO AMERICAN ALLIANCE USA   | ☐IND<br>☐COM<br>MOTH<br>☐PTY<br>☐SCC |   | 100.00                            |   |          |  |
|                  |  | IND COM OTH PTY                      |   |                                   |   |          | <u> </u>                                 |
|                  |  | □IND<br>□COM<br>□OTH<br>□PTY<br>□SCC |   |                                   |   |          |  |
|                  |  | ☐IND<br>☐COM<br>☐OTH<br>☐PTY<br>☐SCC |   |                                   |   |          |  |
|                  |  |                                      | SUBTOTAL  | \$ 200.00                         |   |          | e e Combandado                           |

\*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 - Pa | art 1 |
|-----------------|-------|
| Loans Received  |       |

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

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

SCHEDULE B - PART 1

CALIFORNIA

Statement covers period

| Loans Received  | to whole donar  | J.                              |  | from <u>Sam</u> 2 | 0,2017                                 | FORIVI  |   |
|---|---|---------------------------------|--|-------------------|--|---|---|
|   |   |                                 |  | through FEB 1     | 6,2013                                 | Page _/2_   | of <u>24</u>                                |
| SEE INSTRUCTIONS ON REVERSE   |   |                                 |  |                   |  | I.D. NUMBER   |   |
| NAME OF FILER   |   | <b>^</b> -                      |  | •                 |  | 1   | <b>.</b>                                    |
| AIBERT ROBIES FOR CARE  | on city council   | 2013                            |  |                   |  | 13553   |   |
| FULL NAME, STREET ADDRESS AND ZIP CODE OCCU   | N INDIVIDUAL, ENTER PATION AND EMPLOYER SELF-EMPLOYED, ENTER NAME OF BUSINESS)  (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID<br>OR FORGIVEN<br>THIS PERIOD | CLOSE OF THIS     | (e)<br>INTEREST<br>PAID THIS<br>PERIOD | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN  | (g) CUMULATIVE CONTRIBUTIONS TO DATE        |
| MENDOZA FOI SENATE ZO 14<br>3605 LONE DEACH BND., SE 426<br>LONGBEACH, CA 90807<br># 1308496  |   | , 5,000.co                      | \$<br>FORGIVEN                                   | \$                | %<br>RATE                              | \$  | SPER ELECTION***                            |
| ¹□ IND X COM □ OTH □ PTY □ SCC  |   |                                 |  | DATE DUE          |  | DATE INCURRED   | CALENDAR YEAR                               |
|   |   |                                 | PAID  \$ FORGIVEN                                | \$                | %<br>RATE                              | \$  | \$PER ELECTION*                             |
| †   IND   COM   OTH   PTY   SCC   | \$  | \$                              | \$   | DATE DUE          | \$                                     | DATE INCURRED   | \$CALENDAR YEAR                             |
|   |   |                                 | \$ \$ forgiven                                   | s                 | %<br>RATE                              | s   | \$<br>PER ELECTION*                         |
| ↑ IND COM OTH PTY SCC   | \$  | \$                              | s  | DATE DUE          | \$                                     | DATE INCURRED   | \$  |
|   | SUBTOTALS   | \$                              | \$   | \$                | \$                                     |   |   |
| Schedule B Summary  |   |                                 | \$   | 5, 000.00         | (Enter (e) on<br>Schedule E, Line 3    | )   | · .   |
| Loans received this period  (Total Column (b) plus unitemized loans of les  | s than \$100.)  |                                 |  | <del></del>       |  | †Contributor Code<br>IND – Individual   | s   |
| Loans paid or forgiven this period  (Total Column (c) plus loans under \$100 paid (Include loans paid by a third party that are all | or forgiven.)   |                                 |  | 5.000.00          |  | COM – Recipient C<br>(other than<br>OTH – Other (e.g.<br>PTY – Political Par<br>SCC – Small Contr | n PTY or SCC)<br>., business entity)<br>rty |
| 3. Net change this period. ( <b>Subtract</b> Line 2 from  | n Line 1.)<br>2. Column A. Line 2.  |                                 | . <b>NET \$</b>                                  | 5, 600 · 80       | . (                                    | 333 3776  |   |

| Sche | dule | B-   | Part | 2 |
|------|------|------|------|---|
| Loan | Guai | rant | ors  |   |

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

Statement covers period from Jan 20, 2013

**CALIFORNIA** FORM

SCHEDULE B-PART 2

Page  $\frac{13}{9}$  of  $\frac{24}{9}$ 

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER AIBERT ROBIES FOR CARSON CITY COUNCIL 2013 1355385 BALANCE IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE FULL NAME, STREET ADDRESS AND OUTSTANDING **GUARANTEED** CONTRIBUTOR OCCUPATION AND EMPLOYER LOAN TO DATE ZIP CODE OF GUARANTOR TO DATE (IF SELF-EMPLOYED, ENTER THIS PERIOD CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) CALENDAR YEAR LENDER □IND COM PER ELECTION DATE □OTH (IF REQUIRED) □ PTY □ SCC CALENDAR YEAR LENDER □IND COM PER ELECTION □ OTH (IF REQUIRED) DATE □ PTY SCC CALENDAR YEAR □IND LENDER COM PER ELECTION ПОТН (IF REQUIRED) DATE **□** PTY □ scc CALENDAR YEAR LENDER ☐IND □ COM PER ELECTION □ОТН DATE (IF REQUIRED) □ PTY  $\square SCC$ Enter on Summary Page,

Line 17 only.

SUBTOTAL \$ "

| Schedule C         |               |          |
|--------------------|---------------|----------|
| <b>Nonmonetary</b> | Contributions | Received |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

Statement covers period

**CALIFORNIA FORM** 

**SCHEDULE C** 

through FEB 16, 2013

I.D. NUMBER

1255200

|                  | AIDERT ROBBES FOR CA   | rson cit                             | y council 20  | 13                                  | •                               | 159  | ,5 385                                   |
|------------------|--|--------------------------------------|---|-------------------------------------|---------------------------------|--|--|
| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND<br>ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE *                | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | DESCRIPTION OF<br>GOODS OR SERVICES | AMOUNT/<br>FAIR MARKET<br>VALUE | CUMULATIVE TO<br>DATE<br>CALENDAR YEAR<br>(JAN 1 - DEC 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
| Feb<br>2013      | Vern Robbe DeWitt<br>21306 Avalor Blud<br>Coron, St 90745  | ☐COM<br>☐OTH<br>☐PTY<br>☐SCC         | selfunday   | Rent                                | di bao                          |  |  |
| Feb<br>2013      | Tony Troco-to<br>1501 Frain St. St 103 PMB4<br>Sur Diego, PA 92101                                 | ☐COM☐OTH☐PTY☐SCC                     | Self-engloyed<br>Consultant   | service                             | \$1,000                         |  |  |
| Feb<br>2413      | Anal Gonzales<br>5037 B. JEPPELEW BILD (<br>LOS Angeles, 64 90016                                  | GIND COM OTH PTY                     | self-exposal  | consulting<br>services              | \$ 2,900                        |  |  |
|                  |  | ☐IND<br>☐COM<br>☐OTH<br>☐PTY<br>☐SCC |   | •                                   |                                 |  |  |
|                  | Life Commence and the lab  | alad continuo                        | tion shoots   | SUBTOTAL                            | \$ 4,900.00                     |  |  |

Attach additional information on appropriately labeled continuation sheets.

| S | ch | ed | ule | C | Sun | nmary |  |
|---|----|----|-----|---|-----|-------|--|
|---|----|----|-----|---|-----|-------|--|

|   | Amount received this period – itemized nonmonetary contributions.                      | \$    | 4,900.00 |
|---|--|-------|----------|
|   | (Include all Schedule C subtotals.)  | . • — |          |
| _ | Amount received this period - uniterpized nonmonetary contributions of less than \$100 | . \$  |          |

Amount received this period – uniternized nonmonetary 3. Total nonmonetary contributions received this period.  \*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)

| Supporting     | of Expenditures<br>g/Opposing Other<br>s, Measures and Committees  | Type or print in<br>Amounts may be r<br>to whole dolla                 | ounded                       | Statement cover from Jan 20 through FGB 16 | 2013                                  | CALIFORNIA 460 FORM Page 15 of 24 |  |
|----------------|--|--|------------------------------|--|---------------------------------------|-----------------------------------|--|
| EE INSTRUCTION | BELT ROBIES FOR CARBON CI  | TI CEINAI Z  | 2012                         |  |                                       | I.D. NUMBE                        |  |
| DATE           | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE                        | TYPE OF PAYMENT  | DESCRIPTION<br>(IF REQUIRED) | AMOUNT THIS<br>PERIOD                      | CUMULATIVI<br>CALENDA!<br>(JAN. 1 - D | E TO DATE<br>R YEAR               | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|                | ☐ Support ☐ Oppose   | Monetary Contribution Nonmonetary Contribution independent Expenditure |                              |  |                                       |                                   |  |
|                | Support Oppose   | Monetary Contribution Nonmonetary Contribution Independent Expenditure |                              |  |                                       |                                   |  |
|                | Support Oppose   | Monetary Contribution Nonmonetary Contribution Independent Expenditure |                              |  |                                       |                                   |  |
|                |  |  | SUBTOTA                      | AL \$                                      |                                       |                                   |  |
| 1. Itemized    | D Summary contributions and independent expenditures maded contributions and independent expenditures maded contributions. | le this period. (Include a   | all Schedule D subtotals     | .)   |                                       | \$ <u></u>                        | <del>-</del>                             |

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.

Statement covers period from Jan 20, 2013 CALIFORNIA 460 FORM Hough 768. 16, 2013 Page 16 of 24

i.D. NUMBER

| NAME OF FILER | AIBERT ROBIES FOR CARBON  | city counci  | L 2013                       |                       |  | 135  | 5385                                     |
|---------------|---|--|------------------------------|-----------------------|--|------|--|
| DATE          | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT  | DESCRIPTION<br>(IF REQUIRED) | AMOUNT THIS<br>PERIOD | CUMULATIVE<br>CALENDAR<br>(JAN: 1 - DE | YEAR | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|               | ☐ Support ☐ Oppose  | Monetary Contribution Nonmonetary Contribution Independent Expenditure |                              |                       |  |      |  |
|               | ☐ Support ☐ Oppose  | Monetary Contribution Nonmonetary Contribution Independent Expenditure |                              |                       |  |      |  |
|               | ☐ Support ☐ Oppose  | Monetary Contribution Nonmonetary Contribution Independent Expenditure |                              |                       |  |      |  |
|               | ☐ Support ☐ Oppose  | Monetary Contribution Nonmonetary Contribution Independent Expenditure |                              |                       |  |      |  |
|               |   |  | SUBTOTAL S                   | -0                    |  |      |  |

### Schedule E **Payments Made**

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

SCHEDULEE Statement covers period **CALIFORNIA FORM** Page \_ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CVC civic donations

FIL

ND

LEG

FND

candidate filing/ballot fees

campaign literature and mailings

fundraising events

legal defense

ROBIES FOR CARSON CITY COUNCIL 2013

independent expenditure supporting/opposing others (explain)\*

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs

MBR member communications campaign paraphernalia/misc. MTG meetings and appearances campaign consultants CNS OFC office expenses contribution (explain nonmonetary)\*

petition circulating PET phone banks PHO

polling and survey research POL

postage, delivery and messenger services professional services (legal, accounting)

transfer between committees of the same candidate/sponsor TSF VOT voter registration

TRS

PRT print ads information technology costs (internet, e-mail)

staff/spouse travel, lodging, and meals

t.v. or cable airtime and production costs

candidate travel, lodging, and meals

RFD returned contributions

SAL campaign workers' salaries

| 1 Campaign increase and mainings                                      |                         |                             | · · · · · · · · · · · · · · · · · · · |
|---|-------------------------|-----------------------------|---------------------------------------|
| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | CODE C                  | R DESCRIPTION OF PAYMENT    | AMOUNT PAID                           |
| U.S. POSTAL SELVICE   | POS                     | STAMPS                      | 690.00                                |
| USTER NEWSLETTEK<br>15021 Ventura BIND#530<br>SHERUAN BAKS, CA. 91403 | PRT                     | SUMICS                      | 700.00                                |
| CAUFINIA JUSTICE VOTER GUINE.<br>8.0. BOX 63)                         | PRT                     | ADS                         | 903. TX                               |
| Payments that are contributions or independent expenditures must      | also be summarized on S | chedule D.                  | SUBTOTAL\$ 2293.76                    |
| Schedule E Summary  |                         |                             | 28355.66                              |
| 1. Itemized payments made this period. (Include all Schedule E su     | ıbtotals.)              |                             |                                       |
| 2. Unitemized payments made this period of under \$100                |                         |                             | \$ <u>98,46</u>                       |
| 3. Total interest paid this period on loans. (Enter amount from Sch   | \$                      |                             |                                       |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter     | here and on the Summa   | ry Page, Column A, Line 6.) |                                       |

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

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

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

Statement covers period

**CALIFORNIA FORM** 

SCHEDULE E (CONT.)

I.D. NUMBER

1355 385

NAME OF FILER 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. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions meetings and appearances MTG campaign consultants SAL campaign workers' salaries OFC office expenses contribution (explain nonmonetary)\* CTB TEL t.v. or cable airtime and production costs petition circulating PET civic donations CVC candidate travel, lodging, and meals TRC phone banks PHO candidate filing/ballot fees staff/spouse travel, lodging, and meals polling and survey research POL fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* POS ND VOT voter registration professional services (legal, accounting) PRO legal defense LEG WEB information technology costs (internet, e-mail) PRT print ads

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER LD. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|--------------------------------|-------------|
| ANGER GENZALEZ<br>5037 W. JAFERSON DIVD.<br>LOS Angeles, CA 90016  | LIT PLINTING LITERATURE MAIL   | 11803.70    |
| LEADING EDGE<br>11940 NI LOWER SACHAMENTO RD.<br>LODI, CA 95242    | LITERATURE MAILINGS            | 1850.00     |
| EV. & ASSOCIATES<br>21306 So Avalor Blvd.<br>CARSON, CA 90745      | OFS EXPENSES                   | 1750,00     |
| HECTOR SERVANO   | CAMPAIGN CONSULTANT            | 1000.00     |
| SYLVIA RUBIO<br>9016 MANZANAR AVE.<br>DOWNEY, CA. 90240            | OFS OFFICE EXPENSES            | 2500.00     |

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

**SUBTOTAL \$** 

SCHEDULE E (CONT.)

### Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from Jan 20, 2013

CALIFORNIA 460 FORM

Page <u>19</u> of <u>24</u>

I.D. NUMBER

I.D. NUMBER

NAME OF FILER
AT BEAT ROBIES FOU CARSON CITY COUNCIL

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances campaign consultants CNS SAL campaign workers' salaries office expenses OFC contribution (explain nonmonetary)\* CTB t.v. or cable airtime and production costs TEL PET petition circulating CVC civic donations candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees staff/spouse travel, lodging, and meals polling and survey research POL fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* POS IND VOT voter registration professional services (legal, accounting) PRO legal defense WEB information technology costs (internet, e-mail) print ads campaign literature and mailings

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|--------------------------------|-------------|
| ATID ADVELTISING<br>8407 ROSECRANS AVE.<br>PARAMOUNT. CA 90723   | LIT FIVER DISTRIBUTION         | 935.00      |
| DEMOCRATIC VOTER 725 W. Edna Place Covina, cA 91722              | PRT SLATE                      | 610.70      |
| CREATIVE DATA 1261 WINGOK PL. Pomena, EA                         | CNS                            | 950.00      |
| HAMTE Hanks shoppeds.  | PLT ADVENTISING                | 1397.44     |
| CAMPAIGN LA.<br>17211 So. Browling St.<br>Garden, CA 90248       | CMP                            | 2360.00     |

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

SUBTOTAL \$ 6243.14

|         | _   |         |
|---------|-----|---------|
| SCHEDUL | E E | (CONT.) |

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

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

| Statement covers period | CALIFORNIA 460          |
|-------------------------|-------------------------|
| through                 | Page 20 of 24           |
|                         | I.D. NUMBER<br>1355 385 |

SEE INSTRUCTIONS ON REVERSE NAME OF FILER AlbERT ROBIES FOR CARBON CITY COUNCIL 2013

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

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances campaign consultants CNS SAL campaign workers' salaries office expenses OFC contribution (explain nonmonetary)\* CTB t.v. or cable airtime and production costs TEL. petition circulating PET CVC civic donations candidate travel, lodging, and meals РНО phone banks candidate filing/ballot fees staff/spouse travel, lodging, and meals polling and survey research POL transfer between committees of the same candidate/sponsor

fundraising events postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* POS professional services (legal, accounting) PRO

legal defense print ads

LEG PRT campaign literature and mailings

VOT voter registration WEB information technology costs (internet, e-mail)

TSF

| CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID                           |
|---------|------------------------|---------------------------------------|
| OFC     | HUNG PLES              | 120.00                                |
|         |                        |                                       |
| PRT     | SLATE                  | 365,00                                |
| PRT     |                        | 250,00                                |
| PRT     | SLATE                  | 180,10                                |
|         |                        | URTOTAL \$ 015/                       |
|         | PRT                    | OFC FILMS PLES  PRT SLATE  PPT  GLATE |

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

SUBTOTAL \$

| 4Cł    | DI. | н   |   | _ |
|--------|-----|-----|---|---|
| 200-21 |     | ,,_ | _ |   |

| Schedule F       |         |        |
|------------------|---------|--------|
| Accrued Expenses | (Unpaid | Bills) |

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

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

**CALIFORNIA** 

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

AIBERT ROBIES For CAREON CITY COUNCIL 2013

1355 385 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 CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | CODE OR<br>DESCRIPTION OF PAYMENT  | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>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 |
|----------|---|---------|
|----------|---|---------|

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

| Schedule 🥧           |                        |
|----------------------|------------------------|
| Payments Made by a   | n Agent or Independent |
| Contractor (on Behal | f of This Committee)   |

Type or price ink.

Amounts may be rounded to whole dollars.

|                         | المال المالي المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية ا |
|-------------------------|--|
| Statement covers period | CALIFORNIA 160   |
| from                    | FORM 400   |
| through                 | Page 22 of 24  |
|                         | I.D. NUMBER  |
|                         | 1355385  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

AIBERT ROBIES FON CARSON CITY COUNCIL 2013

NAME OF AGENT OR INDEPENDENT CONTRACTOR

|   | of the second se | anning describe the navment    |
|---|--|--------------------------------|
| anner is a set the following codes accurately | describes the payment, you may enter the code. Other   | letwise, describe the payment. |
| CODES: If One of the following codes accorded | describes the paymont, you may among the   |                                |

CMP campaign paraphernalia/misc.

MBR member communications

RAD radio airtime and production costs

RFD returned contributions

RFD returned contributions

RFD returned contributions

RFD returned contributions

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

CVC civic donations

CVC civic donations

PET petition circulating

PHO phone banks

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

FIL candidate filing/ballot fees PHO pnone banks TRS staff/spouse travel, lodging, and meals polling and survey research TRS staff/spouse travel, lodging, and meals polling and survey research TRS staff/spouse travel, resulting the same properties of t

FND tundraising events

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

POS postage, delivery and messenger services professional services (legal, accounting)

POS postage, delivery and messenger services professional services (legal, accounting)

NOT voter registration

LEG legal defense

LT campaign literature and mailings

PRT print ads

PRT professional services (legal, accounting)

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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
|   |      |    |                        |             |
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|   |      |    |                        |             |
|   |      |    |                        |             |
|   | 1    |    |                        |             |

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ -

<sup>\*</sup> 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<br>_oans Made to Others*  | Alliquite may be   |   | ay be rounded                          |  | Statement covers period from \( \sqrt{a} \tag{20.3} |                                     | CALIFORNI<br>FOR <b>M</b>     | <sup>460</sup>                        |
|--|--|---|--|--|---|-------------------------------------|-------------------------------|---------------------------------------|
|  |  |   |  |  | through FEB 1                                       | 0,2013                              | Page 23                       | of <u>24</u>                          |
| SEE INSTRUCTIONS ON REVERSE  |  |   |  |  |   | - <del></del>                       | I.D. NUMBER                   |                                       |
| NAME OF FILER  |  | •   | •                                      |  |   |                                     | 17:-                          |                                       |
| AIBERT POBIES  | For CARSON City  | Councel                                       | 2013                                   |  |   |                                     | 1355                          |                                       |
| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF RECIPIENT<br>(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)<br>AMOUNT<br>LOANED THIS<br>PERIOD | (c) REPAYMENT ( FORGIVENES THIS PERIOR | S CLOSE OF THIS                                     | (e)<br>INTEREST<br>RECEIVED         | ORIGINAL<br>AMOUNT OF<br>LOAN | (g)<br>CUMULATIVE<br>LOANS<br>TO DATE |
|  |  |   |  | PAID                                   |   |                                     |                               | CALENDAR YEAR                         |
|  |  |   |  | \$                                     | _ s   | %                                   | \$                            | \$                                    |
|  |  | ,   |  | FORGIVEN                               |   | RATE                                |                               | PER ELECTION**                        |
|  |  | \$  | s                                      | \$                                     | DATE DUE  | \$                                  | DATE INCURRED                 | s                                     |
|  |  |   |  |  |   |                                     |                               |                                       |
|  |  | -   |  | PAID                                   |   |                                     |                               | CALENDAR YEAR                         |
|  |  |   |  | s                                      | _   | %                                   | \$                            | \$                                    |
|  |  |   |  | FORGIVEN                               |   | RATE                                |                               | PER ELECTION**                        |
|  |  | \$  | \$                                     | . s                                    |   | \$                                  |                               | \$                                    |
|  |  |   |  |  | DATE DUE  |                                     | DATE INCURRED                 |                                       |
| *Loans that are contributions to another candi   | date or committee  |   |  |  |   |                                     |                               |                                       |
| must also be summarized on Schedule D. Loan also be reported on Schedule E.                      | ns forgiven must   | SUBTOTALS                                     | \$                                     | \$                                     | \$  | \$                                  |                               |                                       |
|  |  |   |  |  |   | (Enter (e) on<br>Schedule I, Line 3 | )                             | · •                                   |
| Cahadula U Cummani   |  |   |  |  |   |                                     |                               | •                                     |
| Schedule H Summary   | i e  |   |  |  |   | -                                   |                               |                                       |
| Loans made this period (Total Column (b) plus unitemized loan                                    | s of less than \$100.)   |   |  |  | Þ <u></u>   |                                     |                               | **If Required                         |
| Payments received on loans  (Total Column (c) plus unitemized payr                               | ments of less than \$100.)   |   |  |  | \$  |                                     | _                             |                                       |
| 3. Net change this period. (Subtract Line (Enter the net here and on the Summa                   | e 2 from Line 1.)ary Page, Column A, Line 7.   | )   |  |  | NET \$  | ay be a negative numb               | er)                           |                                       |

SCHEDULE H

| chedule I scellaneous Increases to Cash   |  |  | to whole dollars. |                | from Jan                    | 10, 20, 3<br>16, 20,3 | CALIFORNIA 460 FORM Page 24 of 24 |   |
|---|--|--|-------------------|----------------|-----------------------------|-----------------------|-----------------------------------|---|
| IAME OF FILER   | r Robies   | For CAME                                       | on city           | Council        | 2013                        |                       |                                   | 1.D. NUMBER<br>1355385  |
| DATE<br>RECEIVED  | FULL NA  | ME AND ADDRESS OF<br>MITTEE, ALSO ENTER I.D. I | SOURCE<br>NUMBER) |                | DE                          | ESCRIPTION OF RE      | ECEIPT                            | AMOUNT OF<br>INCREASE TO CASH                                 |
|   |  |  | -                 |                |                             |                       |                                   |   |
|   |  |  |                   | <u>.</u>       |                             |                       |                                   |   |
|   |  |  |                   |                |                             |                       |                                   |   |
|   |  |  | -                 |                | ·                           |                       |                                   |   |
|   |  |  |                   |                |                             |                       |                                   |   |
| Attach additional infor   | mation on appropriate  | ely labeled continu                            | uation sheets.    | <u>-i</u>      |                             |                       | SUBTOTA                           | L\$   |
| Schedule I Summa  1. Itemized increases  2. Unitemized increase  3. Total of all interest in  4. Total miscellaneous  Summary Page, Liv | to cash this period<br>es to cash of unde<br>received this perio | r \$100 this period on loans made              | e to others. (Scl | hedule H, Colu | umn (e).)<br>ere and on the | TOTAL                 | \$                                | FPPC Form 460 (January/05)<br>ne: 866/ASK-FPPC (866/275-3772) |

# TISPACE SELANA

| 497 Contribut  | tion Report   | Type or print in in Amounts may be rounded to                                      | k.<br>whole dollars.           | RECEIVED   | 497 CONTRI                     | BUTION REPORT                                    |
|--|---|--|--------------------------------|--|--------------------------------|--|
| NAME OF FILER  A I BERT R  AREA CODE/PHONE NUI  (310) 987-80  STREET ADDRESS  2/304 AU  CITY  CARSON | ALON BIND.  STATE ZIP   | Date of This Filing  Report No.  Amendm to Report No. (explain below)  No. of Page | D                              | CITY Date States FEB 19 PH 3: 13 TY OF GAAGON  | CALIFORN<br>FORM<br>For Offici | IA 497 al Use Only                               |
| 1. Contribution  | n(s) Received   |  |                                |  |                                | <u>-</u>   |
| DATE<br>RECEIVED   | FULL NAME, STREET ADDRESS AND ZIP<br>(IF COMMITTEE, ALSO ENTER LI                           | CODE OF CONTRIBUTOR<br>D. NUMBER)  | CONTRIBUTOR<br>CODE *          | IF AN INDIVIDUAL,<br>ENTER OCCUPATION AND EN<br>(IF SELF-EMPLOYED, ENTER NAME OF                                     | #PLOYER<br>F BUSINESS)         | AMOUNT<br>RECEIVED                               |
| 0/15/2013  | MENDOZA FOR SENATE 2014<br>3605 LONG BEACH BIVD., STE.<br>LONG BEACH, CA 90807              | 426<br># 1308496   | ☐ IND  COM ☐ OTH ☐ PTY ☐ SCC   |  | <b>2</b>                       | 5,600.00<br>Check if Loan                        |
| 2/14/2013  | BP FAMILIES FOR SUSAN RU<br>14624 VIA EL CAMPO<br>BAIDWIN PARK, CA. 91706<br># 1318=        | iAO  | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC  |  |                                | 1, POO. 07 Check if Loan  Provide interest rate  |
| 2/14/2013  | LIA JOURNEYMEN & APPLE<br>LOCAL#250-PAC ID#<br>18355. S. FIGUERDA ST.,<br>CARDENA, CA 90248 | ENTICES -<br>143-959   | ☐ IND  ☐ COM ☐ OTH ☐ PTY ☐ SCC |  | -                              | 5,000.  Check if Loan  **  Provide interest rate |
| Peacon for Amend   |   |  |                                | **Contributor Codes IND — Individual COM — Recipient Co OTH — Other (e.g., t PTY — Political Part SCC — Small Contri | business entity)<br>ty         | nan PTY or SCC)                                  |

Reason for Amendment: \_\_

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

| 407 | CONT | DIGI | ITION     | REPORT |
|-----|------|------|-----------|--------|
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| 431 Oonenbac                          |   |   |                           | Date Stamp CALIFO   | DNIA   |
|---------------------------------------|---|---|---------------------------|---|--|
| NAME OF FILER                         | PRIES FOR CARSON CITY COUNCIL ZOLZ  | Date of This Filing                       | 2/19/2013                 | FOR   | M 491  |
| AREA CODE/PHONE NUM<br>(310) 987 - 86 | BER I.D. NUMBER (IT applicable)   | Report No.                                | <u> 2</u>                 | For   | Official Use Only                                  |
| STREET ADDRESS 21304 AV               | ALON BIVD.  STATE ZIP CODE  | ☐ Amendment to Report No. (explain below) | 3/2                       |   |  |
| CARSO11,                              | 1 CA 90745  | No. of Pages                              |                           |   |  |
| 1. Contribution                       | (s) Received  |   |                           |   |  |
| DATE<br>RECEIVED                      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIB<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | BUTOR                                     | CONTRIBUTOR<br>CODE *     | IF AN INDIVIDUAL,<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  | AMOUNT<br>RECEIVED                                 |
| 2/19/2013                             | HARUTYUN GULLAPYAN<br>ANNE GULLAPYAN<br>3510 BELL RIVER DRIVE<br>HACIENDA HEIGHTS, EA 91745 |   | IND COM OTH PTY SCC       |   | /, 500.00  □ Check if Loan  Provide interest rate  |
|                                       |   |   | IND COM OTH PTY SCC       |   | Check if Loan  ——————————————————————————————————— |
|                                       |   |   | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC |   | ☐ Check if Loan                                    |
| Reason for Amenda                     | ment  |   |                           | **Contributor Codes  IND - Individual  COM - Recipient Committee (of OTH - Other (e.g., business en PTY - Political Party  SCC - Small Contributor Comm | tity)  |

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Amounts may be rounded to whole dollars.

|                            |  |                           |                              | DEATH VED 497 CO  | NTRIBUTION REPORT   |
|----------------------------|--|---------------------------|------------------------------|---|---|
| NAME OF FILER              | ROBIES FOR CARSON CITY Councel ZOI   | Date of This Filing       | 2/13/13                      | CTDate Stamp K CALIFO   |   |
| (310) 987-                 | MBER I.D. NUMBER (if applicable)   | Report No                 | Ì                            | 13 FEB 13 PH 3:47 FOR   | Official Use Only   |
| STREET ADDRESS<br>21304 AW | MON BUD.   | ☐ Amendment to Report No. | nt.                          |   |   |
| CARSON                     | , CA STATE ZIP CODE<br>90745   | No. of Pages              | 10F4                         | ·   |   |
| 1. Contribution            | n(s) Received  |                           |                              |   |   |
| DATE<br>RECEIVED           | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   |                           | CONTRIBUTOR<br>CODE *        | IF AN INDIVIDUAL,<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  | AMOUNT<br>RECEIVED  |
| म्।।३/२०१३                 | JACQUE ROBINSON FOR CITY COUNCIL<br>4001 INGIEWOOD AVE. BIDNG. 1013<br>REDONDO BEACH, CA 90278 | # 162)                    | ☐ IND COM OTH PTY SCC        |   | /, 660. 60  ☐ Check if Loan  Provide interest rate            |
| 2/13/2013                  | I. L. W. U. LOCAL 13. POUTICAL ACTION COMMHEE FUND 630 CENTRE STREET SAN PEDRO, CA 90731       |                           | IND COM OTH PTY SCC          |   | 3,000.00 ☐ Check if Loan  ——————————————————————————————————— |
| 2/13/2013                  | CH2M HIL INC. 9191 S. Jamaica St. ENGIEN000, CO 80112-2946                                     |                           | ☐ IND☐ COM☐ ST OTH☐ PTY☐ SCC |   | 2,000.00  ☐ Check if Loan  — % Provide interest rate          |
| Reason for Amendm          | nent:  |                           |                              | **Contributor Codes  IND - Individual  COM - Recipient Committee (oth  OTH - Other (e.g., business ent  PTY - Political Party  SCC - Small Contributor Comm | ity)  |

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497 CONTRIBUTION REPORT

|                            |  | T                     | <del></del>                   | Date Stamp CALIF  | ORNIA  |
|----------------------------|--|-----------------------|-------------------------------|---|--|
| NAME OF FILER  PIBERT ROBI | ES FOR CARSON CITY COUNCIL 2013  | Date of This Filing   | 413/13                        | advances a most for to it   | ORNIA 497  |
| 310) 987 - (               | MBER (I.D. NUMBER (II applicable)  | Report No             |                               | 13 FEB 13 PM 3-47   | Official Use Only                                  |
| STREET ADDRESS             | UALON BIVD-  | Amendmento Report No. |                               | SITY OF CARSSIE   |  |
| CARSON                     | , CA STATE ZIP CODE 90745  | No. of Pages          | 2054                          |   |  |
| 1. Contribution            | n(s) Received  |                       |                               |   |  |
| DATE<br>RECEIVED           | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                           | TOR                   | CONTRIBUTOR<br>CODE *         | IF AN INDIVIDUAL,<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  | AMOUNT<br>RECEIVED                                 |
| 3/11/2013                  | REED GOVERNMENT RELATIONS, LLC<br>1107 GHISTREET, SUITE 510<br>SACRAMENTO, CA 95814                                    | ,                     | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC     |   | Check if Loan  Provide interest rate               |
| 0/11/2013                  | AFSCHE 1902<br>CAUPORNIA POR CIEAN AND RELIABIE WA<br>100 NORTH ALAMEDA STREET<br>LOS ANGELES, CA 90012<br>TO# 1343082 | TER                   | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC |   | J, 600. €0  □ Check if Loan  Provide interest rate |
| 2/11/2013                  | HERNANDEZ FOR ASSEMBIY 2012<br>3700 WILSHIRE BIVO STE 1050B<br>LOS ANGERES, CA 90010<br>T.D.# 1334127                  |                       | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC |   | 2, 100-00  ☐ Check if Loan  Provide interest rate  |
| Reason for Amendr          |  |                       |                               | "*Contributor Codes  IND - Individual  COM - Recipient Committee (of OTH - Other (e.g., business en PTY - Political Party  SCC - Small Contributor Comm | tity)  |

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| 407 | CONTE | HRI ITION | I REPORT |
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| NAME OF FILER  A! BERT RC  AREA CODE/PHONE NUM  (3/0) 987— (  STREET ADDRESS  2/304 AVAL  CITY  CARSON (  1. Contribution | 8670 1355385  DN BIVD  STATE ZIP CODE 90745                                      | Date of This Filing  Report No.  Amendment to Report No. (explain below)  No. of Pages | 3054                 | THE STATE OF CALIFORM  13 FEB 13 PM 3: 47 FOR CALIFORM  CITY OF CAHSON  | M 43/  |
|---|--|--|----------------------|---|--|
| DATE<br>RECEIVED  | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU                               | STOR   | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL,<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  | AMOUNT<br>RECEIVED   |
| 1/30/2013   | DONALD L. DEAR<br>15433 S. CATALINA AVE.<br>QARDENA, CA 90247                    |  | IND COM OTH PTY SCC  | DIRECTOR<br>WEST BASIN MUNICIPAL<br>WATER DISTRICT  | / OCC . TO  Check if Loan  Provide interest rate               |
| 2/4/2013  | VASGUEZ A WATERBOARD 2012<br>3700 WILSHIRE BIVD. #1050 B<br>LOS ANGUES, QA 90010 |  | IND SCOM OTH PTY SCC |   | 2,000.00  ☐ Check if Loan  Provide interest rate               |
| 2/4/2013  | FARIBA M. MOGHADAM  310 S. PROSPECT AVE APT 41  REVENDO BEACH (CA 90277          |  | IND COM OTH PTY SCC  | SELP EMPLOYED   | 2,000.50  ☐ Check if Loan  ——————————————————————————————————— |
| Reason for Amendm   | nent:  |  |                      | **Contributor Codes IND - Individual COM - Recipient Committee (othe OTH - Other (e.g., business entit PTY - Political Party SCC - Small Contributor Commit | y)   |

NAME OF FILER

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

| ay be rounded to whole dollars. | 880840 <u>84</u>                 | 497 CONTRIBUTION REPORT |
|---------------------------------|----------------------------------|-------------------------|
| Date of This Filing 2/13/13     | Date Stamp*                      | california 497          |
| Report No/                      | 13 FEB 13 PM 3:<br>CITY OF CARSO |                         |
| Amendment to Report No          |                                  |                         |

| (310) 987- :      | AVALON BIVD STATE ZIP CODE  | Report No  Amendmento Report No (explain below)  No. of Pages | t                         | 13 FEB 13 PM 3; 47 For  | Official Use Only  |
|-------------------|---|---|---------------------------|---|--|
| 1. Contribution   | n(s) Received   |   |                           |   |  |
| DATE<br>RECEIVED  | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | JTOR .  | CONTRIBUTOR<br>CODE *     | IF AN INDIVIDUAL,<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  | AMOUNT<br>RECEIVED   |
| 1-26-13           | KINDEL GAGAN<br>550 S. HOPE ST., #530<br>LOS ANGELES, CA 90071                                |   | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC |   | /, 000. €D  ☐ Check if Loan  ——————————————————————————————————— |
| 1-36-13           | GWS NURSERY & Supplies<br>P.O. BOK 1901<br>NORWHUK, CA 90650                                  |   | IND COM OTH PTY SCC       |   | Check if Loan  Provide interest rate                             |
| 1-26-13           | CCE CONSULTING GROUP.<br>P.O. BOX 10024<br>LONG BEACH, CA 90810                               |   | IND COM OTH PTY SCC       |   | Check if Loan  Provide interest rate                             |
| Reason for Amendr | ment:   |   |                           | **Contributor Codes  IND – Individual  COM – Recipient Committee (otl  OTH – Other (e.g., business ent  PTY – Political Party  SCC – Small Contributor Comm | ity)   |

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)



COVER PAGE

| Recipient Committee                      |
|--|
| Campaign Statement                       |
| Cover Page                               |
| (Government Code Sections 84200-84216.5) |

| Campaign Statement Cover Page  | Type or print in  | ink.<br>REGI<br>OIT Y  | NVED <sup>Date Stamp</sup>            | CALIFORNIA 460   |
|--|---|--|---------------------------------------|--|
| (Government Code Sections 84200-84216.5)  SEE INSTRUCTIONS ON REVERSE  | Statement covers period from Jan 1, 2013 through Jan 19, 2013   | (Month Day Year)   | 5 PM 1:53<br>CARSSN                   | For Official Use Only  |
| State Candidate Election Committee Recall (Also Complete Parl 5) General Purpose Committee Sponsored Small Contributor Committee   | inmarily Formed Ballot Measure Committee Controlled Sponsored Uso Complete Part 5) Inmarily Formed Candidate/ Officeholder Committee Uso Complete Part 7) | 2. Type of Statement:  Preelection Statement  Semi-annual Statement  Termination Statement (Also file a Form 410 Te                                      | Spec                                  | rterly Statement<br>cial Odd-Year Report<br>plemental Preelection<br>ement - Attach Form 495 |
| 3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  ALBERT ROBLES FOR CHRSON COMMITTEE)  STREET ADDRESS (NO P.O. BOX)  21304 AVALON BOYD  CITY STATE ZIP COMMITTEE)  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B  CITY STATE ZIP COMPTIONAL FAX / E-MAIL ADDRESS | DE AREA CODE/PHONE<br>5 (310) 987-8670<br>0x  | MAILING ADDRESS  21304 AVI  CITY  CARSON  NAME OF ASSISTANT TREASUR  SYLVIA RI  MAILING ADDRESS  21304 AVP  CITY  CARSON  OPTIONAL: FAX / E-MAIL ADDRESS | LON BIVD.  STATE ZIP CI CA GOTUS  ESS | ODE AREA CODE/PHONE (310) 987-8670   |
| 4. Verification  |   | u berto,   | albert nobies. co                     | JAA.   |

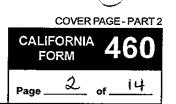
#### 4. Verification

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     | BySignSture of Treasurer or Assistant Treasurer   |
|-----------------|---|
| Executed on     | By Signalue of Controlling Officeholdel: Candidate, State Measure Proponent or Responsible Officer of Sponsor |
| Executed on     | BySignature of Controlling Officeholder, Candidate, State Measure Proponent                                   |
| Executed onDate | BySignature of Controlling Officeholder, Candidate, State Measure Proponent                                   |

FPPC Form 460 (January/05)

Recipient Committee Campaign Statement Cover Page — Part 2



| 5. Officeholder or Candidate Controlled Committee   | 6. Primarily Formed Ballot Measure Committee   |         |
|---|--|---------|
| NAME OF OFFICEHOLDER OR CANDIDATE   | NAME OF BALLOT MEASURE   |         |
| ALBERT ROBIES   |  |         |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  | BALLOT NO. OR LETTER JURISDICTION SUPPORT  |         |
| CITY COUNCIL CARSON RESIDENTIAUBUSINESS ADDRESS (NO/AND STREET) CITY STATE ZIP  | OPPOSE   |         |
| RESIDENTIAUBUSINESS ADDRESS (NO/AND STREET) CITY STATE ZIP 21304 AVALON BND., CARSON, CA 90745  | Identify the controlling officeholder, candidate, or state measure proponent, i  | if any. |
| action the contract, of to the  | NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT  |         |
| 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. | OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY  |         |
| COMMITTEE NAME 1.D. NUMBER  |  |         |
| Committee to Re-ElectAlbet Roll 960246  NAME OF TREASURER  Albert 1264  Details 1 No  | 7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed. |         |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  125 E: 214+1 St.  | NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPP.  |         |
| COUSE, STATE ZIP CODE AREA CODE/PHONE COUSE, CA 97745 562-234-0470  | NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPO  |         |
| COMMITTEE NAME I.D. NUMBER  | NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPO OPPO   |         |
| NAME OF TREASURER  CONTROLLED COMMITTEE?  YES NO  COMMITTEE ADDRESS (NO P.O. BOX)   | NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPO  |         |
| CITY STATE ZIP CODE AREA CODE/PHONE   | Attach continuation sheets if necessary  |         |

# Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from Jan 1, 2013

through Jan 19, 2013

Page 3 of 14

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER ROBIES CITY COUNCIL CAYSON 1355385 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 11,550.00 1. Monetary Contributions ...... Schedule A, Line 3 1/1 through 6/30 7/1 to Date 11,550.00 11.550.00 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ Received 10136.86 10:136.86 4. Nonmonetary Contributions ...... Schedule C. Line 3 21. Expenditures 22,386.86 22.286.86 Made 5 TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 Expenditures Made **Expenditure Limit Summary for State** 6. Payments Made ...... Schedule E. Line 4 \$ Candidates 22. Cumulative Expenditures Made\* 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ (if Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) Current Cash Statement 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ To calculate Column B. add 13. Cash Receipts ...... Column A, Line 3 above amounts in Column A to the corresponding amounts \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in Column A may be negative 16. ENDING CASH BALANCE .......... Add Lines 12 + 13 + 14, then subtract Line 15 \$ figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents ...... See instructions on reverse 

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

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

Type or print in ink, Amounts may be rounded

SCHEDULE A

Statement covers period **CALIFORNIA** to whole dollars. from Jan 1,2013 **FORM** through Jan 19, 2013 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 1355385 ALBERT ROBLES FOR CARSON CITY Council 2013 AMOUNT PER ELECTION CUMULATIVE TO DATE IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE RECEIVED THIS OCCUPATION AND EMPLOYER CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE \* (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) ∭COM ATTORNEY Julie L. Kessier. ALISTAN & BIED □OTH 500,00 □ PTY w. □scc **₽**₩D ANTONIO MENDOZA TCOM CENTRAL BABIN 1651 EXORCIO ST. ПОТН 500,00 Water DISTRICT ARTESIA CA 90701 □ PTY □ SCC ⊠ÍND KAWN H. Train MANICULZIST ПСОМ 1011 EUCHD AVE. □OTH 1,500.00 □ PTY SANTA MONICA, CA 90403 SELF EUDIONED □scc IND Bicher Engineering Inc. COM 17182 E 1740 24 #107 TOTH □PTY 500.00 TUSTIN, CA 92780 □ SCC Harns + ASSOCIATES. ПСОМ 865. S. AGUEROA St.) # 2150 HTOKE! 5,000.00 LOS ANGELES, CA 90017 SCC *5*,000-00 SUBTOTAL\$ Schedule A Summary \*Contributor Codes IND - Individual 1. Amount received this period – itemized monetary contributions. 500.00 COM - Recipient Committee (Include all Schedule A subtotals.) (other than PTY or SCC) 50.00 OTH - Other (e.g., business entity) 2. Amount received this period – unitemized monetary contributions of less than \$100 ..... PTY - Political Party SCC - Small Contributor Committee 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 1,550.00

| Schedui-A   | (Continuatio | on Sheet) |
|-------------|--------------|-----------|
| Monetary Co | ntributions  | Received  |

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

SCHEDULE A (CONT.) Statement covers period CALIFORNIA 460 from Jan 1, 2013 through Jan 19, 2013

| NAME OF FILER    |   |                                       |  |                                   |                      | I.D. NUMBER     |
|------------------|---|---------------------------------------|--|-----------------------------------|----------------------|-----------------|
|                  | FOR POBIES FOR CARBON CI-   | ry coun                               | al 2013  |                                   | <u></u>              | 1355 385        |
| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE *                 | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DEC. : | AR TO DATE      |
| 1/18(2013        | LEGISLATIVE ADVOCACY BATTOUP<br>3767 WOYSHAM AVE.<br>Long BEACH. CA 90808                   | ☐IND<br>☐COM<br>─ZOTH<br>☐PTY<br>☐SCC |  | 750.00                            |                      |                 |
| 1/18/2013        | Foundation For policy + Government. 3767 Worsham Ave<br>Long Bead, CA 90408                 | □IND<br>□COM<br>□OTH<br>□PTY<br>□SCC  |  | 1,500.00                          |                      |                 |
| 1/18/2013        | ANDMAR INVESTMENT LLC. 707 WILSHINE BIND STE 3700 LOS ANGELES, CA 90017-3519                | □IND<br>□COM<br>DOTH<br>□PTY<br>□SCC  |  | 750.00                            |                      |                 |
| 1/18/2013        | CHRISTING FRAHM<br>225 BROADWAY # 1670<br>SAN DIEGO, CA 92101-500                           | MIND<br>COM<br>OTH<br>PTY<br>SCC      | BROWSTEN HYATT<br>ATTORNEY AT LAW  | 250.00                            |                      |                 |
| 1/18/2013        | TERRY L FORESIAN<br>6804 CALLE TANIA<br>CALIMINO, CA 93012                                  | ⊠IND<br>□COM<br>□OTH<br>□PTY<br>□SCC  | Consultant<br>CHZN Hill  | 250.00                            |                      |                 |
|                  |   |                                       | SUBTOTALS  |                                   | 356                  | 0.00 File See 1 |

\*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

| SEF INSTRUCTIONS ON REVERSE NAME OF FILER  Albert Robies For C                         | IF AN INDIVIDUAL, ENTER<br>CCUPATION AND EMPLOYER | (TOUNCUI                            | L 2013                                   |  | from JAN 11 through Jan    |  | Page   | of   |
|--|---|-------------------------------------|--|--|----------------------------|--|--|--|
| NAME OF FILER Albert ROBIES FOR C  | IF AN INDIVIDUAL, ENTER<br>CCUPATION AND EMPLOYER | a ouncu                             | L 2013                                   |  |                            |  | I.D. NUMBER  |  |
|  | IF AN INDIVIDUAL, ENTER<br>CCUPATION AND EMPLOYER | ( ounai                             | L 2013                                   |  |                            |  |  | ı  |
|  | IF AN INDIVIDUAL, ENTER<br>CCUPATION AND EMPLOYER | (a)                                 |  |  |                            |  | 135538   | 35   |
| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD, NUMBER) | (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)        | BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>RECEIVED THIS<br>PERIOD | (c)<br>AMOUNT PAID<br>OR FORGIVEI<br>THIS PERIOD | CLOSE OF THIS              | (e)<br>INTEREST<br>PAID THIS<br>PERIOD | (f) ORIGINAL AMOUNT OF LOAN  | (g)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE    |
|  |   |                                     |  | PAID  \$ FORGIVEN                                | 5                          | RATE %                                 | s  | SPER ELECTION**                                  |
| TO IND COM COTH CPTY CSCC  |   | s                                   | 5  | s  | DATE DUE                   | s                                      | DATE INCURRED  | ,  |
|  |   | ·                                   | s  | S PAID  S FORGIVEN  S PAID                       | DATE DUE                   | %<br>RATE                              | \$DATE INCURRED  | S PERELECTION **  \$                             |
| T IND COM OTH PTY SCC  |   |                                     |  |  |                            |  | ,  | CALENDAR YEAR                                    |
|  | •   |                                     |  | S FORGIVEN                                       | .   s                      |  | \$   | \$PERELECTION**                                  |
| TO IND COM OTH PTY SCC   |   | s                                   | s  | \$   | DATE DUE                   | 5                                      | DATE INCURRED  | s  |
|  |   | SUBTOTALS \$                        |  | \$   | \$                         | \$                                     |  |  |
| Schedule B Summary   |   |                                     |  |  | <del></del>                | (Enter (e) on<br>Schedule E, Line 3    | )  |  |
| <ol> <li>Loans received this period</li></ol>  | d or forgiven.) also itemized on Sched            | ule A.)                             |  |  | (May be a negative number) | 1                                      | Contributor Codes  ND – Individual  COM – Recipient Co (other than  OTH – Other (e.g.,  PTY – Political Parts  SCC – Small Contrib | ommittee<br>PTY or SCC)<br>business entity)<br>y |

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

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

SCHEDULE B-PART 1

| Schedule B – Part 2<br>Loan Guarantors   |
|--|
| SEE INSTRUCTIONS ON REVERSE  |
| Albert Robie   |
| FULL NAME, STREET ADDRES<br>ZIP CODE OF GUARANTO<br>(IF COMMITTEE, ALSO ENTER LD, MU |

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE B-PART2

Statement covers period from Jan 1, 2013

through Tan 19, 2013

Page 7 of 14

I.D. NUMBER

1.325 385

| Albert Kobies For (   | 410011              | CITY COUNCIL 2   | <i>2</i> 0  |                                     | 1355                          | 285                     |
|---|---------------------|--|-------------|-------------------------------------|-------------------------------|-------------------------|
| FULL NAME, STREET ADDRESS AND<br>ZIP CODE OF GUARANTOR<br>(IF COMMITTEE, ALSO ENTER LD, NUMBER) | CONTRIBUTOR<br>CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER. (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN        | AMOUNT<br>GUARANTEED<br>THIS PERIOD | CUMULATIVE<br>TO DATE         | BALA<br>OUTSTA<br>TO DA |
|   |                     |  | LENDER      |                                     | CALENDARYEAR                  |                         |
|   | □сом                |  |             | _                                   | s                             |                         |
|   | □отн                |  | DATE        |                                     | PER ELECTION<br>(IF REQUIRED) |                         |
|   | □PTY                |  |             | _                                   | (ii reconted)                 |                         |
|   | □scc                |  |             | ·                                   | s                             |                         |
|   | ☐ IND               |  | LENDER      |                                     | CALENDAR YEAR                 |                         |
|   | □сом                |  |             |                                     | s                             |                         |
|   | □отн                |  | DATE        | -                                   | PER ELECTION<br>(IF REQUIRED) |                         |
|   | □PTY                |  | Onic        |                                     | (15 VECTORED)                 |                         |
| ·   | □scc                |  |             | -                                   | s                             |                         |
|   |                     |  |             |                                     | CALENDAR YEAR                 |                         |
|   | □IND                |  | LENDER      |                                     | _                             | İ                       |
|   | СОМ                 |  |             |                                     | PERELECTION                   |                         |
|   | □отн                |  | DATE        | -                                   | (iF REQUIRED)                 |                         |
|   | □ PTY               |  |             | ·                                   |                               |                         |
|   | scc                 |  |             | -                                   | \$                            |                         |
|   | □IND                |  | LENDER      |                                     | CALENDARYEAR                  |                         |
|   | СОМ                 | ·  |             |                                     | s                             |                         |
|   | □отн                |  | DATE        | -                                   | PERELECTION                   |                         |
|   | □PTY                |  | UAIC        |                                     | (IF REQUIRED)                 |                         |
|   | scc                 |  | <del></del> | - I I                               | _                             |                         |
|   |                     |  |             |                                     | \$                            |                         |

# Nonmonetary Contributions Received

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

SCHEDULE C Statement covers period CALIFORNIA **FORM** Jan 1, 2013 Jan 19, 2003 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER LOBIES FOR CAREON CITY COUNCIL 2013 1355385 CUMULATIVE TO IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND AMOUNT/ CONTRIBUTOR PER ELECTION DATE **DESCRIPTION OF** DATE OCCUPATION AND EMPLOYER ZIP CODE OF CONTRIBUTOR FAIR MARKET CODE \* TO DATE **GOODS OR SERVICES** RECEIVED (IF SELF-EMPLOYED, ENTER CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) VALUE (IF REQUIRED) NAME OF BUSINESS! (JAN 1 - DEC 31) **MIND** ПСОМ \$1,000 □OTH 2013 □PTY □SCC □СОМ \*FOTH CACGO. CA 90745 □PTY SCC DIND □СОМ 母1,500 **PTY** □SCC COM □OTH □PTY □scc Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$** 10136.86

#### Schedule C Summary

| Amount received this period – itemized nonmonetary contributions.  (Include all Schedule C subtotals.) | s_10,736.86 |
|--|-------------|
| Amount received this period – unitemized nonmonetary contributions of less than \$100                  |             |
| 3. Total nonmonetary contributions received this period.   |             |

\*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                     | · υ   |  |                              |                       |                                       |                | s           | CHEDULED                  |
|------------------------------|---|--|------------------------------|-----------------------|---------------------------------------|----------------|-------------|---------------------------|
|                              | of Expenditures   | Type or print<br>Amounts may be  |                              | Statement covers      | period                                | CALIFORNIA 460 |             |                           |
|                              | ng/Opposing Other<br>es, Measures and Committees  | to whole do  |                              | from Jan. 11 3        | 2013                                  |                |             |                           |
|                              | ONS ON REVERSE  |  |                              | through Jan 19        | , 2013                                | Page           | <u>۾</u> ها | 14                        |
| NAME OF FILER                |   |  | 000                          |                       |                                       | I.D. NUM       |             |                           |
| AIBE                         | RT ROBES FOR CARSON C   | ity counc  | UL 2013                      |                       |                                       | 1355           | 385         |                           |
| DATE                         | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR<br>MEASURE NUMBER OR LETTER AND JURISDICTION,<br>OR COMMITTEE | TYPE OF PAYMENT  | DESCRIPTION<br>(IF REQUIRED) | AMOUNT THIS<br>PERIOD | CUMULATIVE<br>CALENDAI<br>(JAN. 1 - D | R YEAR         | TO          | ECTION<br>DATE<br>DUIRED) |
|                              | ☐ Support ☐ Oppose  | Monetary Contribution Nonmonetary Contribution Independent Expenditure |                              |                       |                                       |                |             |                           |
|                              | ☐ Support ☐ Oppose  | Monetary Contribution Nonmonetary Contribution Independent Expenditure |                              |                       |                                       |                |             |                           |
|                              | ☐ Support ☐ Oppose  | Monetary Contribution Nonmonetary Contribution Independent Expenditure | ·                            |                       |                                       | -              |             |                           |
|                              |   |  | SUBTOTAL                     | L \$                  |                                       |                |             |                           |
|                              | D Summary contributions and independent expenditures made   | this period. (Include  | all Schedule D subtotals.)   |                       |                                       | \$             |             | <del></del>               |
| <ol><li>Uniternize</li></ol> | ed contributions and independent expenditures ma  | de this period of und  | er \$100                     |                       |                                       | \$_            |             | <del></del>               |
| 3. Total cont                | ributions and independent expenditures made this  | s period. (Add Lines   | 1 and 2. Do not enter on t   | he Summary Page.) .   | TC                                    | TAL \$_        | -0          | <del></del>               |

|  |  | _                                       |                 |   |  | SCHEDULEE             |
|--|--|---|-----------------|---|--|-----------------------|
| Schedule E   | Type or print Amounts may b  | e rounded                               |                 | Statement covers period   | CALIF  | ORNIA 460             |
| Payments Made  | to whole d   | ollars.                                 |                 | from <u>Jan1, 2013</u>  | _ FO   | RM 400                |
| SEE INSTRUCTIONS ON REVERSE  |  |   |                 | through <u>Jan 19, 2013</u>   | Page   | of 14                 |
| NAME OF FILER  |  |   | <u> </u>        |   | I,D. NU  | MBER                  |
| Albert Robbes FOR CARSON   | CITY COU   | noil                                    | 63              |   | 135  | S 385                 |
| CODES: If one of the following codes accurately describe   |  | -                                       | the code. Oth   |   |  |                       |
| CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | OFC office expen<br>PET petition circul<br>PHO phone banks<br>POL polling and s<br>POS postage, deli | f appearances<br>ses<br>lating          |                 | RAD radio airtime and product returned contributions SAL campaign workers' salari TEL t.v. or cable airtime and pTRC candidate travel, lodging, TRS staff/spouse travel, lodging TSF transfer between commit voter registration WEB information technology or | ies<br>production cost<br>and meals<br>ng, and meals<br>tees of the sa | nme candidate/sponsor |
| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  |  | CÓDE OR                                 |                 | DESCRIPTION OF PAYMENT  |  | AMOUNT PAID           |
|  |  |   | ···· <u>-</u> · |   |  |                       |
|  |  |   |                 |   |  |                       |
|  |  |   |                 |   |  |                       |
| * Payments that are contributions or independent expenditures  | nust also be summ  | arized on Sch                           | edule D.        |   | SUBTOTALS  | \$                    |
| Schedule E Summary   |  |   |                 |   |  |                       |
| 1. Itemized payments made this period. (Include all Schedule   | E subtotals.)  |   |                 | ••••••  | \$   | <del>-0</del>         |
| 2. Unitemized payments made this period of under \$100   | •••••  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                 |   | \$ <u></u>   | 0                     |
| 3. Total interest paid this period on loans. (Enter amount from  | Schedule B, Part 1   | I, Column (e)                           | .)              | •••••   | \$ <u>_</u>  | -0-                   |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. E  |  |   |                 |   |  |                       |

| $\smile$ |   |
|----------|---|
| SCHEDULE | F |

# Accrued Expenses (Unpaid Bills)

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

CALIFORNIA FORM Statement covers period from Jan 1,2013

| SEE INSTRUCTIONS ON REVERSE   |   |   | through Jam   | 19,2013   | Page ofi  |     |
|---|---|---|---|---|---|-----|
| NAME OF FILER   | Att. Asua   | 3.1 7.00  |   |   | I.D. NUMBER   |     |
| Albert ROBIES FOR CARGOV  | 1 Cly Court   | 41 203  |   |   | 1355385   |     |
| CODES: If one of the following codes accurately describe  CMP campaign paraphemalia/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 communication MTG meetings and appears OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads | ns<br>inces<br>earch<br>messenger services<br>(legal, accounting) | RAD radio airtime a returned control SAL campaign wor TEL t.v. or cable air TRC candidate trav. TRS staff/spouse transfer betwee VOT voter registrat WEB information tec. | and production or<br>ibutions<br>kers' salaries<br>rtime and producel, lodging, and ravel, lodging, are<br>en committees of<br>ion<br>chnology costs (i | osts ction costs meals nd meals of the same candidate/spons | sor |
| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CODE OR<br>DESCRIPTION OF PAYMENT   | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD         | (b) AMOUNT INCURRED THIS PERIOD   | (c)<br>AMOUNT P.<br>THIS PERIO<br>(ALSO REPORT  | OD BALANCE AT CLOS  | \$E |
|   |   |   |   |   |   |     |
|   |   |   |   |   |   |     |
|   |   |   |   |   |   |     |
| <ul> <li>Payments that are contributions or independent expenditures must also be<br/>summarized on Schedule D.</li> </ul>  | SUBTOTALS   | 5   |   | 5   | \$  |     |
| Schedule F Summary  1. Total accrued expenses incurred this period. (Include all Se accrued expenses of \$100 or more, plus total unitemized a  | chedule F. Column (b) sul   | ototals for   | INCU  | RRED TOTA   | Ls s  | -   |
| <ol><li>Total accrued expenses paid this period. (Include all Sche<br/>accrued expenses of \$100 or more, plus total unitemized p</li></ol>   | dule F. Column (c) subtot   | als for payments on   |   |   | <u> </u>  |     |
| Net change this period. (Subtract Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.)   | er the difference here and  |   | ·····   | N   | ET \$ May be a negative number                              |     |

| Schedule     |                                |
|--------------|--------------------------------|
| Payments M   | ade by an Agent or Independent |
| Contractor ( | on Behalf of This Committee)   |

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

|   | ŠorrÉDULE G    |
|---|----------------|
| Statement covers period from Jan 1,2013 | CALIFORNIA 460 |
| through Jan 19, 2013                    | Page 12 of 14  |
| - · · · · · · · · · · · · · · · · · · · | I.D. NUMBER    |

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.

campaign paraphemalia/misc.

campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

candidate filing/ballot fees FIL

FND fundraising events

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

LEG legal defense

campaign literature and mailings

MBR member communications

meetings and appearances

office expenses

PET petition circulating phone banks

polling and survey research

postage, delivery and messenger services

professional services (legal, accounting)

RAD radio airtime and production costs

returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs candidate travel, lodging, and meals TRC

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

information technology costs (internet, e-mail)

MANUE AND ADDRESS OF DAVICE OF OPERITOR

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE O | R DE | SCRIPTION OF PAYMENT | AMOUNT F |
|--|--------|------|----------------------|----------|
|  |        | -    |                      |          |
| •  |        |      |                      |          |
|  |        |      |                      |          |
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|  |        |      |                      |          |
|  |        |      |                      |          |
|  |        |      | ;                    |          |

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

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

<sup>\*</sup> 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                            |
|--|--|--|-------------------------------|---------------------------------------|---|--------------------------------------|--|---------------------------------------|
| Schedule H<br>Loans Made to Others*  |  | Type or print in ink. Amounts may be rounded to whole dollars. |                               |                                       | Statement covers period from Jan 1 2013 |                                      | CALIFORNIA 460                                   |                                       |
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER  |  |  |                               |                                       | through Jan                             | 19,2013                              | Page 13  | of 14                                 |
| Albert ROBIES  |  |  | •                             |                                       |   |                                      | 13553  | 85                                    |
| 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 ( FORGIVENES THIS PERIO | SS   CLOSE OF THIS                      | (e)<br>INTEREST<br>RECEIVED          | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN             | (g)<br>CUMULATIVE<br>LOANS<br>TO DATE |
|  |  | s  | s                             | PAID  S  FORGIVEN  S                  | S                                       | %                                    | \$ DATE INCURRED                                 | CALENDAR YEAR  \$ PER ELECTION**  \$  |
|  |  | s  | s                             | PAID  S FORGIVEN  S                   | DATE DUE                                | %                                    | \$   | CALENDAR YEAR  \$ PERELECTION**  \$   |
| *Loans that are contributions to another candid<br>must also be summarized on Schedule D. Loans<br>also be reported on Schedule E. |  | SUBTOTALS  | \$                            | \$                                    | \$                                      | \$                                   |  | <u> </u>                              |
|  |  |  | ·                             |                                       |   | (Enter (e) on<br>Schedule I, Line 3) |  |                                       |
| Schedule H Summary   |  |  |                               |                                       |   |                                      |  |                                       |
| Loans made this period  (Total Column (b) plus unitemized loans  | of less than \$100.)   | ******************   |                               |                                       | \$                                      |                                      | -  | **If Required                         |
| Payments received on loans  (Total Column (c) plus unitemized payments)  |  | •••••••••••••••••••••••••••••••••••••••                        | ••••••                        |                                       | \$                                      | <u> </u>                             | _  |                                       |
| 3. Net change this period. (Subtract Line)<br>(Enter the net here and on the Summan  |  | ·  | ••••••                        | ************                          | NET \$                                  | y be a negative number               | <del>)                                    </del> |                                       |

| Schedule I<br>Miscellaneous Increases to Cash |  | Amounts | r print in ink.<br>may be rounded<br>iole dollars. | Statement covers period from Jan 1,2013 |               | CALIFORNIA 460                |
|---|--|---------|--|---|---------------|-------------------------------|
| SEE INSTRUCTIONS ON                           | DEVERSE  |         |  | through Jan                             | 19,2013       | Page 14 of 14                 |
| NAME OF FILER                                 | REVENSE  | ·       |  |   |               | I.D. NUMBER                   |
| AIBERT  | ROBIES   |         | •  |   |               | 1355385                       |
| DATE<br>RECEIVED                              | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | -       | DE   | ESCRIPTION OF RECEIP                    | Т             | AMOUNT OF<br>INCREASE TO CASH |
|   |  | ·       |  |   |               |                               |
|   |  |         |  |   |               |                               |
|   |  |         |  |   |               | ·                             |
|   |  |         |  |   |               |                               |
|   |  |         |  |   |               | ·                             |
| Attach additional                             | I information on appropriately labeled continuation sheets.  |         |  |   | SUBTOTAL      | .\$                           |
| 1. Itemized increa                            | ases to cash this period.  |         |  |   | 0             |                               |
|   | ·  |         | ·  |   | <del></del>   | _                             |
|   | Attach additional information on appropriately labeled continuation sheets.  SUBTOTAL \$  TOTAL \$  SUBTOTAL \$  SUBT |         |  |   |               |                               |
|   |  |         |  | TOTAL \$                                | <del>-0</del> | _                             |

# 

| Statemen of Recipient Con   | Organization<br>mmittee  | Type or print in ink   |  | Date Stamp  RECEIVED  OITY CLERK   | CALIFORNIA 410                              |
|---|--|--|--|--|---|
| Statement Type  | <b>⊠ Initial</b> Not yet qualified   | Amendment List I.D. number:  | Termination – See Part 5 List I.D. number:       | 13 JAN 30 MILI: 44   | For Official Use Only                       |
|   |  | Date qualified as committee (If applicable)                                    | Date of Termination                              | SITY OF GARSEN   |   |
| 1. Committee  | Information  |  |  | Other Principal Officer  | §   |
|   | FC   | CITY COUNCIL 2013  | NAME OF TREASURER  A BERT  STREET ADDRESS  2/304 | ROBIES<br>QUALON BIUD.   |   |
| STREET ADDRESS  21304  CITY  CARSON   | AUATON BIVD STATE  | ZIP CODE AREA CODE<br>90745 (310) 987-   | - 8670 SYLVIA<br>STREET ADDRESS                  | EASURER, IF ANY RUBIO  | if code Area code/phone<br>5 (3)0) 987-8670 |
| MAILING ADDRESS   | (IF DIFFERENT)   |  | CITY   | OVALON BIVD.  STATE 2  O, CA 90745   | 1P CODE AREA CODE/PHONE<br>(3/0) 987-8670   |
| OPTIONAL: FAX/E<br>Albert @<br>COUNTY OF DOMIN  | aibertrobles.com   | A<br>ERE COMMITTEE IS ACTIVE IF DIFFER<br>Y OF DOMICILE                        | NAME AND POSITION OF                             | OTHER PRINCIPAL OFFICER(S), IF APP   | (3,12)                                      |
| Los Ang   | た(Cらinformation on appropriately labeled                                       | d continuation sheets.   | СПҮ  | STATE 2  | ZIP CODE AREA CODE/PHONE                    |
| 3. Verification I have used all perjury under the Executed on Executed on Executed on | Teasonable diligence in preparir<br>ne laws of the State of California<br>DATE | ng this statement and to the best that the foregoing is true and c  By  By  By | SIGNATURE OF CONTROLLIN                          | Centained herein is true and compare of treasurer or assistant treasurer of officeholder, candidate, or state many officeholder, candidate, or state many officeholder, candidate, or state many officeholder. | EASURE PROPONENT                            |
| Executed on   | DATE   | By   | SIGNATURE OF CONTROLLIN                          | NG OFFICEHOLDER, CANDIDATE, OR STATE M   | EASURE PROPONENT                            |

FPPC Form 410 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

RGANIZATION

STATEMENT

| Statement of Organization        |                      | CALIFORNIA 410  FORM |
|----------------------------------|----------------------|----------------------|
| Recipient Committee              |                      | Page 2               |
| INSTRUCTIONS ON REVERSE          |                      | LD. NUMBER           |
| COMMITTEE NAME  PIBERT ROBLES FE | OR CITY COUNCIL 2013 |                      |

4. Type of Committee Complete the applicable sections.

- 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.

| PARTY    |                             |
|----------|-----------------------------|
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| Partisan |                             |
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| SUPPORT  | OPPUSE                      |
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|          | CHECK<br>SUPPORT<br>SUPPORT |

ORGANIZATION

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

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 california 460

Page Z of Z

| <b>-</b> - | Officeholder or Candidate Controlled Committee  | 6.   | Primarily Formed Ballot Measure  | Committee                      |                   |  |  |
|------------|---|------|--|--------------------------------|-------------------|--|--|
|            | NAME OF OFFICEHOLDER OR CANDIDATE   |      | NAME OF BALLOT MEASURE   |                                |                   |  |  |
|            | OMMITCE TO RE-ELECT AI BENT ROBLES OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)   | ٠    | BALLOT NO. OR LETTER JURISDICT   | 1 L                            | SUPPORT OPPOSE    |  |  |
|            | RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY - STATE ZIP 125 E. 2144 St., CARSON, CA 90745  |      | Identify the controlling officeholder, candidate, or state measure proponent, if any NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT |                                |                   |  |  |
|            | 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. |      | OFFICE SOUGHT OR HELD  | DISTRICT NO.                   | IF ANY            |  |  |
|            | COMMITTEE NAME  CITY CENTRED I.D. NUMBER  AIBERT ROBLES FOY CANGON ZOB 1355385  NAME OF TREASURER  CONTROLLED COMMITTEE?  MY YES NO   | 7.   | Primarily Formed Candidate/Offi<br>officeholder(s) or candidate(s) for which th  | is committee is primarily forr | ist names of ned. |  |  |
|            | COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  213045 AVALON BIVD  |      | NAME OF OFFICEHOLDER OR CANDIDATE  | OFFICE SOUGHT OR HELD          | SUPPORT OPPOSE    |  |  |
|            | CITY STATE ZIP CODE AREA CODE/PHONE CA 90745 (310) 987-80   | '070 | NAME OF OFFICEHOLDER OR CANDIDATE  | OFFICE SOUGHT OR HELD          | SUPPORT OPPOSE    |  |  |
|            | COMMITTEE NAME FILIPERAT ROBIES 1.D. NUMBER PRIEM HOLDER ACCOUNT: 971138  |      | NAME OF OFFICEHOLDER OR CANDIDATE  | OFFICE SOUGHT OR HELD          | SUPPORT OPPOSE    |  |  |
|            | NAME OF TREASURER CONTROLLED COMMITTEE?  ALBERT ROPHES  CONTROLLED COMMITTEE?  YES  NO  |      | NAME OF OFFICEHOLDER OR CANDIDATE  | OFFICE SOUGHT OR HELD          | SUPPORT OPPOSE    |  |  |
|            | COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  21304 G. PURLON BLUD.  CITY STATE ZIP CODE AREA CODE/PHONE  CA 91745 BLA 917-81   | 670  | Attach continuat   | ion sheets if necessary        |                   |  |  |

# Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from FEB 17, 2013 CALIFORNIA 460

through TUNE 31, 2013 SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER a60246 Committed to RECLECT AIBERT ROBIES Calendar Year Summary for Candidates Column B Column A Contributions Réceived TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 1/1 through 6/30 7/1 to Date 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ **Expenditure Limit Summary for State** Expenditures Made Candidates 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ Total to Date Date of Election (mm/dd/vv) Current Cash Statement 12. Beginning Cash Balance .................................. Previous Summary Page, Line 16 \$ To calculate Column B, add amounts in Column A to the corresponding amounts \*Amounts in this section may be different from amounts from Column B of your last reported in Column B. 14 Miscellaneous Increases to Cash ...... Schedule I, Line 4 report. Some amounts in Column A may be negative figures that should be 16. ENDING CASH BALANCE ....... Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse FPPC Form 460 (January/05) 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)