

**Officeholder and Candidate
Campaign Statement –
Short Form**

(Government Code Section 84206)

Type or print in ink.

COPY

SEMI-ANNUAL SHORT FORM

Date Stamp

RECEIVED
CITY CLERK

**CALIFORNIA
FORM**

470

For Official Use Only

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

☐ **Amendment** (Explain Below)

03/03/2015

12

JUL 31 AM 11:45

CITY OF CARSON

1. Statement Covers Calendar Year 20 12

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Donesia L. Gause

STREET ADDRESS

20700 S. Avalon Blvd

CITY

Carson

AREA CODE/DAYTIME PHONE NUMBER

310-686-8551

STATE

ZIP CODE

CA

90749

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Clerk

JURISDICTION (LOCATION)

City of Carson

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

N/A

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

July 31, 2012

DATE

By

Donesia L. Gause

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

497 Contribution Report

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

RECEIVED
CITY CLERK

497 CONTRIBUTION REPORT

| | | | | |
|--|--|---|---------------------------------|---|
| NAME OF FILER Donesia Gause for City Clerk - 2015 | | Date of This Filing 1/20/15 | Date Stamp 15 JAN 20 PM 4:59 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER 3106868551 | I.D. NUMBER (if applicable) 1368150 | Report No. 001 | CITY OF CARSON | |
| STREET ADDRESS 20700 Avalon Blvd #11181 | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Carson | STATE CA | ZIP CODE 90749 | No. of Pages 1 | |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|---|---|--|--|
| 1/16/15 | M B Nursery 20300 South Figueroa Street Carson, CA | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |

Reason for Amendment: _____

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

497 Contribution Report

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

| | | | | |
|--|--|---|--|--|
| NAME OF FILER Committee to Elect Donesia Gause - 2015 | | Date of This Filing <u>2/3/2015</u> | RECEIVED CITY CLERK 15 FEB -3 PM 2:55 CITY OF CARSON | 497 CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER 310-686-8551 | I.D. NUMBER (if applicable) 1368150 | Report No. <u>2</u> | | |
| STREET ADDRESS 20700 Avalon Blvd | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Carson | STATE CA | ZIP CODE 90749 | | |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|---|---|--|---|
| 2/3/2015 | Donesia Gause 1020 Thicket Drive Carson, CA 90749 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | City Clerk City of Carson 701 E. Carson Street | 9858.00 <input checked="" type="checkbox"/> Check if Loan <u>8</u> % Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____ % Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____ % Provide interest rate |

Reason for Amendment: _____

*Contributor Codes

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 PTY – Political Party
 SCC – Small Contributor Committee

COPY

497 Contribution Report

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

497 CONTRIBUTION REPORT

| | | | | |
|---|--|---|---|---|
| NAME OF FILER Committee to Elect Donesia Gause City Clerk - 2015 | | Date of This Filing <u>2/24/2015</u> | RECEIVED CITY CLERK 15 FEB 25 PM 5:54 CITY OF CARSON | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER 310 863-7210 | I.D. NUMBER (if applicable) 1368150 | Report No. <u>3</u> | | |
| STREET ADDRESS 20700 Avalon Blvd | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Carson | STATE CA | ZIP CODE 90749 | | |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|---|---|---|---|
| 2/24/2015 | Donesia Gause 1020 Thicket Drive Carson, CA 90749 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | City Clerk City of Carson | 3000.00 <input checked="" type="checkbox"/> Check if Loan _____% Provide interest rate |
| 2/25/2015 | Donesia Gause 1020 Thicket Drive Carson, CA 90749 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | City Clerk City of Carson | 3000.00 <input checked="" type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |

Reason for Amendment: _____

****Contributor Codes**

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM 460

Page 1 of 11

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Committee to Elect Donesia Gause 2015

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

City Clerk

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

701 E. Carson Street Carson CA 90745

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

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

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

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

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from <u>July 1, 2014</u> through <u>Dec 31, 2014</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>11</u> |
| I.D. NUMBER 1368150 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Donesia Gause for City Clerk - 2015

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ <u>5096.00</u> | \$ _____ |
| 2. Loans Received | Schedule B, Line 3 | <u>599.00</u> | _____ |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$ <u>5695.00</u> | \$ _____ |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | <u>2546.00</u> | _____ |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$ <u>8241.00</u> | \$ _____ |

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

| | | |
|----------------------------|------------------|-------------|
| | 1/1 through 6/30 | 7/1 to Date |
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | | | |
|--|----------------------|-------------------|----------|
| 6. Payments Made | Schedule E, Line 4 | \$ <u>3741.81</u> | \$ _____ |
| 7. Loans Made | Schedule H, Line 3 | <u>0</u> | _____ |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ <u>3741.81</u> | \$ _____ |
| 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 | \$ <u>3741.81</u> | \$ _____ |

Expenditure Limit Summary for State Candidates

| | |
|--|---------------|
| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | |
| Date of Election (mm/dd/yy) | Total to Date |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | | |
|---|---|----------------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ _____ |
| 13. Cash Receipts | Column A, Line 3 above | <u>5695.00</u> |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | <u>3741.81</u> |
| 15. Cash Payments | Column A, Line 8 above | <u>1953.19</u> |
| 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 | \$ _____ |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ <u>599.00</u> |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

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

SCHEDULE A

| | | |
|---|--|--------------------------------|
| Statement covers period from <u>July 1, 2014</u> through <u>December 31, 2015</u> | | CALIFORNIA FORM 460 |
| Page <u>4</u> of <u>41</u> | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Donesia Gause for City Clerk 2015

I.D. NUMBER

1368150

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|--|---|-----------------------------|---|---------------------------------------|
| 10/18/14 | Carl Morgan P.O. Box 712151 Los Angeles, Ca 90012 | <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | Retired | \$200.00 | | |
| 10/18/14 | Gregory Bonner 1622 E. Cyrene Drive Carson, Ca 90746 | <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | Landscape Worker | \$200.00 | | |
| 10/18/14 | Marlo Richardson 8163 Billowvista Drive Playa Del Rey, Ca | <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | Law Enforcement | \$500.00 | | |
| 10/18/14 | Stephanie Dillard 16921 S. Western Avenue, Suite 102 Gardena, Ca 90247 | <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | Business Owner | \$500.00 | | |
| 11/15/14 | Marlo Richardson 8163 Billowvista Drive Playa Del Rey, Ca | <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | Law Enforcement | \$250.00 | \$750.00 | |
| SUBTOTAL \$ | | | | 1650.00 | | |

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 4,500.00
- Amount received this period – unitemized contributions of less than \$100 \$ 595.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 5,096.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

| | |
|---|----------------------------|
| Statement covers period from <u>July 1, 2014</u> through <u>December 31, 2014</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>11</u> |
| I.D. NUMBER 1368150 | |

NAME OF FILER

Committee to Elect Donesia Gause for City Clerk 2015

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|--|---|-----------------------------|---|------------------------------------|
| 10/18/14 | Mega Real Estate Consultants 16921 Western Avenue, Suite 102 Gardena, Ca 90247 | <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | Business Owner | \$500.00 | | |
| 11/15/14 | Mountain View Enterprises 16921 Western Avenue, Suite 102 Gardena, Ca 90247 | <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | Business Owner | \$600.00 | | |
| 10/18/14 | Nephtall Aladana 8015 S. 2nd Avenue Inglewood, Ca 90305 | <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | Contract Admin. | \$200.00 | | |
| 11/17/14 | Nephtall Aladana 8015 S. 2nd Avenue Inglewood, a 90305 | <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | Contract Admin. | \$250.00 | \$450.00 | |
| 11/15/14 | Denise Waters 1402 Helmick Street Carson, Ca 90746 | <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | Realtor | \$200.00 | | |
| SUBTOTAL \$ | | | | \$1,750.00 | | |

*Contributor Codes

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 (other than PTY or SCC)
 OTH -- Other
 PTY -- Political Party
 SCC -- Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

| | |
|---|----------------------------|
| Statement covers period from <u>July 1, 2014</u> through <u>December 31, 2014</u> | CALIFORNIA FORM 460 |
| | Page <u>6</u> of <u>11</u> |

NAME OF FILER

Committee to Elect Donesia Gause

I.D. NUMBER

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---|-----------------------------------|---|--|
| 11/15/14 | Uchenna Nworgu P.O. Box 1876 Hawthorne, CA 90251 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Owner | \$100.00 | | |
| 11/15/14 | Tommy McNeal | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$100.00 | | |
| 11/15/14 | Falcon Trucking 15600 South Main Street Gardena, Ca 90248 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Owner | \$500.00 | | |
| 11/15/14 | Erika Butler | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$100.00 | | |
| 9/15/14 | Convienient Trucking 2560 East Jefferson Street Carson, CA | <input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Owner | \$200.00 | | |
| SUBTOTAL \$ | | | | 1,000.00 | | |

***Contributor Codes**

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

| | |
|---|----------------------------|
| Statement covers period from <u>July 1, 2014</u> through <u>December 31, 2014</u> | CALIFORNIA FORM 460 |
| | Page <u>9</u> of <u>11</u> |

NAME OF FILER

Committee to Elect Donesia Gause

I.D. NUMBER

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------------|---|--|
| 12/17/4 | Charles Nelson 21800 South Avalon Blvd. #235 Carson, CA 90745 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Manager | \$100.00 | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | 100.00 | | |

***Contributor Codes**

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 (other than PTY or SCC)
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 SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

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

SCHEDULE B - PART 1

Statement covers period
from July 1, 2015
through Dec 1, 2015

CALIFORNIA
FORM **460**

Page 8 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Donesia Gause City Clerk - 2015

I.D. NUMBER

1368150

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|---|--|--|---|--|---|--|
| Donesia Gause 1020 Thicket Drive Carson, CA 90746 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | City of Carson 701 E. Carson Street City Clerk | \$ <u>100.00</u> | \$ <u>0</u> | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ <u>100.00</u> DATE DUE _____ | _____% RATE \$ _____ | \$ <u>100.00</u> DATE INCURRED _____ | CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____ |
| Donesia Gause 1020 Thicket Drive Carson, CA 90746 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | City of Carson 701 E. Carson Street City Clerk | \$ <u>499.00</u> | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ <u>499.00</u> DATE DUE _____ | _____% RATE \$ _____ | \$ <u>499.00</u> DATE INCURRED _____ | CALENDAR YEAR \$ <u>599.00</u> PER ELECTION ** \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% RATE \$ _____ | \$ _____ DATE INCURRED _____ | CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____ |
| SUBTOTALS \$ | | | | | | | | |

Schedule B Summary

1. Loans received this period \$ 599.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 599.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

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

†Contributor Codes

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

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

** If required.

FPPC Form 460 (January/05)

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 from <u>July 1, 2014</u> through <u>Dec 31, 2014</u> | CALIFORNIA FORM 460 |
| | Page <u>9</u> of <u>11</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Donesia Gause City Clerk - 2015

I.D. NUMBER

1368150

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|--|------------------------------|---|---------------------------------------|
| 10/18/14 | Daniel D. Smith 3704 3rd Avenue Inglewood, CA | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | S. CA. Edison Lineman | Private Club Membership/Room Rental & Catering | 796.00 | | |
| 11/15/14 | Stephanie Dillard 16912 S. Western Avenue Gardena, CA 90247 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Owner | Host fundraiser at Private home/ Catering | 1500.00 | | |
| 10/18/14 | TeJay Tillman Hawthorne, CA | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Owner | Graphic Design/ Flyers | 250.00 | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 2546.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 2546.00

*Contributor Codes

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

FPPC Form 460 (January/05)

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

Schedule E Payments Made

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

Statement covers period
from July 1, 2014
through Dec 31, 2014

SCHEDULE E

CALIFORNIA FORM 460

Page 10 of 11

I.D. NUMBER
1368150

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Donesia Gause City Clerk - 2015

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

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

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Real Cre8ive Carson, CA | LIT | | 190.00 |
| City of Carson 701 E. Carson Street Carson, CA 90749 | FIL | | 775.00 |
| Amos Young Pomona, CA | CNS | | 200.00 |

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

SUBTOTAL \$ 1165

Schedule E Summary

| | |
|--|-------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 3464.00 |
| 2. Unitemized payments made this period of under \$100 | \$ 277.81 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 3741.81 |

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

| | | |
|--|--|-------------------------------|
| Statement covers period from <u>July 1, 2014</u> through <u>Dec 31, 2014</u> | | CALIFORNIA FORM 460 |
| Page <u>11</u> of <u>11</u> | | |
| NAME OF FILER Committee to Elect Donesia Gause City Clerk - 2015 | | I.D. NUMBER 1368150 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

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

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Benard Dory Carson, CA | CNS | | | 1000.00 |
| Campaign LA 15518 S. Broadway Street Gardena, CA | CMP | | | 800.00 |
| Direct Door Marketing (DDM) 2213 Lomita Blvd Lomita, CA | WEB | | | 499.00 |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 2299.00

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

1ST PRE-ELECTION

Type or print in ink.

COPY

COVER PAGE

CALIFORNIA
2001/02
FORM

460

Page 1 of 1

For Official Use Only

Statement covers period
from January 1, 2015
through January 17, 2014

Date of election if applicable:
(Month, Day, Year) 15 FEB 25 PM 5:47

March 3, 2015

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1368150

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Donesia Gause 2015

STREET ADDRESS (NO P.O. BOX)

20700 Avalon Boulevard

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|--------|-------|----------|-----------------|
| Carson | CA | 90749 | 310-863-7210 |

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

Post Office Box 11181

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|--------|-------|----------|-----------------|
| Carson | Ca | 90749 | 310-863-7210 |

OPTIONAL: FAX / E-MAIL ADDRESS

donesia4cityclerk@gmail.com

Treasurer(s)

NAME OF TREASURER

Debra Scott

MAILING ADDRESS

208 W. 37th Street

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| Long Beach | Ca | 90807 | 310-874-0734 |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2/25/2015
Date

Executed on 2/25/2015
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

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

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

| | |
|---|----------------------------|
| Statement covers period from 1/1/2015 through 1/17/2015 | CALIFORNIA FORM 460 |
| Page 2 of 4 | I.D. NUMBER 1368150 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Donesia Gause for City Clerk - 2015

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ 1899.00 | \$ 6995.00 |
| 2. Loans Received Schedule B, Line 3 | | 599.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 1899.00 | \$ 7594.00 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | | 2546.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 1899.00 | \$ 10,140.00 |

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

| | | |
|----------------------------|------------------|-------------|
| | 1/1 through 6/30 | 7/1 to Date |
| 20. Contributions Received | \$ | \$ |
| 21. Expenditures Made | \$ | \$ |

Expenditures Made

| | | |
|---|------------|------------|
| 6. Payments Made Schedule E, Line 4 | \$ 1441.65 | \$ 5183.46 |
| 7. Loans Made Schedule H, Line 3 | 0 | |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 1441.65 | \$ 5183.46 |
| 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 | \$ 1441.65 | \$ 5183.46 |

Expenditure Limit Summary for State Candidates

| | |
|--|---------------|
| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | |
| Date of Election (mm/dd/yy) | Total to Date |
| / / | \$ |
| / / | \$ |

Current Cash Statement

| | |
|---|------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ 1953.19 |
| 13. Cash Receipts Column A, Line 3 above | 1899.00 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | |
| 15. Cash Payments Column A, Line 8 above | 1441.65 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 2410.54 |

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 | \$ |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ 599.00 |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 1/1/2015
through 1/17/2015

CALIFORNIA
FORM 460

Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Donesia Gause for City Clerk - 2015

I.D. NUMBER
1368150

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------------|---|--|
| 1/13/15 | Franklin Sellers 19819 Midtown Avenue Carson, CA 90746 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Pastor/Real Estate Broker | 500.00 | | |
| 1/13/15 | Zizette Mullins 421 N. Orchard Drive | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | City Clerk City of Burbank | 100.00 | | |
| 1/16/15 | Fredricio Martinez 20300 Figueroa Carson, CA 90746 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Owner MB Nursery | 1000.00 | | |
| 1/17/15 | Ida Dacus 1790 E. Kramer Drive Carson, CA 90746 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Unknown | 100.00 | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | 1700.00 | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1700.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 199.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 1899.00

*Contributor Codes

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

FPPC Form 460 (January/05)

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

Schedule E Payments Made

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

| | | | |
|---|--|---|--|
| Statement covers period from 1/1/2015 through 1/17/2015 | | SCHEDULE E CALIFORNIA FORM 460 Page 4 of 4 I.D. NUMBER 1368150 | |
|---|--|---|--|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Donesia Gause City Clerk - 2015

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

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

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Campaign LA 15518 S. Broadway Street Gardena, CA | CMP | | 1165.00 |
| Automatic Printing Torrance, CA | LIT | | 201.65 |
| | | | |

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

SUBTOTAL \$ 1366.65

Schedule E Summary

| | |
|--|-------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 1366.65 |
| 2. Unitemized payments made this period of under \$100 | \$ 75.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 1441.65 |