SEMI-ANNUALRY Officeholder and Candidate Date Stamp Type or print in ink. **CALIFORNIA** Campaign Statement -**FORM** Y CLERK **Short Form** For Official Use Only Amendment (Explain Below) Date of election if applicable: (Government Code Section 84206) JUL 31 MM 11:45 (Month, Day, Year) LY OF CARSON 03/03/2015 1. Statement Covers Calendar Year 20 ________. 3. Office Sought or Held 2. Officeholder or Candidate Information OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE City Clerk Donesia L. Gause DISTRICT NUMBER JURISDICTION (LOCATION) STREET ADDRESS (IF APPLICABLE) City of Carson 1 20700 S. Avalon Blvd ZIP CODE STATE CITY 90749 CA Carson OPTIONAL: FAX / E-MAIL ADDRESS AREA CODE/DAYTIME PHONE NUMBER 310-686-8551 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. NAME OF TREASURER COMMITTEE ADDRESS COMMITTEE NAME AND I.D. NUMBER 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. IGNATURE OF OFFICEHOLDER OR CANDIDATE

FPPC Form 470/470 Supplement (January/08) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

497 Contribu	ution Report		Amou	Type or print in ink nts may be rounded to w		RECEIVED	497 CO	NTRIBUTION REPORT
NAME OF FILER Donesia Gause	for City Clerk - 2015	TTA TO THE THE COLUMN ASSESSMENT OF THE		Date of This Filing	1/20/15	Date Stamp	CALIFO FOR	
AREA CODE/PHONE N		I.D. NUMBER (# applica	Ue)		001		For	Official Use Only
3106868551		1368150		Report No	0	TY OF CARSON		
STREET ADDRESS 20700 Avalon Bl	vd #11181			☐ Amendment to Report No.			**************************************	
CITY		STATE	ZIP CODE	(explain below) No. of Pages	1			
Carson	and a street of the street of	CA	90749	No. orrages				
1. Contribution	m(s) Received							
DATE RECEIVED	FULL NAME	E, STREET ADDRESS A (IF COMMITTEE, ALSO		INTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF	PLOYER BUSINESS)	AMOUNT RECEIVED
1/16/15	M B Nursery 20300 South Figu Carson, CA	eroa Street			☐ IND☐ COM☐ OTH☐ PTY☐ SCC			\$1000.00 Check if Loan ** Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan % Provide interest rate
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC			☐ Check if Loan % Provide interest rate
Reason for Amend	ment:					**Confulbutor Codes IND – Individual COM – Recipient Com OTH – Other (e.g., bu PTY – Political Party SCC – Small Contribu	isiness entit	y)

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

497 Contribu	tion Report		Amou	Type or print in ink nts may be rounded to w		RECEIVED 497C	ONTRIBUTION REPORT
NAME OF FILER Committee to Ele	ect Donesia Gause - 20)15		Date of This Filing	2/3/2015	5 FEB -3 PM 2:5 FOR	
AREA CODE/PHONE N	JMBER	I.D. NUMBER (if applicab	le)		2	T For	Official Use Only
310-686-8551		1368150		Report No	_	CITY OF CARSON	
STREET ADDRESS				☐ Amendme			
20700 Avalon Bl	vd			to Report No.			
CITY		STATE	ZIP CODE	(explain below)	4		
Carson		CA	90749	No. of Pages	<u> </u>		
1. Contributio	on(s) Received			makembanggapa Ashida Bid Sa			
DATE RECEIVED	FULL NAME	, STREET ADDRESS AI (IF COMMITTEE, ALSO)		NTRIBUTOR	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				IND COM OTH PTY SCC	City Clerk City of Carson 701 E. Carson Street	9858.00 Check if Loan 8 Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan "" Provide interest rate
Reason for Amend	lment:					*Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business ent PTY – Political Party SCC – Small Contributor Commit	ity)

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



497 Contribu	tion Report		Amounts	may be rounded to w		75 TO 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NTRIBUTION REPORT
NAME OF FILER	t Donesia Gause City	Clerk - 2015		Date of This Filing	2/24/2015	Date Stamp CALIFO	RM 431
AREA CODE/PHONE NU		I.D. NUMBER (if applica	ole)		3	15 FEB 25 PM 5: 54For	Official Use Only
310 863-7210		1368150		Report No			
STREET ADDRESS		1		☐ Amendme		ONTY CARDALIS U.S.	
20700 Avalon Blv	U	STATE	ZIP CODE	(explain below)	1		
Carson		CA	90749	No. of Pages	I		
1. Contributio	n(s) Received	etilikaan josta ja ja eti kolimusta oli kolimusta oli kun ja kalimusta oli kolimusta oli kolimusta oli kolimus			and the second section of the section of the section of the second section of the secti		
DATE RECEIVED	FULL NAME	E, STREET ADDRESS A (IF COMMITTEE, ALSO	ND.ZIP CODE OF CONT ENTER I.D. NUMBER)	RIBUTOR	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 Driv Carson, CA 90749				□ IND □ COM □ OTH □ PTY □ SCC	City Clerk City of Carson	3000.00 Check if Loan Provide interest rate
2/25/2015	Donesia Gause 1020 Thicket Driv Carson, CA 90749				□ IND □ COM □ OTH □ PTY □ SCC	City Clerk City of Carson	3000.00 Check if Loan Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ———————————————————————————————————
Pengen for Amondr	oont:					**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)

Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	R PAGE	-PART 2
CALI	FORNI	Α /	lan
F	ORM		
Page _	1	. of _	1

Officeholder or Candidate Controlled Cor	ERRESS CONC.		6.	Ballot Measure Comm				
NAME OF OFFICEHOLDER OR CANDIDATE	and the second s	WANTED TO THE		NAME OF BALLOT MEASURE				
Committee to Elect Donesia Gause 2015				Management and the first of the				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBE	R IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT OPPOSE
City Clerk							b _c	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE ZIP CA 90745		Identify the controlling of	iceholder, car	ndidate, or st	ate measure	proponent, if any
701 E. Carson Street	Carson	CA 30170		NAME OF OFFICEHOLDER, CAT	IDIDATE, OR PR	OPONENT	24.	
Related Committees Not included in this not included in this statement that are controlled by y contributions or make expenditures on behalf of your	ou or are pri	: List any committees narily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME .	I.D. NUN	BER		CONTROL OF THE PROPERTY OF THE			A TOTAL CONTROL OF THE CONTROL OF TH	
NAME OF TREASURER	CONTRO	DLLED COMMITTEE?	7.	Primarily Formed Con which this committee is prin				candidate(s) for
COMMITTEE ADDRESS (NO P.	O. BOX)	nn de sent Llande state gan eine eine der eine d		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE Z	IP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	O SUPPORT O OPPOSE
COMMITTEE NAME	I.D. NUN	/BER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	O SUPPORT O OPPOSE
NAME OF TREASURER	CONTRO O Y	DLLED COMMITTEE? ES O NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	S SUPPORT OPPOSE
COMMITTEE ADDRESS (NO P.	O. BOX)			www.wassersanana.www.lanana.ashavana.www.wassersanana.www.lanana.ashavana.www.lanana.ashavana.www.lanana.www.l				***************************************

Campaign Disclosure Statement Summary Page

Type or print in ink. Amounts may be rounded

SUMMARY PAGE CALIFORNIA Statement covers period July 1, 2014 FORM from _ Dec 31, 2014 Page _ through ... I.D. NUMBER

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1368150 Committee to Elect Donesia Gause for City Clerk - 2015

Contributions Received	i	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	5096.00	\$		1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		599.00			
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	5695.00	\$		20. Contributions Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3		2546.00			21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	8241.00	\$		Made \$\$
Expenditures Made	SICH STATE	2744.04		4.4555564.455564554565456545654565656565	Expenditure Limit Summary for State
3. Payments Made Schedule E, Line 4	\$	3741.81	\$		Candidates
7. Loans Made Schedule H, Line 3		3741.81			22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 ÷ 7	\$		\$		(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)					Date of Election Total to Date (mm/dd/yy)
10. Nonmonetary Adjustment		3741.81		***************************************	
11. TOTAL EXPENDITURES MADE	\$	0771.01	\$	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$		13	calculate Column B, add	DESCRIPTION OF THE PROPERTY OF
13. Cash Receipts		5695.00		ounts in Column A to the responding amounts	*Amounts in this section may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4		3741.81		n Column B of your last ort. Some amounts in	reported in Column B.
15. Cash Payments Column A, Line 8 above		1953.19	Col	umn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	1903.19		res that should be tracted from previous	
If this is a termination statement, Line 16 must be zero.	***************************************			od amounts. If this is first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$		for	this calendar year, only yover the amounts	
Cash Equivalents and Outstanding Debts	100 PM	ор комплед у ката от не 1950 объект достажно за дан ен и посто по ставления баста на 1970 году.	fror any	n Lines 2, 7, and 9 (if	HANDEN MANUAL MA
18. Cash Equivalents See instructions on reverse	\$		CONTRACTOR CO.		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	599.00	COLORGIAN		FPPC Form 460 (January/l FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-37

Schedule A Monetary Contributions Received

Carl Morgan

P.O. Box 712151

Gregory Bonner

Carson, Ca 90746

Marlo Richardson

Playa Del Rey, Ca

Stephanie Dillard

Gardena, Ca 90247

Marlo Richardson

Playa Del Rey, Ca

8163 Billowvista Drive

Los Angeles, Ca 90012

1622 E. Cyrene Drive

8163 Billowvista Drive

16921 S. Western Avenue, Suite 102

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

CONTRIBUTOR

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CODE *

Statement covers period	CALIFORNIA / GO
romJuly 1, 2014	FORM # 400
hrough December 31, 2015	Page 4 of 41

LD. NUMBER

1368150

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DATE

RECEIVED

10/18/14

10/18/14

10/18/14

10/18/14

11/15/14

Committee to Elect Donesia Gause for City Clerk 2015

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

			Maria Carlo Ca
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)
Retired	\$200.00		
Landscape Worker	\$200.00		
Law Enforcement	\$500.00		
Business Owner	\$500.00		
Law Enforcement	\$250.00	\$750.00	

1650.00

SUBTOTAL \$

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
2. Tatal manufacture approximations recognized this posited		
(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

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

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
July 1,2014

CALIFORNIA 460
FORM

through

December 31, 2014

Page of 1

NAME OF FILER

Committee to Flect Donesia Gause for City Clerk 2015

1368150

omminee i	o Elect Donesia Gause for City Clerk 2015					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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	OSCC	Business Owner	\$500.00		
11/15/14	Mountain View Enterprises 16921 Western Avenue, Suite 102 Gardena, Ca 90247	SIND COM OOTH PTY OSCC	Business Owner	\$600.00		
10/18/14	Nephtall Aladana 8015 S. 2nd Avenue Inglewood, Ca 90305	OSCC	Contract Admin.	\$200.00		
11/17/14	Nephtall Aladana 8015 S. 2nd Avenue Inglewood, a 90305	OSCC	Contract Admin.	\$250.00	\$450.00	
11/15/14	Denise Waters 1402 Helmick Street Carson, Ca 90746	QÍND ÖCOM ÖOTH ÖPTY ÖSCC	Realtor	\$200.00		
AND VA			SUBTOTAL \$	\$1,750.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet)

Falcon Trucking

Erika Butler

Carson, CA

Gardena, Ca 90248

Convienient Trucking

2560 East Jefferson Street

15600 South Main Street

Type or print in ink.

COM

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PTY □scc

VIND COM

⊟oтн PTY Scc **SIND**

GOM

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□ PTY □scc SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole o		Statement coverage of the statement of t	, 2014	CALI F. Page	FORNIA 460
NAME OF FILER						I.D. NU	MBER
Committee	to Elect Donesia Gause						
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 CALENDAR Y (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)
11/15/14	Uchenna Nworgu P.O. Box 1876 Hawthorne, CA 90251	☑IND □COM □OTH □PTY □SCC	Business Owner	\$100.00			·
11/15/14	Tommy McNeal	☑IND □COM □OTH □PTY		\$100.00			

Business Owner

Business Owner

\$500.00

\$100.00

\$200.00

1,000.00

SUBTOTAL \$

*Contributor Codes

IND - Individual

11/15/14

11/15/14

9/15/14

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.

SCHEDL	JLE	ΞΑ (CONT	Γ.
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<u>CA</u>LIFORNIA

FORM

Statement covers period

from

July 1, 2014

				through December 31, 2014		Page of	
NAME OF FILER Committee	to Elect Donesia Gause					J.D. NO	ADEL
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
12/17/4	Charles Nelson 21800 South Avalon Blvd. #235 Carson, CA 90745	☑IND □COM □OTH □PTY □SCC	Manager	\$100.00			
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$ 100.00			

*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)

SCHE	DULF	B-P	ART 1

Schedule B - Part 1

Type or print in ink. Amounts may be rounded

	Statement covers period July 1, 2015 from	california 460
	through Dec 1, 2015	Page 6 of
١.		I.D. NUMBER

Loans Received		to whole dollar	·s.		fromJuly ´	, 2015	FORM	
SEE INSTRUCTIONS ON REVERSE					through	1, 2015	Page K	of
NAME OF FILER							I.D. NUMBER	
Committee to Elect Donesia Gause City	Clerk - 2015						1368150	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. 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	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD		(g) CUMULATIVE CONTRIBUTIONS TO DATE
Donesia Gause 1020 Thicket Drive Carson, CA 90746	City of Carson 701 E. Carson Street City Clerk			\$ FORGIVEN	\$100.00	% RATE	s100.00	\$PER ELECTION**
†☑IND □ COM □ OTH □ PTY □ SCC		s 100.00	\$	s	DATE DUE	\$	DATE INCURRED	\$
Donesia Gause 1020 Thicket Drive Carson, CA 90746	City of Carson 701 E. Carson Street City Clerk			PAID \$ FORGIVEN	\$499.00	RATE	\$499.00	S 599.00 PER ELECTION
To IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$CALENDAR YEAR
				\$ FORGIVEN	\$	"% RATE	\$	\$PER ELECTION
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	}	\$	\$	\$		
Schedule B Summary					599.00	(Enter (e) on Schedule E, Line	3)	
Loans received this period (Total Column (b) plus unitemized loans	s of less than \$100.)	.,.,.,,,	********************	\$	599.00		†Contributor Codes	AMAN AND AND AND AND AND AND AND AND AND A
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that) paid or forgiven.)			\$		TOWER THE PROPERTY OF THE PROP	OTH - Other (e.g., PTY - Political Party	PTY or SCC) business entity) /
3. Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.)y Page, Column A, Line 2.			NET \$	599.00 (ay be a negative number)	marus	SCC – Small Contrib	outor Committee

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

FPPC Form 460 (January/05)
FPPC Toil-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 July 1, 2014 **FORM** from. Dec 31, 2014 through. I.D. NUMBER 1268150

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Schodulo C Summani

Committee to Elect Donesia Gause City Clerk - 2015							0
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	☑IND □COM □OTH □PTY □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	☑IND □COM □OTH □PTY □SCC	Business Оwпег	Host fundraiser at Private home/ Catering	1500.00		
10/18/14	TeJay Tillman Hawthorne, CA	☑IND □COM □OTH □PTY □SCC	Business Owner	Graphic Design/ Flyers	250.00		
		□IND □COM □OTH □PTY □SCC			•		
Attach add	ditional information on appropriately label	ed continuati	on sheets.	SUBTOTAL \$			

oviicusie o ominitary		
Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	. \$	2546.00
(module an ochedule o subtotals.)		

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

3. Total nonmonetary contributions received this period. 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

Type or print in ink. Amounts may be rounded

	SCHEDULEE
Statement covers period	CALIFORNIA / 60
fromJuly 1, 2014	FORM FIVE
through Dec 31, 2014	Page of
	I.D. NUMBER
	4000450

Payments Made to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1368150 Committee to Elect Donesia Gause City Clerk - 2015

CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* OFC office experience of the petition circ phone bank processing and policy policy and postage, despendent expenditure supporting/opposing others (explain)*	nmunications ad appearance ases ulating s survey researd livery and me	RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE C	DR 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 summ	narized on S	chedule D. SUBTOTAL\$ 1165
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100	(e).)\$\$	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on		

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period	CALIFORNIA / A
fromJuly 1, 2014	FORM GUV
through Dec 31, 2014	Page // of //
	I.D. NUMBER
	1368150

			through	Page	of
SEE INSTRUCTIONS ON REVERSE IAME OF FILER Committee to Elect Donesia Gause City Clerk - 2015				1.D. NUMB 1368150	
CODES: If one of the following codes accurately describes the payment, your campaign paraphernalia/misc. CMP campaign paraphernalia/misc. CMS campaign consultants CMS contribution (explain nonmonetary)* CVC civic donations CMS campaign consultants CMS contribution (explain nonmonetary)* CVC civic donations CMS candidate filing/ballot fees CMS fundraising events CMS campaign paraphernalia/misc. MBR member commettings an office experiment of the payment, your contribution contribution (explain nonmonetary)* CMS campaign paraphernalia/misc. MBR member commettings an office experiment of the payment, your contribution (explain nonmonetary)* CMS campaign paraphernalia/misc. MBR member commettings an office experiment of the payment, your contribution (explain nonmonetary)* CMS campaign paraphernalia/misc. CMS campaign consultants CMS campaign consulta	imunications d appearances ises ilating s survey researc	h senger services J. accounting)	vise, describe the payment. RAD radio airtime and production returned contributions SAL t.v. or cable airtime and production returned contributions TEL t.v. or cable airtime and production returned contributions TRC candidate travel, lodging, and staff/spouse travel, lodging, transfer between committee voter registration WEB information technology costs	luction costs d meals and meals s of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCR	RIPTION OF PAYMENT		AMOUNT PAID
Benard Dory Carson, CA	CNS				1000.00
Campaign LA 15518 S. Broadway Street Gardena, CA	СМР			and the second s	800.00
Direct Door Marketing (DDM) 2213 Lomita Blvd Lomita, CA	WEB				499.00
	1		1.0		2200 00



Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Statement covers period January 1,2015 Date Stamp

CALIFORNIA 2001/02 FORM

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S	25	PM	F.,	- T	Page1	of

Date of election if applicable: (Month, Day, Year)15

For Official Use Only

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SEE INSTRUCTIONS ON REVERSE	through January 17, 2014	March 3, 2015○; T	OF CHISCLE	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Inplete Parts 1, 2, 3, and 4. Illot Measure Committee Primarily Formed Controlled Sponsored Complete Part 6) Imarily Formed Candidate/ Ficeholder Committee So Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain be		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect Donesia Gause 2015	NUMBER 368150	Treasurer(s) NAME OF TREASURER Debra Scott MAILING ADDRESS 208 W. 37th Street		
STREET ADDRESS (NO P.O. BOX) 20700 Avalon Boulevard CITY STATE ZIP COE Carson CA 90749	DE AREA CODE/PHONE 310-863-7210	CITY Long Beach NAME OF ASSISTANT TREASUR	Ca 9	ip code Area code/phone 0807 310-874-0734
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO Post Office Box 11181 CITY STATE ZIP COE Carson Ca 90749 OPTIONAL: FAX / E-MAIL ADDRESS		MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDR		IP CODE AREA CODE/PHONE
donesia4cityclerk@gmail.com 4. Verification I have used all reasonable diligence in preparing and reviewir	ng this statement and to the best of my		asteronomo de como de c	ned schedules is true and complete.

	A second
I have used all responsible dilicense in propering and reviewing this statement and to thereast of my knowledge th	he liliformation contained herein and in the attached schedules is true and complete.
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the	The three transfer of the same and the same
certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	A .11_
certify drider behalf or beilding higher the laws of the office of occupancy and the readility of and are someon	$\sim 10^{-10}$

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Executed o	00 2/25/2015
-	2/25/26/5
Executed o	Date
Executed o	Date
Executed c	on

E	Signature of Treasurer or Assistant Treasurer
E	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
8	Signature of Controlling Officeholder, Candidate, State Measure Proponent

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.

Statement covers period 1/1/2015	CALIFORNIA 460
1/17/2015	Page of
	1.D. NUMBER

CLIB 88 8 A DV DA CE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Donesia Gause for City Clerk - 2015 1368150 Calendar Year Summary for Candidates Column A Column B Running in Both the State Primary and Contributions Received TOTAL THIS PERIOD CALENDAR YEAR (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 6995.00 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 599.00 2. Loans Received Schedule B, Line 3 20. Contributions 1899.00 7594.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 2546.00 21. Expenditures 1899.00 10.140.00 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditure Limit Summary for State Expenditures Made** 5183.46 Candidates 6. Payments Made Schedule E, Line 4 \$ 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 5183.46 1441.65 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS Add Lines 6 ÷ 7 \$ Total to Date Date of Election (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 5183.46 1441.65 **Current Cash Statement** 1953.19 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 1899.00 amounts in Column A to the 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 1441.65 Column A may be negative 2410.54 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 anv). 18. Cash Equivalents See instructions on reverse \$ ___ 599.00 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)

Type or print in ink. Amounts may be rounded

SCHEDULE A Statement covers period

Monetary Contributions Received		to whole dollars.		1/1	/2015	FORM 400		
					17/2015	Page	3 of	
SEE INSTRUCTION	ONS ON REVERSE					I.D. NUI	MBER	
	e to Elect Donesia Gause for City Clerk - 2015					13681	50	
Committee				AMOUNT	CUMULATIVE T	ODATE	PER ELECTION	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CALENDAR \(\) (JAN. 1 - DE(YEAR	TO DATE (IF REQUIRED)	
1/13/15	Franklin Sellers 19819 Midtown Avenue Carson, CA 90746	☑IND □COM □OTH □PTY □SCC	Pastor/Real Estate Broker	500.00				
1/13/15	Zizette Mullins 421 N. Ochard Drive	ØIND □COM □OTH □PTY □SCC	City Clerk City of Burbank	100.00				
1/16/15	Fredricio Martinez 20300 Figueroa Carson, CA 90746	☑IND □COM □OTH □PTY □SCC	Business Owner MB Nursery	1000.00				
1/17/15	Ida Dacus 1790 E. Kramer Drive Carson, CA 90746	☑IND □COM □OTH □PTY □SCC	Unknown	100.00				
		□IND □COM □OTH □PTY □SCC						
	d		SUBTOTAL	1700.00		:		
Schodula	A Summary	The second secon			(*Co	ntributor C	odes	
1 Amountre	eceived this period – itemized monetary contributions. Il Schedule A subtotals.)	1513077373441111777744)	\$	1700.00	9	,	al ent Committee than PTY or SCC)	
	ceived this period – unitemized monetary contribution			199.00			(e.g., business enti	ty)
3 Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			4900 00		C – Small C	Contributor Committe	
(Aud Line:	s Land 2. Liner fiere and on the Commony Lage, Cold	11711 / 15 ball (O 1 -)) ++>1++++++++++++++++++++++++++++++++++				Form 460 (Januar	V/05

Schedule E	
Payments Made	

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

Statement covers period	CALIFORNIA / A O
from1/1/2015	FORM TO
through1/17/2015	Page of
	I.D. NUMBER
	1368150

SCHEDULEE

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.

CODES. If the of the following codes about the payment, year in payment, year in					
OMP.	campaign paraphernalia/misc.	MBR	member communications		radio airtime and production costs
	campaign consultants	MTG	meetings and appearances		returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses		campaign workers' salaries
	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
	legal defense		professional services (legal, accounting)		voter registration
	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. 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