Statement Type Initials CEIVED Amendment VED BY Termination - See Part 5 in the office of the Not yet qualified GI ERK List Denumber: List LD. number: List Denumber: List	CALIFORNIA FORM EVED AND SET PORM E of the Secretary of State For Official Use Only the State of California OCT 0 6 2010 BRA BOWEN retary of State rincipal Officers
Statement Type Initial E CEIVED Amendment VED BY Termination - See Part 5 in the office of the Not yet qualified G ERK List D number: List D number	e of the Secretary of State For Official Use Only the State of California OCT 0 6 2010 BRA BOWEN retary of State
Not you desired \$1 \ \text{List. ID number: } \	DEState of California OCT 0 6 2010 BRA BOWEN retary of State
11 JUN -6 PM 12: 03# 2010 0CT 20 AM 10: 40# 06, 30, 10 Date dualified as committee DISCM @ Date of Termination DISCM @ Date of Termination Section NAME OF TREASURER NAME OF TREASURER	BRA BOWEN retary of State
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1. Committee Information 2. Treasurer and Other Pr	
NAME DE LA MINITER	
Sontarine Mayor for Committee Joseleto Sapiane	
STREET ADDRESS	sante
21825 1/2 Dolores	Street
STREET ADDRESS (NO P.O. BOX)	STATE ZIP CODE AREA CODE/PHONE
21303 Nicolle Ave Corson	CA 90745 30.753.3071
NAME OF ASSISTANT TREASURER IF A	WY
CHY SINE ZIF CODE MELTICOLE INCHES	
Carson CA 90745 310, 753, 307/ STREET ADDRESS	
MAILING ADDRESS (IF DIFFERENT) 21303 Nicolle A	
CITY	STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS Coy son	CA 90745 310.753.307/
NAME AND POSITION OF OTHER PRINC	CIPAL OFFICER(S), IF APPLICABLE
COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT	
THAN COUNTY OF DOMICILE MAILING ADDRESS	
Attach additional information on appropriately labeled continuation sheets.	STATE ZIP CODE AREA CODE/PHONE
Апасл адашоны внотнация он арроривыму навыее совышания энего.	
3. Verification	
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained he	rein 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.	
	<u> </u>
	R OR ASSISTANT TREASURER
Everythed on 8/1/10 By	rostern
	R, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	R, CANDIDATE, OR STATE MEASURE PROPONENT
Pule Southful Only to the Control of	

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

Staten_t of Organization **Recipient Committee**

;	STATEMENT OF OF VIZATION
	california 410
	Page 2
	I.D. NUMBER
	1313352

COMMITTEE NAME

4. Type of Committee Complete the applicable sections.

Controlled Committee

INSTRUCTIONS ON REVERSE

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

NAME OF CANDIDATE/OFFICEHOLD	DEDICTATE MEASURE PROPONENT	(INC	ELECTIVE OFFICE SOUGHT C	OR HELD (PPLICABLE)	YEAR OF ELECTION	PARTY	
NAME OF CANDIDATE OFFICEHOLD	ENGIAL MENOLETIC					☐ Non-Partisan	
-		<u> </u>				☐ Non-Partisan	
							.,
List the financial institution where	e the campaign bank account is located	d (controlle	d "candidate election" com				· · · · · · · · · · · · · · · · · · ·
NAME OF FINANCIAL INSTITUTION		AREA	CODE/PHONE	BANK ACCOUNT	NUMBER		
ADDRESS		CITY		STATE	ZIP CODE		
							
Primarily Formed Committee	Primarily formed to support or oppose s	pecific cand					
	(S) FULL TITLE (INCLUDE BALLOT NO. OR LE	ETTER)	CANDIDATE(S) OFFICE (INCLUDE DISTR	SOUGHT OR HELD OR A RCT NO., CITY OR COUN	MEASURE(S) JURISDICTIO TY, AS APPLICABLE)	CHECK SUPPORT	OPPOSE
				•		00.7 000	
						SUPPORT	OPPOSE
					<u> </u>		

ent of Organization State **CALIFORNIA Recipient Committee FORM** INSTRUCTIONS ON REVERSE Page 3 D. NUMBER COMMITTEE NAME for Mayor Committee 1313352 Santorina 4. Type of Committee (Continued) Not formed to support or oppose specific candidates or measures in a single election. Check only one box: General Purpose Committee COUNTY Committee STATE Committee CITY Committee PROVIDE BRIEF DESCRIPTION OF ACTIVITY List additional sponsors on an attachment. Sponsored Committee INDUSTRY GROUP OR AFFILIATION OF SPONSOR NAME OF SPONSOR STATE ZIP CODE CITY NO. AND STREET STREET ADDRESS

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

small contributor committee on January 1, 2001, enter 1/1/01.

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a

- This committee has ceased to receive contributions and make expenditures;
- · This committee does not anticipate receiving contributions or making expenditures in the future;

Date qualified

- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and

Small Contributor Committee

- · This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

STATEMENT OF O

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tatement (lecipient Co)rganizatio mmittee	ņ	Type or p	orint in ink				ate Stamp ;EIVED	CALIFO FOR	SM	0
tatement Type	Initial Not yet qualified Date qualified as		List I.D. number: # Date qualified as (If applica		List I.D. # 1313	mination – See Part 5 number: 3352 3010 e of Termination	10 AUG	CLEKK	01	Official Use Only	
- 144 Ind			(ii oppiio			2. Treasurer and Ot	ther Principal (Officers			
NAME OF COMMITS Santarina for		e				Joselito Sapianda	P.O. BOX)			<u> </u>	
STREET ADDRESS						21825 1/2 Dolore CITY Carson NAME OF ASSISTANT TO		STATE CA	ZIP CODE 90745	AREA CODE/P 310.753.30	
Carson	O (IS DIFFERENT)	STATE CA	2IP CODE 90745	AREA CODE 310.753.		Manuel Quitevis STREET ADDRESS (NO 21303 Nicolle AV	P.O. BOX)				
MAILING ADDRESS				<u> </u>		CITY Carson NAME OF PRINCIPAL O		STATE CA	zip code 90745	AREA CODE/F 310.753.30	
COUNTY OF DOM	CILE	COUNTY WHE	RE COMMITTEE IS / OF DOMICILE	ACTIVE IF DIFFE	RENT	STREET ADDRESS (NO) P.O. BOX)		·	AREA CODE/	PHONE
Attach additional	information on appro	priately labeled	continuation sheet	s.		СІТУ		STATE	ZIP CODE	AREA 0002	
3. Verification I have used all perjury under the Executed on Executed Oxford	reasonable diligen he laws of the State 08/01 -08/01	/10 E 710 X	this statement that the foregoin	ву Ву	ost of my kno correct.	SIGNATURE OF CONTROLL	LING OFFICEHOLDER, C	ANDIDATE, OR STA	ASURÉR ATÉ MEASURÉ PROF ATÉ MEASURÉ PROF	PONENT	of
Executed on	DAT			• By		SIGNATURE OF CONTROL	LING OFFICEHOLDER,	CANDIDATE, OR ST	ATE MEASURE PRO	PONENT	June/09

FPPC Form 410 (June/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

STATEMENT OF ORGANIZATION

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tatemen I Organizat ecipient Committee	ion				÷	CALIFORI FORM		10
					1	Page 2		
STRUCTIONS ON REVERSE						I.D. NUMBER		
OMMITTEE NAME	-					1313352		
Santarina for Mayor Committe)							
. Type of Committee Com	plete the applicable sections.							
district number, if any, and the	·	ffiliated or	check "non-partisan."			fice sought c	or held, ar	ıd
If this committee acts jointly was a second to the se	with another controlled committee, list t	ne name a	illa identification hamber of the t					
	A CURE PROPONENT	п	ELECTIVE OFFICE SOUGHT OR HE INCLUDE DISTRICT NUMBER IF APPLI	LD CABLE)	YEAR OF ELECTION		PARTY	
NAME OF CANDIDATE/OFFICEHO	OLDER/STATE MEASURE PROPONENT					☐ Non-Pa	rtisan	
		÷				<u> </u>		
						☐ Non-Pa	rtisan	
	,		· · · · · · · · · · · · · · · · · · ·					
List the financial institution when the state of the	nere the campaign bank account is loc	ated (conti	rolled "candidate election" comn					
NAME OF FINANCIAL INSTITUTION		ARE	A CODE/PHONE	BANK ACCOUNT	NUMBER			
		CITY	<u> </u>	STATE	ZIP CODE			
ADDRESS		· On	•				· <u>-</u>	
Primarily Formed Committee	e Primarily formed to support or oppose	specific can	didates or measures in a single elec	ction. List below:				
	•	terrep\	CANDIDATE(S) OFFICE SOL (INCLUDE DISTRICT	IGHT OR HELD OR N	(EASURE(S) JURISDICTIC TY, AS APPLICABLE))N	CHECK	ONE
CANDIDATE(S) NAME OR MEASU	IRE(S) FULL TITLE (INCLUDE BALLOT NO. OR	LETTEN	(INCLUDE DISTRICT	NO., CITT ON GOOM	, , , , , , , , , , , , , , , , , , , ,	S	UPPORT	OPPOSE
		•					SUPPORT	OPPOSE
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FPPC Form 410 (June/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

.:				STATEMENT OF ANIZATIO	N
Statemen⊷f Organiza Recipient Committee	ation			california 410	
NSTRUCTIONS ON REVERSE				Page 3	٦
COMMITTEE NAME Santarina for Mayor Committee	ęe			1313352	
4. Type of Committee General Purpose Committee	(Continued) Not formed to support or oppose specific candidate CITY Committee COUNTY Committee	es or measures in a single election. Check only STATE Committee	y one box:		
PROVIDE BRIEF DESCRIPTION OF ACT	IVITY				
Sponsored Committee List	additional sponsors on an attachment.	INDUSTRY GROUP OR AFFILIATION OF SPONSO	DR		
NAME OF SPONSOR					
STREET ADDRESS NO. AND	STREET CITY		STATE ZIP CODE		
Small Contributor Committee	Date qualified				
5. Termination Require	ments By signing the verification, the treasurer, as:	sistant treasurer and/or candidate, officeholder,	or proponent certify that all of t	he following conditions have been t	met
This committee has cea	sed to receive contributions and make exp	enditures;			
This committee does not	ot anticipate receiving contributions or maki	ng expenditures in the future;	d III. affana		
This committee has elir	minated or has no intention or ability to disc	harge all debts, loans received, and c	other obligations;		
 This committee has no 	surplus funds; and				
 This committee has file 	d all campaign statements required by the l	Political Reform Act disclosing all repo	onable transactions.	eated candidates. Refer to	
 There are restriction 	s on the disposition of surplus campaign ful	nds held by elected officers who are I	eaving office and by den	pated outsidedies. Trois to	

Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 -89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Government Code Section 89519.

NANIZATION

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Date Stamp CALIFORN Recipient 6 nmittee Type or print FORM RECEIVED Campaign Statement CITY CLERK Cover Page Page (Government Code Sections 84200-84216.5) Date of election if applicable: For Official Use Only Statement covers period AUG 10 AM 8:02 (Month, Day, Year) TERMINATION 01/01/10 from dITY OF CARSON 06/30/10 through 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 Bailot Measure Officeholder, Candidate Controlled Committee Special Odd-Year Report Semi-annual Statement Committee State Candidate Election Committee Supplemental Preelection Termination Statement Ontrolled Statement - Attach Form 495 Recall (Also file a Form 410 Termination) 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 LD. NUMBER

Treasurer(s) 3. Committee Information 1313352 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Joselito Sapiandante Santarina for Mayor Committee MAILING ADDRESS 21825 1/2 Dolores St AREA CODE/PHONE ZIP. CODE STATE STREET ADDRESS (NO P.O. BOX) 310-753-3071 CA 90745 Carson 21303 Nicolle Ave NAME OF ASSISTANT TREASURER, IF ANY AREA CODE/PHONE ZIP CODE STATE CITY Manuel Quitevis 310-753-3071 90745 CA Carson MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 21303 Nicolle Ave AREA CODE/PHONE ZIP CODE STATE CITY AREA CODE/PHONE ZIP CODE 310-753-3071 STATE 90745 CA CITY Carson OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS

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 Verification

under penalty of perjury under the laws of the State of California that the foregoing is true and sorrect.

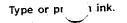
08	3/01/10
Executed on	PART 8/10/6
Executed on	8/01/10 8/10/66 Date
Executed on	Date
Executed on	Date

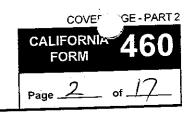
ву	Signature of Treasurer or Assistant Treasurer
JANOUS)	When a controlling Officeholder, Candidae, State Measure Proponent or Responsible Officer of Sponsor
Signature of (Controlling Officeholder, Candidate, State Measure, 1
<i>(</i>	
Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

COVER PAGE

Recipient Committee	
Campaign Statement	
Cover Page — Part 2	





2 11-4-0	Cantrolled Committ	ee	6.	Primarily Formed Ball	ot Measure (Committee		<u> </u>
Officeholder or Candidate				NAME OF BALLOT MEASURE				
NAME OF OFFICEHOLDER OR CANDID	JAIE							
Elito Santarina OFFICE SOUGHT OR HELD (INCLUDE	LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
-Mayor	·							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY			Identify the controlling of	ficeholder, can	didate, or state mea	sure pr	roponent, if any.
21133 Catskill Ave	Carson	CA 90745	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT					
Related Committees Not In not included in this statement that contributions or make expenditures	are controlled by you of	are primarily fortiled to receive		OFFICE SOUGHT OR HELD		DISTRIC	T NO. IF	ANY
COMMITTEE NAME		I.D. NUMBER	_	Primarily Formed Car	adidate/Offic	eholder Committ	ee Lis	t names of
NAME OF TREASURER		CONTROLLED COMMITTEE?	7.	officeholder(s) or candidate	(s) for which this	s committee is primari	ly forme	ed.
		YES NO		NAME OF OFFICEHOLDER OR		OFFICE SOUGHT OR		SUPPORT
COMMITTEE ADDRESS STRE	ETADDRESS (NO P.O. BO)	()						OPPOSE
CITY	STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
COMMITTEE NAME		I.D. NUMBER		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
NAME OF TREASURER		CONTROLLED COMMITTEE?	•	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STRE	EETADDRESS (NO P.O. BO				toch continuati	on sheets if necess	ary	
CITY	STATE ZIP CO	DDE AREA CODE/PHONE		Ati	ach conundau	on sneets in needed		

Campaign Disclosure St	atement
Summary Page	

Type or pri ink.

Amounts may be rounded to whole dollars.

| Statement covers period | 01/01/10 | CALIFORNIA 460 | FORM | 1.D. NUMBER | 1313352

VIMARY PAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Flito Santarina Calendar Year Summary for Candidates Column B Column A Running in Both the State Primary and CALENDARYEAR TOTAL THIS PERIOD **Contributions Received** TOTAL TO DATE (FROM ATTACHED SCHEDULES) General Elections 0 1. Monetary Contributions Schedule A, Line 3 \$ _____ 7/1 to Date 1/1 through 6/30 n 2. Loans Received Schedule B, Line 3 20. Contributions 0 Received 21. Expenditures 0 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ **Expenditure Limit Summary for State Expenditures Made** 0 Candidates 0 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Total to Date Date of Election (mm/dd/yy) **Current Cash Statement** 1276.43 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 *Amounts in this section may be different from amounts corresponding amounts from Column B of your last reported in Column B. 14. Miscellaneous Increases to Cash Schedule I, Line 4 report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative figures that should be 1276.43 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). FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions SEE INSTRUCTIONS ON REVERSE		s Received Received Second S			from	ers period 11/10 /30/10	CALIFORMA 460 FORM Page 4 of 17			
AME OF FILER	NS ON NEVEROE	1313352								
Elito Santarina				· · · · · · · · · · · · · · · · · · ·				PER ELECTION		
DATE RECEIVED	FULL NAME, STREET	ADDRESS AND ZIP CODE OF CONTRIBUTOR MMITTEE, ALSO ENTER (.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 N (JAN. 1 - DEC	(EAR	TO DATE (IF REQUIRED)		
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	<u> </u>			SUBTOTAL	\$ 0					
1. Amount re	all Schedule A subt	- itemized monetary contributions, otals.) - unitemized monetary contribution		\$ \$100\$	0	INI CC OI PT	othe) H – Othe Y – Politic	ual vient Committee vr than PTY or SCC) r (e.g., business entity)		
					^	(sc				
(Add Line	es 1 and 2. Enter h	s received this period. Fre and on the Summary Page, Col	umn A, Line 1.	.)1017L V	FPPC	Toll-Free Helpli	FPP ine: 866/A	C Form 460 (January/05) SK-FPPC (866/275-3772)		

SCHEDULE A

r.			•					SC JLEA (CONT.)
Schedule A (Continuation Monetary Contributions R		ion Sheet) s Received	Type or print in		Statement covers period 01/01/10		california 460 form	
					06/30/10		Page of	
							I.D. NUM	
NAME OF FILER							13133	52
DATE RECEIVED	THE NAME STREET	ADDRESS AND ZIP CODE OF CONTRIBUT(OR CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \(\) (JAN. 1 - DE(YEAR	PER ELECTION TO DATE (IF REQUIRED)
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SUBTOTAL\$

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

Schedule 5 Part 1 _oans Received		Amo	ype or print it ounts may be to whole dollar	nded s.		Statement coverage 01/0	ers period)1/10	CALIFOR FORM	460
LOANS NECEIVED		•				through06	/30/10	Page	of
EE INSTRUCTIONS ON REVERSE				<u> </u>				I.D. NUMBER	
AME OF FILER								1313352	
Elito Santarina			·			(4)	(e)	(f)	(g)
FULL NAME, STREET ADDRESS AND	[IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	(a) OUTSTANDING BALANCE BEGINNING THIS	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
(IF COMMITTEE, ALSO ENTER I.D. NUME	ER)	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	PERIOD	PERIOD	PAID	PERROD			CALENDAR YEAR
					\$FORGIVEN	s	RATE %	\$	\$ PER ELECTION**
			s	s	\$	DATE DUE	\$	DATE INCURRED	\$
TO IND COM OTH PT	scc				PAID	DATEGOE			CALENDAR YEAR
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+ C C C C	Y		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$
TO IND COM OTH PT			SUBTOTALS	\$	\$	\$	\$		
Cabadula P Summani							(Enter (e) on Schedule E, Line 3	3)	
Schedule B Summary					\$				
 Loans received this period (Total Column (b) plus unite 	mized loan	s of less than \$100.)			o			†Contributor Code IND – Individual COM – Recipient C	
 Loans paid or forgiven this p (Total Column (c) plus loans (Include loans paid by a thi 	under \$10 rd party tha	0 paid or forgiveri.) It are also itemized on Sche	edule A.)					(other than OTH – Other (e.g PTY – Political Par SCC – Small Conti	PTY or SCC) business entity)
Net change this period. (So Enter the net here and on t	ubtract Lin he Summa	e 2 from Line 1.)ry Page, Column A, Line 2.			NET \$ _	(May be a negative number)	_		
*Amounts forgiven or paid by anot	ner party also	must be reported on Schedule A				FPP	C Toll-Free Hel	FPPC Fori pline: 866/ASK-FF	m 460 (January/05) PPC (866/275-3772)

** If required.

SCHEDULE B - PART 1

Schedule B – Part 2	Type or print in Statem Amounts may be rounded to whole dollars. from					CALIFOR FORM	460
oan Guarantors		• •		through _	06/30/10	_ Page	_ of <u>17</u> _
SEE INSTRUCTIONS ON REVERSE						I.D. NUMBER	
NAME OF FILER						1313352	
Elito Santarina					AMOUNT		BALANCE
FULL NAME, STREET ADDRESS AI ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	0005	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	OUTSTANDING TO DATE
(IF COMMITTEE, ALSO ENTER TO STORE			LENDER			CALENDAR YEAR	
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1	□scc					Enter on	
		<u> </u>	S	UBTOTAL	\$	Summary Page, Line 17 only.	

JLEB-PART2

Schedule Nonmone	tary Contribut	ions Received		Type or print k. Amounts may be winded to whole dollars.		S	_		CALIFO FOR	RM 400
CEE INSTRUCTIO	NS ON REVERSE					thro	ugh06/30/		Page	
NAME OF FILER	NO ON NEXT.								131335	2
Elito Santa	rīna		·					CUMUL	ATIVE TO	PER ELECTION
DATE RECEIVED	ZIP CODE O	REET ADDRESS AND F CONTRIBUTOR SO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEND	ATE DAR YEAR - DEC 31)	TO DATE (IF REQUIRED)
			□IND □COM □OTH □PTY □SCC							
			☐IND ☐COM ☐OTH ☐PTY ☐SCC							
			□IND □COM □OTH □PTY □SCC			-			: :	
			☐IND ☐COM ☐OTH ☐PTY ☐SCC							
Attach add	litional information	on appropriately lab	eled continua	tion sheets.	SUBT	OTAL	\$	<u></u>		
Schedule 1. Amount r (Include a	C Summary eceived this period all Schedule C sub eceived this period	– itemized nonmoneta otals.) – unitemized nonmon	ary contribution	ons of less than \$100		\$.		IN CC	other (TH – Other (TY – Political	il ent Committee than PTY or SCC) (e.g., business entity)
3. Total non (Add Line	monetary contribut es 1 and 2. Enter h	ions received this perio ere and on the Summa	ary Page, Colur	nn A, Lines 4 and 10.)	TOT	AL\$.		<u>_</u>	FPPC I	Form 460 (January/05

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

cumporting	of Expenditures g/Opposing Other s, Measures and Committees	Type or print in Amounts may be ro to whole dollar	ounded	Statement covers from01/01/ through06/30	10 FC	P of /7
	NS ON REVERSE				}	JMBER
AME OF FILER					1313	352
Elito Santar	nna				CUMULATIVE TO DATE	PER ELECTION
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
		Monetary Contribution				
		Nonmonetary Contribution				
	Support Dppose	Independent Expenditure				
		Monetary Contribution				
		Contribution Independent				
	Support Oppose	Expenditure				
		Monetary Contribution		·		
		Nonmonetary Contribution				
	Support Dppose	Independent Expenditure	·			
			SUBTO	TAL \$		
Schedule	D Summary		all Schedule D subtotal	s.)		\$
1. Itemized	D Summary contributions and independent expenditures ma	de this period. (include a	III OCHEQUIC D SUDICIOI	~,		S
2. Unitemize	ed contributions and independent expenditures r	made this period of unde	r \$100	on the Summary Page.)	TOTAL	\$
3. Total conf	tributions and independent expenditures made t	this period. (Add Lines 1	and 2. Do not enter o	it are equilibries.		100 (Innieni

/ SCHEDULE D

Summary Supportin Candidate	tion Sheet) of Expenditures g/Opposing Other es, Measures and Committees	Type or print Amounts may be to whole dol	rounded	Statement covers from01/01/ through06/30	10	CALIFO FOR Page	0 of
AME OF FILER				•		131335	2
Elito Santa	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - E	R YEAR	PER ELECTION TO DATE (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	: ·				
			SUBTOTA	L \$,
	Ł			•			

Schedule		Type or print Amounts may be to whole do	rded		Statement covers period	FOR	11 of 17
campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonet civic donations candidate filing/ballot fees	ary)* O P P P P ortting/opposing others (explain)* P	meetings and FC office expens ET petition circula HO phone banks polling and st OS postage deliv	appearances ses	nger services	vise, describe the paymer RAD radio airtime and produce returned contributions SAL campaign workers' sain true. It voor cable airtime and candidate travel, lodging transfer between communication voter registration websites.	laries d production cost: ng, and meals dging, and meals mittees of the sai	me candidate/sponsor
NAM (IF CO)	E AND ADDRESS OF PAYEE (MITTEE ALSO ENTER !.D. NUMBER)		CODE OR	DES	CRIPTION OF PAYMENT		AMOUNT PAID
				·			
* Payments that are contribution	s or independent expenditures mu	st also be summ	arized on Scho	edule D.		SUBTOTAL	\$
Schedule E Summary 1. Itemized payments made th	is period. (Include all Schedule E	subtotals.)					
_	d on loans. (Enter amount from So eriod. (Add Lines 1, 2, and 3. Ente	shadula B Part	1. Column (e)	. }		+	

SCHEDULE E	(CONT.)
	- 11

Schedule ₍	a.
(Continuation	on Sheet
Payments N	

Type or print in i Amounts may be rou—ed to whole dollars.

	00.120-1
Statement covers period	califor 460
01/01/10	FORM TO
06/30/10	Page 12 of 17
	I.D. NUMBER
	1313352

Payments Made	to whole dollars.	from	Page 12 of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			1.D. NUMBER 1313352
CODES: If one of the following codes	accurately describes the payment, you may enter the code. (Otherwise, describe the payment	n costs

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmone civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supplied LEG legal defense LT campaign literature and mailing	porting/opposing others (explain)*	OFC office expen PET petition circu PHO phone banks POL polling and s	d appearances nses ilating	RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and proc TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology costs	duction costs dimeals and meals s of the same candidate/sponsor
	ME AND ADDRESS OF PAYEE		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
(IF CC	MANUTEE, ACOUNTER I.D. NORDEN				
				•	
				-	URTOTAL \$

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

SUBTOTAL \$

Schedule F Accrued Expenses (Unpa	id Bills)	Type or print i Amounts may be rounded to whole dollars.	ed	Statement cover 01/01 from06/3		Page	13 of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						1.0. NUMBI 131335	
File Contaring	· · · · · · · · · · · · · · · · · · ·			nenvise describe th	ne payment.		
CODES: If one of the following 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 LEG legal defense	,	MBR member communication MTG meetings and appearar OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and to PRO professional services (PRT print ads	earch messenger services	SAL campaign work TEL t.v. or cable air TRC candidate trave	cers' salaries time and productly loging, and cavel, lodging, are an committees	ction costs meals nd meals of the sam	e candidate/sponsor mail)
LIT campaign literature and mailings NAME AND ADDRESS COMMITTEE, ALSO ENTE	DF CREDITOR R (.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT F THIS PER (ALSO REPOR	IOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
* Payments that are contributions or indepe	endent expenditures must also be	SUBTOTALS	\$	\$	\$	\$	
Schedule F Summary 1. Total accrued expenses incurre accrued expenses of \$100 or r	more, plus total uniternized a	accided expenses under	ψ 100./	INCU	URRED TOT	ALS\$_	
Total accrued expenses paid to accrued expenses of \$100 or relationships	his period. (Include all Sche more, plus total unitemized l	edule F, Column (c) subto payments on accrued exp	penses under \$100.)		PAID TOT	`ALS \$	
Net change this period. (Subtron the Summary Page, Column	ract Line 2 from Line 1. Entern A. Line 9.)	ter the difference here an	a		,	NET \$	ay be a negative number

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

SCHEDULE F

Schedule F Continuation Sheet) Accrued Expenses (Un	paid Bills)	Type or print in Amounts may be rounde to whole dollars.	d	Statement cover 01/01 from 06/3	/10 30/10 Pag	SC ULEF (CONT. LIFORNIA 460 FORM of 17 HUMBER
Elito Santarina CODES: If one of the follow CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonet CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supp legal defense LTT campaign literature and mailing	orting/opposing others (explain)*	MBR member confinding and appearant office expenses PET petition circulating PHO phone banks POL polling and survey resist postage, delivery and professional services (PRT print ads)	earch messenger services (legal, accounting)	RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer between	ne payment. nd production costs butions kers' salaries time and production coll, lodging, and meals avel, lodging, and me en committees of the	als same candidate/sponsor
NAME AND ADDRE	SS OF CREDITOR	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
			·			

SUBTOTALS \$ \$ \$

				SCHEDULE G
Schedule Payments wade by an Agent or Independent Contractor (on Behalf of This Committee)	Amoun	or r in ink. ts m rounded whole dollars.	Statement covers period 01/01/10	califor 460
			through06/30/10	Page of
SEE INSTRUCTIONS ON REVERSE				I.D. NUMBER
NAME OF FILER		·		1313352
Elito Santarina NAME OF AGENT OR INDEPENDENT CONTRACTOR				
	·			
CODES: If one of the following codes accurately described campaign paraphemalia/misc. campaign consultants 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 * Payments that are contributions or independent expenditures must also	MTG meetings of office experiments of office experiments of petition circ phone bank polling and postage, depropriets of professional p	nd appearances nses ulating is survey research elivery and messenger s il services (legal, accoun	RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, are revices TSF transfer between committees	uction costs I meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR .	DESCRIPTION OF PAYMENT	AMOUNT PAID
(IF COMMITTEE ALSO ENTERLIS. ROMODLY				
	e e			

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

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

Schedule H Loans Made to Others'		Type or print in ink. Amounts may be rounded to whole dollars.					Statement cove	1/10	CALIFORNIA 460	
LOANS MADE TO OTHERS							through06/	/30/10	Page <u>/6</u>	of <u>17</u>
SEE INSTRUCTIONS ON REVERSE				<u></u>					I.D. NUMBER	
NAME OF FILER									1313352	
Elito Santarina	A. C.	a ⁴	4				-1	(c)	(f)	(g)
FULL NAME, STREET ADDRESS AND OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUK	į į	IF AN INDIVIDU OCCUPATION AN (IF SELF-EMPLO' NAME OF BU	D EMPLOYER YED, ENTER	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT C FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
						PAID		1		CALENDAR YEAR
						\$. \$	% RATE	\$	\$ PER ELECTION**
				\$	s	\$	DATE DUE	\$	DATE INCURRED	\$
						PAID				CALENDAR YEAR
								%	s	s
•						5	_ \$	RATE		PER ELECTION**
				\$	\$	s	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to an	other candid	ate or committee		<u> </u>						· · ·
must also be summarized on Sche	dule D. Loan	s forgiven must		SUBTOTALS	\$	\$	\$	\$.		· · · · · · · · · · · · · · · · · · ·
also be reported on Schedule E.						<u> </u>		(Enter (e) on Schedule I, Line 3)	
5.								•		•
Schedule H Summary				•	•		\$		[ant Diand
(Total Column (b) plus unite	mized loans	of less than \$1	(00.)	·····						**If Required
Payments received on loans (Total Column (c) plus unite	mized paym	ients of less tha	an a roo.)							
3. Net change this period. (Su	btract Line	2 from Line 1.))			NET \$	ay be a negative numb	er)	

SCHEDULEH

ichedule — liscellaneous Increas		es to Cash Amounts may be round to whole dollars.			Statement covers period 01/01/10 from	CALIFORNIA 460 FORM of
EE INSTRUCTIONS AME OF FILER			۸			I.D. NUMBER 1313352
Elito Santarina	a	FULL NAME AND ADDRESS OF SOURCE		DE	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
RECEIVED		(IF COMMITTEE, ALSO ENTER I.D. NUMBER)				
				<u> </u>		
i						
	-					
				·		
Attach addit	tional information	on appropriately labeled continuation sheets.			· SUBTOTA	AL\$
Auacii addi.						
Schedule I	Summary				\$	
1. Itemized ir	ncreases to cas	h this period.	***************************************		\$	
		l a de-tago this poriod				
2. Total of all	l interest receive	ed this period on loans made to others. (Sch	ledule H, Colu	IIIII (C).)		
4. Total misc Summary	ellaneous incre Page, Line 14.	ases to cash this period. (Add Lines 1, 2, a	and 3. Enter no	cie and on the	TOTAL \$	FPPC Form 460 (January/05 oline: 866/ASK-FPPC (866/275-3772

SCHEDULE

Executed on -

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

State of California

Recipient Committee	•
Campaign Statement	ŀ
Cover Page — Part 2	2

Type or p n ink.

COVF CALIFORNIA FORM	460
Page2	of

Officeholder or Candidate	Controlled Committ	ee	6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CAND				NAME OF BALLOT MEASURE				
Flito M. Santarina				BALLOT NO. OR LETTER	JURISDICTIC)N	П	SUPPORT
OFFICE SOUGHT OR HELD (INCLUDE	E LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. ONCETTEN				OPPOSE
Councilman, City of Carson								
RESIDENTIAL/BUSINESS ADDRESS	(NO. AND STREET) CITY			Identify the controlling off	iceholder, car	ndidate, or st	ate measure p	roponent, if any.
21133 Catskill Ave	Carson	CA 90745		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT		
Related Committees Not I not included in this statement that contributions or make expenditure.	t are controlled by you or	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. II	= ANY
COMMITTEE NAME		.D. NUMBER						
N/A			7	. Primarily Formed Can	didate/Offic	eholder Co	ommittee Lis	st names of
NAME OF TREASURER		CONTROLLED COMMITTEE?		officeholder(s) or candidate(s	s) for which thi	s committee is	GHT OR HELD	ed.
COMMITTEE ADDRESS STR	EET ADDRESS (NO P.O. BO)	()						OPPOSE
CITY	STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME		I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
IN/A		CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT
NAME OF TREASURER		YES NO		NAME OF OFFICEROLDER OR	,			OPPOSE
COMMITTEE ADDRESS STE	REETADDRESS (NO P.O. BO.	×)				<u> </u>		
CITY	STATE ZIP CO	DE AREA CODE/PHONE		Atta	ach continuati	ion sheets if	necessary	

Campaig isclosure Statement Summary Page

Type or t in ink.

Amounts may—e rounded
to whole dollars.

| Statement covers period | T/1/10 | CALIFORMA 460 | FORM | T/1/10 | Page 3 of 17 | I.D. NUMBER | 981663

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Elito M. Santarina Calendar Year Summary for Candidates Column B Column A Running in Both the State Primary and CALENDAR YEAR TOTAL THIS PERIOD Contributions Received TOTAL TO DATE (FROM ATTACHED SCHEDULES) **General Elections** 7/1 to Date 1/1 through 6/30 0.00 2. Loans Received Schedule 8, Line 3 20. Contributions 0.00 \$ 0.00 0.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ Received 0.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 0.00 \$ ____ 0.00 Made 0.00 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ **Expenditure Limit Summary for State Expenditures Made** Candidates 0.00 6. Payments Made Schedule E, Line 4 \$ _____ 0.00 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 0.00 Total to Date 0.00 Date of Election 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 (mm/dd/yy) 0.00 0.00 **Current Cash Statement** 1152.65 To calculate Column B, add amounts in Column A to the 0.00 13. Cash Receipts Column A, Line 3 above *Amounts in this section may be different from amounts corresponding amounts 0.00 from Column B of your last reported in Column B. 14. Miscellaneous Increases to Cash Schedule I, Line 4 report. Some amounts in 0.00 15. Cash Payments Column A, Line 8 above Column A may be negative 1152.65 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). 0.00 FPPC Form 460 (January/05) 0.00 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _

	Contribution	s Received	Amounts	be rounded whole dollars.	Statement covers period 7/1/10 from				
	NS ON REVERSE						-		
NAME OF FILER							981663		
Friends of	Elito M. Santarin		·			OUR ATTUE TO	DATE	PER ELECTION	
DATE RECEIVED	FULL NAME, STREE	T ADDRESS AND ZIP CODE OF CONTRIBUTOR OMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS	CALENDAR YE	AR	TO DATE	
			IND COM OTH PTY					·	
			DIND COM OTH PTY SCC						
			□IND □COM □OTH □PTY □SCC						
			☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			☐IND ☐COM ☐OTH ☐PTY ☐SCC						
				SUBTOTAL	.\$ 0.00		<u> </u>		
1. Amount re	il Schedule A sul	od – itemized monetary contributions. ototals.)od – unitemized monetary contribution		\$	0.00	IND COM OTH	other t) Other (– Other (–	nt Committee han PTY or SCC) e.g., business entity)	
	.:	ns received this period. here and on the Summary Page, Col			0.00	<u></u>	EPPC	Form 460 (January/05) K-FPPC (866/275-3772)	

SCHEDULE A

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

Schedul (Continu Monetary Contribution NAME OF FILER Friends of Elito M. Santari		ns Received	onk. be rounded oliars.	through 12	/31/10	CALIFORNIA 46 FORM 5 of 17 I.D. NUMBER 981663		
DATE RECEIVED	THE MANE STREET	ET ADDRESS AND ZIP CODE OF CONTRIBUTOR COMMITTEE, ALSO ENTER I.O. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPÁTION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR TO DATE	
			□IND □COM □OTH □PTY □SCC					
			☐IND ☐COM ☐OTH ☐PTY ☐SCC					_
			☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			□IND □COM □OTH □PTY □SCC					
			□IND □COM □OTH □PTY □SCC					

*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)

0.00

SUBTOTAL\$

			=					sc -	DULE B - PART 1
Schedule ಶ – Part 1 _oans Received		Amo	ype or prin ounts may be⊶o to whole dollar	nk. unded s.	Statement covers period 7/1/10 CALIFORM 46				⁴ 460
						through12	/31/10	Page6	of
SEE INSTRUCTIONS ON REVERSE	<u> </u>							I.D. NUMBER	
NAME OF FILER					•			981663	
Friends of Elito M. Santarina						(d)	(e)	(f)	(g)
FULL NAME, STREET ADDRESS AN OF LENDER (IF COMMITTEE, ALSO ENTER LD. NU	!	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 PA OR FORGIV THIS PERIC	EN CLOSE OF THIS	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
(IF COMMITTEE, ALSO ENTERED.	1	NAME OF BOOMEOUS			PAID				CALENDAR YEAR
						s	%	s	\$
					FORGIVEN		RATE		PER ELECTION**
			\$	\$	\$	DATE DUE	\$	DATE INCURRED	•
TO NO COM OTH OF	TY □ SCC		<u> </u>		PAID				CALENDAR YEAR
									s
	-				\$	_ \$	RATE	,	PER ELECTION **
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			\$	s	\$	DATE DUE	\$	DATE INCURRED	\$
t□ IND □ COM □ OTH □ F	PTY □ SCC			<u> </u>	<u> </u>	DATEBOL		 	CALENDAR YEAR
					☐ PAID				CALLINDANCE
					\$	\$	RATE	\$	\$
		. ,			FORGIVE	١			PER ELECTION**
							\$	_	\$
+	PTY SCC		\$,		DATE DUE		DATE INCURRED	
TO IND COM OTH	F(1	<u> </u>		s 0.00	6 0	00 \$ 0.00	\$ 0.00	o	
			SUBTOTALS	\$ 0.00	 		(Enter (e) on	_	
				•			Schedule E. Line 3	3)	
Schedule B Summary	-				æ	. 0.00			
1. Loans received this period		• • • • • • • • • • • • • • • • • • • •		••••••			- ر	†Contributor Code	s
(Total Column (b) plus uni	temized loan	s of less than \$100.)				0.00		IND - Individual	
2. Loans paid or forgiven this					\$ -	0.00	-	COM - Recipient C	committee PTY or SCC)
(Takal Calumn (a) plue logi	ne under \$108	naid or fordiven.)						OTH - Other (e.g.	, business e⊓tity)
(Include loans naid by a fi	hird party tha	t are also itemized on Sche	edule A.)			•		PTY - Political Par	ty
(Include loans paid by a t					NFT \$	0.00	_	SCC - Small Contr	IDUIOI COMMINGEE
3. Net change this period. (Subtract Line	e 2 from Line 1.)			. ITE	(May be a negative number)		·	
Enter the net here and or	the Summar	y Page, Column A, Line 2.							

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

** If required.

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Schedule B – Part 2 Loan Guarantors	
SEE INSTRUCTIONS ON REVERSE	
NAME OF FILER	ļ
Friends of Elito M. Santarina	ì
FULL NAME, STREET ADO ZIP CODE OF GUAR (IFCOMMITTEE, ALSO ENTER)	ΑI

		S DULEB-PART 2
Statemen	nt covers period 7/1/10	CALIFORNIA 460
through	12/31/10	Page of17
		I.D. NUMBER
		981663

Friends of Elito M. Santarina			IF AN INDIVIDUAL, ENTER	LOAN	AMOUNT GUARANTEED	CUMULATIVE	BALANCE OUTSTANDING
FULL NAME, STREET ADE ZIP CODE OF GUAR (IF COMMITTEE, ALSO ENTER	ANTOR	CONTRIBUTOR CODE	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	THIS PERIOD	TO DATE	TO DATE
(IF COMMITTEE, ALSO ENTER	D. NUMBERY		NAME OF BOOM SAW,	LENDER		CALENDAR YEAR	
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Friends of Elitic M. Santarina PULL NAME, STREET ADDRESS AND 219 CODE OF CONTRIBUTOR CODE** PULL NAME, STREET ADDRESS AND 219 CODE OF CONTRIBUTOR CODE** PULL NAME, STREET ADDRESS AND 219 CODE OF CONTRIBUTOR CODE** PULL NAME, STREET ADDRESS AND 219 CODE OF CONTRIBUTOR CODE** PULL NAME, STREET ADDRESS AND 219 CODE OF CONTRIBUTOR CODE** PULL NAME, STREET ADDRESS AND 219 CODE OF CONTRIBUTOR CODE** PULL NAME, STREET ADDRESS AND 219 CODE OF CONTRIBUTOR CODE** PULL NAME, STREET ADDRESS AND 219 CODE OF CONTRIBUTOR CODE** PULL NAME, STREET ADDRESS AND 219 CODE OF CONTRIBUTOR CODE** PULL NAME, STREET ADDRESS AND 219 CODE OF CONTRIBUTOR CODE** PULL NAME, STREET ADDRESS AND 219 CODE OF CONTRIBUTOR CODE** PULL NAME, STREET ADDRESS AND 219 CODE OF CONTRIBUTOR CODE** PULL NAME, STREET ADDRESS AND 219 CODE OF CONTRIBUTOR CODE** PULL NAME, STREET ADDRESS AND 219 CODE OF CONTRIBUTOR CODE** PULL NAME, STREET ADDRESS AND 219 CODE OF CONTRIBUTOR CODE** PULL NAME, STREET ADDRESS AND 219 CODE OF CONTRIBUTOR CODE** PULL NAME, STREET ADDRESS AND 219 CODE OF CONTRIBUTOR CODE** PULL NAME, STREET ADDRESS AND 219 CODE OF CONTRIBUTOR CODE** PULL NAME, STREET ADDRESS AND 219 CODE OF CONTRIBUTOR CODE** PULL NAME, STREET ADDRESS AND 219 CODE OF CODE OF CONTRIBUTOR CODE** PULL NAME, STREET ADDRESS AND 219 CODE OF CODE	Schedul— Nonmonetary Contributions Received				Type or p ink. Amounts may founded to whole dollars.		from	tatement covers p 7/1/10	eriod	CALIFO	RM 400
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Friends of Elito M. Santarina DATE FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR COLUMN AND BMILIOVER GOODS OR SERVICES CALENDAR YEAR CALEN	SEE INSTRUCTION	IS ON REVERSE					•		_		
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3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	2. Amount re	eceived this peri	iod – unitemized nonmon	etary contributi	ons of less than \$100		Ф	0.00	F	TY Political CC Small C	Party ontributor Committee

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

Schedul è —	
Summary of Expenditu	ires
Supporting/Opposing	Other
Candidates, Measures	and Committees

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period	CALIFORNIA 160
from 7/1/10	FORM 400
through12/31/10	Page of
	LD. NUMBER
	981663

EE INSTRUCTION	ns on REVERSE	Committees			through12/	31/10	Page I.D. NUMB 981663	
Friends of E	Elito M. Santarina					CUMULATIV	TO DATE	PER ELECTION
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Schedule	D Summary	et e			`		\$	0.00
	Libera and inden	endent expenditures mad	e this period. (Include a	Schedule D subtotals.)		\$_	0.00
2. Unitemiz	ed contributions and ind	lependent expenditures made the	nade this period of under	and 2. Do not enter on	the Summary Page	e.) T	OTAL \$ -	0.00
3. Total con	itributions and independ	ient expenditures made tr	na period. () lad zilitos !					

Schedule— Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Type or print Amounts may b to whole do	e rounded	Statement covers 7/1/1 from 12/3 through 12/3	CALIFORNIA 460 FORM of 17 LD. NUMBER		
NAME OF FILER						981663	
Friends of E	lito M. Santarina					ETO DATE	PER ELECTION
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SUBTOTAL \$

Payments Made	· · ·	Amounts may b to whole do	from7/1/10	FO!	FORM	
				through12/31/10	Page	11 of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					981663	
Friends of Elito M. Santarii	na .				301000	· .
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmone CVC civic donations FIL candidate filing/ballot fees	etary)* porting/opposing others (explain)*	MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and selection postage, del	d appearances ses lating	RAD radio airtime and prod RFD returned contributions SAL campaign workers' sa TEL t.v. or cable airtime an TRC candidate travel, lodging transfer between common voter registration WEB information technology	alaries and production cost and meals and meals and meals and meals and meals	me candidate/sponso
NA ((FC	ME AND ADDRESS OF PAYEE OMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
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					,	
t a see that are contribution	ons or independent expenditures r	must also be sumn	narized on Schedule D.		SUBTOTAL	\$ 0.0
Payments that are contribution	one or marketing or					
Schedule E Summary		E - Unitatalo V			\$ _	0.00
1. Itemized payments made	his period. (Include all Schedule	E SUDTOTAIS.)	***************************************		\$_	0.00
2. Unitemized payments mad	this period. (Miciade all defieddic		4.0 (0)		\$_	0.00
3. Total interest paid this peri	od on loans. (Enter amount from	Schedule B, Part	; 1, Column (e).)	on A Line 6 \	TOTAL \$ _	0.00

Type or print it

Statement covers period

CALIFO

	· ·	SCHEDULE E (CONT.)
Schedul	Type or print ir	Statement covers period CALIFO 460

Schedul
(Continuation Sheet
Payments Made

Amounts may be re-ded to whole dollars.

	OUNED OLL = (+ + + + + + +
Statement covers period 7/1/10	califo 460
12/31/10 through12/31/10	Page 12 of 17
	LD. NUMBER 981663

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Friends of Elito M. Santarina

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 returned contributions campaign paraphernalia/misc RFD MTG meetings and appearances CMP SAL campaign workers' salaries campaign consultants office expenses OFC t.v. or cable airtime and production costs contribution (explain nonmonetary)* TEL CTB petition circulating PET

candidate travel, lodging, and meals CVC civic donations phone banks PHO staff/spouse travel, lodging, and meals candidate filing/ballot fees TRS transfer between committees of the same candidate/sponsor polling and survey research FIL POL TSF fundraising events postage, delivery and messenger services FND POS

independent expenditure supporting/opposing others (explain)* voter registration professional services (legal, accounting) ND WEB information technology costs (internet, e-mail) legal defense LEG print ads PRT

campaign literature and mailings AMOUNT PAID DESCRIPTION OF PAYMENT NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OR CODE 0.00

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

SUBTOTAL \$

SCHEDULE F	•
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Schedul Accrued Expenses (Unpaid Bills)	Type or prir nk. Amounts may b—unded to whole dollars.	Statement covers period 7/1/10	FORM	
Accided Expenses (on Para 2007)	· .	through12/31/10	Page 13	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			1.D. NUMBER 981663	

Friends of Elito M. Santarina				98100	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants 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	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	nces earch messenger services	RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer between	ters' salaries ters' salaries time and production cost to lodging, and meals avel, lodging, and meals en committees of the sal on hnology costs (internet, o	me candidate/sponsor e-mail)
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, AUSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all 3 accrued expenses of \$100 or more, plus total unitemized	Schedule F, Column (b) so accrued expenses under	ubtotals for \$100.)	incu	JRRED TOTALS \$	0.00
Total accrued expenses of \$100 or more, plus total unitermized Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitermized)	nedule F, Column (c) subto payments on accrued ex	otals for payments o penses under \$100.	on)	PAID TOTALS \$.	0.00
3. Net change this period. (Subtract Line 2 from Line 1. Er on the Summary Page, Column A, Line 9.)	nter the difference here ar	nd ::::::::::::::::::::::::::::::::::::		NET \$	0.00 May be a negative number

chedule — continuation Sheet)	Type or print Amounts may be rounded to whole dollars.	Statement covers period 7/1/10	CALIFORNÍA FORM	46
ccrued Expenses (Ur	ıpaid Bills)	through 12/31/10	Page14	of <u>17</u>
			LD. NUMBER	

NAME OF FILER 981663 Friends of Elito M. Santarina

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 CNS campaign consultants SAL campaign workers' salaries OFC office expenses t.v. or cable airtime and production costs CTB contribution (explain nonmonetary)* TEL petition circulating PET candidate travel, lodging, and meals CVC civic donations phone banks PHO staff/spouse travel, lodging, and meals candidate filing/ballot fees FIL

TRS polling and survey research transfer between committees of the same candidate/sponsor POL **TSF**

fundraising events postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* voter registration professional services (legal, accounting) ND VOT PRO WEB information technology costs (internet, e-mail) legal defense ЩĞ print ads

PRT

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

campaign literature and mailings

 ESS OF CREDITOR O ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
			:		
	SUBTOTALS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

TULE F (CONT.)

Schedule G	
Payment lade by an	Agent or Independent of This Committee)
Contractor (on Behalf	of This Committee)

Type or print in ink. be rounded Amounts to whudollars.

	SCHEDULE G
Statement covers period 7/1/10	califora 460
through12/31/10	Page 15 of 17
	I.D. NUMBER
	981663

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CVC civic donations

ND

LEG

Friends of Elito M. Santarina

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CTB contribution (explain nonmonetary)*

candidate filing/ballot fees

campaign literature and mailings

fundraising events

legal defense

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

CMP campaign paraphernalia/misc. campaign consultants

independent expenditure supporting/opposing others (explain)*

MTG meetings and appearances office expenses

petition circulating PET phone banks

MBR member communications

polling and survey research

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

print ads PRT

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

t.v. or cable airtime and production costs candidate travel, lodging, and meals TRC staff/spouse travel, lodging, and meals

TRS transfer between committees of the same candidate/sponsor TSF

voter registration VOT

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
115	MAINTEE, 2000 EVILLAND VIEW D. V.		
<u>.</u>	·		
			TOTAL* \$

Attach additional information on appropriately labeled continuation sheets.

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

Schedule H Loans Made to Others	*		Amounts ma	orint in ink. By be rounded e dollars.		from	/10	CALIFORNI FORM	-700
			•			through12	/31/10	Page 16	of
SEE INSTRUCTIONS ON REVERSE								I.D. NUMBER	
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Friends of Elito M. Santarina			(a)	(b)	(c)	OUTSTANDING	(e) INTEREST	(f) ORIGINAL	(9) CUMULATIVE
FULL NAME, STREET ADDRESS AND OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NU	[IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	REPAYMENT (FORGIVENES THIS PERIO	S CLOSE OF THIS	RECEIVED	AMOUNT OF LOAN	LOANS TO DATE
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					\$	s	RATE %	s	\$ PER ELECTION**
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					☐ PAID				CALENDAR YEAR
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			\$	s	\$	DATE DUE	s	DATE INCURRED	\$
*Loans that are contributions to a must also be summarized on Sch	nother candid edule D. Loans	ate or committee s forgiven must	SUBTOTALS	\$ 0.00	\$ 0.0	00 \$ 0.00	\$ 0.00		
also be reported on Schedule E.				<u> </u>			(Enter (e) on Schedule I, Line 3)		
Schedule H Summary						c	0.00		· · · · · · · · · · · · · · · · · · ·
Loans made this period (Total Column (b) plus unite	emized loans					\$ <u></u>	0.00		**If Required
2. Payments received on loan	semized pavm	nents of less than \$100.)				\$	0.00		•
3. Net change this period. (Sometiment of the change the period).	ubtract Line the Summa	2 from Line 1.)ry Page, Column A, Line 7.)			(M	ay be a negative numbe	r)	

ichedul€ ∕iscellaneous Incre	ases to Cash	Amounts r	r print in ink. nay be rounded ole dollars.		7/1/10 12/31/10	CALIFORNIA 460 FORM Page 17 of 17
EE INSTRUCTIONS ON REVERSE AME OF FILER						I.D. NUMBER 981663
Friends of Elito M. Santar	ina					AMOUNT OF
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DE	ESCRIPTION OF REC	EIPT	INCREASE TO CASH
			:			
All the additional informa	tion on appropriately labeled continuation sheets.				SUBTOTAL	- \$
Schedule I Summary				9	0.0	—
	to each of under \$100 this period					
2. Total of all interest rec	eived this period on loans made to others. ((Schedule H, Coll	unin (0).)		S	<u></u>
· ·		2 and 3. Enter I	leie and on the		0.0	0
Summary Page, Line	14.)					FPPC Form 460 (January/05) ne: 866/ASK-FPPC (866/275-3772)

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			Date qualified as			f Termination CLOSURI	DEBRA I	BOWE	1	. '	
٠	Date qualified as	s committee	(If applica				Secretary				_
. Committee	Information				2.	Treasurer and (Other Princip	oal Offic	ers	<u> </u>	_
NAME OF COMMITT						NAME OF TREASURER					
	ELITO SANTA	RINA		• .		JOSELITO SAPIAN	IDANTE				_
PAIENDO OI			•			STREET ADDRESS	-c etpeet		•		
					<u> </u>	21825 1/2 DOLORI	29 9 I NEE	STATE	ZIP CODE	AREA CODE/PHON	Ē
STREET ADDRESS	(NO P.O. BOX)			•	1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CARSON	•	CA	90745	310-522-0387	
21303 NICOL	LE AVENUE				**************************************	NAME OF ASSISTANT TRE	ASURER IF ANY				_
CITY		STATE	ZIP CODE	AREA CODE/P	HONE	MANUEL QUITEVI					
CARSON		CA	90745	310-753-307	<u> 1</u>	STREET ADDRESS		<u> </u>	<u></u>		
MAILING ADDRESS	(IF DIFFERENT)					21303 NICOLLE A	VENUE				
		•				CITY		STATE	ZIP CODE	AREA CODE/PHON	ŧΕ
OPTIONAL: FAX /	E-MAIL ADDRESS				r i	CARSON		CA	90745	310-653-3060	
310-830-8012	Z/LITO@JCSC	PA.COM	OF COMMITTEE IS	ACTIVE IF DIFFEREN	, · · · · · · · · · · · · · · · · · · ·	NAME AND POSITION OF	OTHER PRINCIPAL (OFFICER(S), II	APPLICABLE		
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3. Verificatio I have used all perjury under t	he laws of the St	ate of Camorila	g this statement that the foregoi	and to the best ong is true and co	of my know rect.	rledge the information of	contained herein	s true and	complete. I ce	rtify under penalty o	<u> </u>
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Statement	tion			· · · · · · · · · · · · · · · · · · ·		STATEMEN CALIFO	DRNIA A	10
INSTRUCTIONS ON REVERSE						Page 2		
COMMITTEE NAME FRIENDS OF ELITO SANTAF	RINA					1.D. NUMBE 981663	R	
4. Type of Committee co	mplete the applicable sections.							
Controlled Committee								•
district number, if any, and the				officeholder controlled,	also list the elective	office soug	jht or held,	and
	ch each officeholder or candidate is affi			and the state of	· · · · · · · · · · · · · · · · · · ·			
If this committee acts jointly	with another controlled committee, list	the name	and identification number	of the other controlled	committee.			
NAME OF CANDIDATE/OFFICEH	OLDER/STATE MEASURE PROPONENT	. (1	ELECTIVE OFFICE SOUGH NCLUDE DISTRICT NUMBER I	T OR HELD . F APPLICABLE)	YEAR OF ELECTION		PARTY	
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ELITO SANTARINA		COUNC	ILMAN		2011	<u> </u>	Dartinan	
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I ist the financial institution wh	ere the campaign bank account is local	ted (control	led "candidate election" co	ommittees only)				
			A CODE/PHONE	BANK ACCOUN	NUMBER		·	
NAME OF FINANCIAL INSTITUTION			7-275-4427	82501081				
EASTWEST BANK		CIT		STATE	ZIP CODE			
510 W. CARSON STREET	r	CARS	SON	CA	90745			
Primarily Formed Committee	Primarily formed to support or oppose JRE(S) FULL TITLE (INCLUDE BALLOT NO. OR		CANDIDATE(S) OFFI	ngle election. List below: CE SOUGHT OR HELD OR N STRICT NO., CITY OR COUN	MEASURE(S) JURISDICTI ITY, AS APPLICABLE)	ON	CHECK	ONE OPPOSE
ELITO SANTARINA			COUNCILMAN				×	OPPOSE

SUPPORT

OPPOSE

Statement organiz	ration					STATEMENT OF ONEANIZATIO
Recipient Committee						CALIFORNIA 410
INSTRUCTIONS ON REVERSE						Page 3
COMMITTEE NAME FRIENDS OF ELITO SANTA	RINA			-		I.D. NUMBER 981663
4. Type of Committee	(Continued)					
General Purpose Committee		ppose specific candidates or COUNTY Committee		ction. Check only one box:		
PROVIDE BRIEF DESCRIPTION OF AC	IVITY					
Sponsored Committee Lis	t additional sponsors on an at	tachment.				
NAME OF SPONSOR		INDUS	TRY GROUP OR AFFILIATIO	N OF SPONSOR		
STREET ADDRESS NO. AND	STREET	CITY		STATE Z	IP CODE	
Small Contributor Committee	Date qualified	Check box and provide small contributor comm	the date this committee q nittee on January 1, 2001, (ualified as a small contributo enter 1/1/01.	r committee. If I	he committee qualified as a
5. Termination Require	ments By signing the verific	cation, the treasurer, assistant tre	easurer and/or candidate, o	officeholder, or proponent cert	ify that all of the f	ollowing conditions have been met:
This committee has cea	sed to receive contribution	ns and make expenditure	es;		·	
This committee does not	ot anticipate receiving cor	tributions or making exp	enditures in the future) ;		
This committee has elim	ninated or has no intentio	n or ability to discharge a	ill debts, loans receiv	ed, and other obligation	ns;	
This committee has no	surplus funds; and	,	•		•	
This committee has file	d all campaign statement	s required by the Political	Reform Act disclosin	ig all reportable transac	ctions.	

-- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to

Government Code Section 89519.

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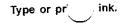
Récipient nmittee Campaign Statement Cover Page		Type or print	COPY	Date Stamp RECEIVE CITY CLEF	D. I	IFORM 460
Government Code Sections 84200-842	216.5)	Statement covers period 01/01/10 06/30/10	(, ==5,	1.0	7 7	For Official Use Only VII-ANNUAL
SEE INSTRUCTIONS ON REVERSE		through	2. Type of Statement:			
Type of Recipient Committe Officeholder, Candidate Controll State Candidate Election Con Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Comm	ed Committee mmittee	Complete 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)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Amendment (Explain	t [Termination)	Quarterly Sta Special Odd Supplementa Statement - A	
3. Committee Information		I.D. NUMBER 981663	Treasurer(s)		· — —	
COMMITTEE NAME (OR CANDIDATE'S	NAME IF NO COMMITTE	EE) .	Joselito Sapiandante			
Friends of Elito M. Santarin	a		MAILING ADDRESS 21825 1/2 Dolores St			
· _			CITY DOIOICS OF	STATE	ZIP CODE	AREA CODE/PHON
STREET ADDRESS (NO P.O. BOX)			Carson	CA	90745	310-753-3071
2133 Catskill Avenue	STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREAS	URER, IF ANY		
Corpor	=	745 310-835-3943	Manuel Quitevis			
Carson MAILING ADDRESS (IF DIFFERENT)		O. BOX	MAILING ADDRESS 21303 Nicolle Ave	<u> </u>		AREA CODE/PHON
CITY	STATE ZIF	CODE AREA CODE/PHONE	Carson	STATE CA	ZIP CODE 90745	310-753-3071
OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL AD	DRESS	·	
Executed on Executed Oxide Oxi	e in preparing and reviews of the State of Calif	wing this statement and to the best of my known in that the foregoing is true and correct. By Signature of the best of my known is true and correct.	nowledge the information contained to the contained to the controlling officeholder, Candidate, State Measure	ant Treasurer Proponent or Responsible Officer		rue and complete. I certify
Executed on		Ву	Signature of Controlling Officeholder, Candidate	e, State Measure Proponent		FPPC Form 460 (January)

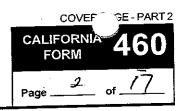
Executed on ___

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

COVER PAGE

Recipient	Committee
Campaig	n Statement
Cover Pa	ge — Part 2





Officeholder or Candidate	Controlled Commi	ittee	6.	Primarily Formed Ballo	t Measure	Committee	•,	
NAME OF OFFICEHOLDER OR CAND				NAME OF BALLOT MEASURE				•
Elito Santarina OFFICE SOUGHT OR HELD (INCLUD		T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
Councilman, City of Carson		STATE ZIP			<u></u> ;			
RESIDENTIAL/BUSINESS ADDRESS	(NO. AND STREET) CI	3		Identify the controlling off	iceholder, ca	ndidate, or s	tate measure p	roponent, if any.
21133 Catskill Ave	Carson	CA 90745		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	ROPONENT		
· ·			. •				-	<u></u>
Related Committees Not in not included in this statement the contributions or make expenditure	t are controlled by you	or are primarily formed to receive	٠	OFFICE SOUGHT OR HELD			DISTRICT NO. II	ANY
COMMITTEE NAME		I.D. NUMBER		-				
Santarina for Mayor		1313352	7	. Primarily Formed Can	didate/Offic	ceholder C	ommittee Lis	at names of
NAME OF TREASURER		CONTROLLED COMMITTEE?		officeholder(s) or candidate(s	s) for which th	is committee	is primarily torni	ea.
Joselito Sapiandante		YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STR	REETADDRESS (NO P.O. B	ŌX)	•	•				OPPOSE
21516 S Main Street					CANDIDATE	OFFICE SO	UGHT OR HELD	
CITY	J	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	01110200		SUPPORT OPPOSE
Carson	CA 907	45 310-835-3943						
COMMITTEE NAME		I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER		CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS ST	REET ADDRESS (NO P.O. E			-			f apparent	
CITY	STATE ZIP	CODE AREA CODE/PHONE		Atta	ach continuat	rion sheets n	necessary	

Campaign closure Statement Summary Page

Type or prir ink.

Amounts may bounded to whole dollars.

	ment covers period 01/01/10	californ 460
from	06/30/10	Page3_ of17_
-		I.D. NUMBER
	<i>i</i>	981663

		intoagn =	
SEE INSTRUCTIONS ON REVERSE			I.D. NUMBER
VAME OF FILER			981663
Friends of Elito M. Santarina	Column A	Column B	Calendar Year Summary for Candidates Running in Both the State Primary and
Contributions Received	TOTALTHIS PERIOD (FROM ATTACHED SCHEDULES)	TOTAL TO DATE .	General Elections
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	\$0 \$	0 0	1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$
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	\$	0 0 0	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 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	0 of free control of free cont	o calculate Column B, add mounts in Column A to the orresponding amounts from Column B of your last eport. Some amounts in Column A may be negative gures that should be subtracted from previous period amounts. If this is the first report being filed or this calendar year, only carry over the amounts	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED 18. Cash Equivalents	. \$	rom Lines 2, 7, and 9 (if any).	FPPC Form 460 (January/ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-37

Schedule A Monetary (Contributions	Received	Type Amounts to v	or in ink. s m e rounded whole dollars.	from	ers period 01/10 5/30/10	Page	
IAME OF FILER							98166	3
DATE RECEIVED	Elito M. Santarina FULL NAME, STREET	ADDRESS AND ZIP CODE OF CONTRIBUTOR MITTEE 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 CALENDAR (JAN. 1 - DI	YEAR	PER ELECTION TO DATE (IF REQUIRED)
			□IND □COM □OTH □PTY □SCC					
			□IND □COM □OTH □PTY □SCC					
			☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			□IND □COM □OTH □PTY □SCC					
			☐IND ☐COM ☐OTH ☐PTY ☐SCC					
				SUBTOTA	L\$ 0			
1. Amount re (Include a	all Schedule A subt eceived this period	- itemized monetary contributions otals.) - unitemized monetary contribution		\$100\$	0	ii C	othe) TH – Othe) TY – Politic	ual vient Committee or than PTY or SCC) r (e.g., business entity)
		received this period. ere and on the Summary Page, Col			0	C Toll-Free Heli	FPP pline: 866/A	C Form 460 (January/05) SK-FPPC (866/275-3772)

SCHEDULE A

Schedule Monetary	ட ்Continuat Contribution	ion Sheet) s Received	Type or prin Amounts may t to whole de	pe rounded	from	ers period 01/10 /30/10	FC	ORNIA 460 5 of 17
NAME OF FILER							98166	i3
Priends of I	FULL NAME, STREET	ADDRESS AND ZIP CODE OF CONTRIBUTOR MMITTEE, ALSO ENTER 1.0. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR (JAN, 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
			□IND □COM □OTH □PTY □SCC					
			□IND □COM □OTH □PTY □SCC					
			□IND □COM					

OTH
PTY
SCC
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COM
OTH

☐ PTY ☐ SCC

□IND
□COM
□OTH
□PTY
□SCC

*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

SUBTOTAL\$	
	_

Schedule b ← Part 1 _oans Received		Type or print ir Amounts may be i ded to whole dollars.				Statement cove from 01/0		CALIFORM	460
SEE INSTRUCTIONS ON REVERSE						through		I.D. NUMBER	O1
NAME OF FILER								981663	
Friends of Elito M. Santarina	•	*	·			(d)	(e)	(f)	(9)
FULL NAME, STREET ADDRESS AND ZIP		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	(a) OUTSTANDING BALANCE BEGINNING THIS	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOR	N CLOSE OF THIS	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	<u>'</u>	NAME OF BUSINESS)	PERIOD		PAID				CALENDAR YEAR
					\$	_ \$	RATE	\$	\$PER ELECTION**
		÷	\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
TO IND COM OTH PTY	scc		-		PAID				CALENDAR YEAR
					\$	_ \$	RATE	\$	\$PER ELECTION ***
t	□ scc		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$
TO IND COM OTH PTY		<u> </u>			PAID				CALENDAR YEAR
·					\$	_ \$	RATE	\$	PER ELECTION**
	□ scc		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
TO IND COM OTH PTY	<u> </u>		SUBTOTALS	<u></u>	\$	\$	\$		
				<u>*</u>			(Enter (e) on Schedule E, Line:	3)	
Schedule B Summary					. \$		_		
Loans received this period (Total Column (b) plus unitemi		•		-	œ		ł	†Contributor Code IND – Individual COM – Recipient C	Committee
Loans paid or forgiven this per (Total Column (c) plus loans ui (Include loans paid by a third)	nder \$100 party that	; are also itemized on Sche	edule A.)		Ψ _			(other than OTH – Other (e.g. PTY – Political Par SCC – Small Contr	n PTY or SCC) ., business entity) rtv
3. Net change this period. (Sub- Enter the net here and on the	tract Line Summar	e 2 from Line 1.)y Page, Column A, Line 2.		,	NET \$ _	(May be a negative number)	_		
*Amounts forgiven or paid by another ** If required.						FPP(C Toll-Free Hel	FPPC Fort pline: 866/ASK-FF	m 460 (January/05) PPC (866/275-3772)

** If required.

SCHEDULE B - PART 1

Schedule B – Part 2 Loan Guarantors	Type or print in in Amounts may be rounded to whole dollars.			e B - Part 2 Amounts may be rounded		Statement covers peri 01/01/10 from	californ 46		
Loan Guarantois	, -			06/30/10	Page	of			
SEE INSTRUCTIONS ON REVERSE					I.D. NUMBER				
NAME OF FILER					981663				
Friends of Elito M. Santarina						BALANCE			
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR	OUTSTANDING TO DATE			
(IF COMMITTEE, ALSO ENTENTED TO			LENDER		CALENDAR TEAR				
	□IND				\$				
	□com □oth	_	DATE		PER ELECTION (IF REQUIRED)				
	□PTY □SCC				\$				
	· □IND	·	LENDER		CALENDAR YEAR				
	□сом □отн		DATE	-	PER ELECTION (IF REQUIRED)				
	□PTY □scc	-	· · · · · · · · · · · · · · · · · · ·		\$				
					CALENDAR YEAR				
	□IND □COM		LENDER		PER ELECTION				
	□отн □ртү	-	DATE		(IF REQUIRED)				
	□scc				\$				
			LENDER		CALENDAR YEAR				
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	□ PTY □ SCC		· · · · · · · · · · · · · · · · · · ·		\$				
		<u></u>	SI	UBTOTAL \$	Enter on Summary Page, Line 17 only.				

SCH LEB-PART2

Schedule & Nonmonet	ary Contribut	tions Received		Type or print k. Amounts may be-unded to whole dollars.		from	06/30/)	CALIFO FOR	8 of 47
NAME OF FILER									981663	
Friends of El	lito M. Santarina							CUMULA	TIVE TO	PER ELECTION
DATE RECEIVED	ZIP CODE C	REET ADDRESS AND F CONTRIBUTOR LSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SER		AMOUNT/ FAIR MARKET VALUE	CALENDA (JAN 1 -	TE AR YEAR	TO DATE (IF REQUIRED)
			□IND □COM □OTH □PTY □SCC							
			☐IND ☐COM ☐OTH ☐PTY ☐SCC			<u>.</u>			·	
			□IND □COM □OTH □PTY □SCC							
			□IND □COM □OTH □PTY □SCC			<u>.</u>			- -	
		n on appropriately lab	eled continua	tion sheets.	SUB	TOTAL	\$		-	
Schedule 1. Amount re (Include al 2. Amount re	C Summary ceived this period I Schedule C sub ceived this period	d – itemized nonmoneta totals.) I – unitemized nonmon	etary contribution	s. ons of less than \$100		Þ .		INE CO OT PT	otherí) H – Other (Political	I nt Committee than PTY or SCC) e.g., business entity)
3. Total nonm (Add Lines	nonetary contributes 1 and 2. Enter h	tions received this perio ere and on the Summa	ry Page, Colur	nn A, Lines 4 and 10.)	то	TAL \$.	FPPC Toll-F		FPPC f e: 866/ASK	Form 460 (January/05) (-FPPC (866/275-3772)

Schedule 🗠	
Summary of Expenditur	es
Supporting/Opposing C)ther
Candidates, Measures a	nd Committees

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULET
Statement covers period	CALIFORNIA AGO
from01/01/10	FORM 400
through06/30/10	Page 9 of 17
	I,D. NUMBER
	981663

		ind Committees			through06/3		9 of 17
NAME OF FILER	ONS ON REVERSE					1.D. NU 9816	
Friends of I	Elito M. Santarina	IDATE, OFFICE, AND DISTRICT, OR	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
DATE	MEASURE NUMB	ER OR LETTER AND JURISDICTION, OR COMMITTEE					-
			Monetary Contribution				
			Nonmonetary Contribution				
	☐ Supp	ort Dppose	Independent Expenditure				
			Monetary Contribution	*.			
			Nonmonetary Contribution		į		
-		port Oppose	Independent Expenditure				
	Sup	роп Оррозе	Monetary Contribution				
			Nonmonetary Contribution				
			Independent Expenditure				
=	Sup	port Oppose		SUBTOTA	AL \$		
Schedule	D Summary					٩	·
1 Homized	contributions and	independent expenditures mad	e this period. (Include a	II Schedule D subtotals	.)		·
2. Unitemiz	ed contributions a	nd independent expenditures m	nade this period of unde	r\$100	the Dummer Dans	τοται 9	·
2 Total con	tributions and inde	ependent expenditures made th	nis period. (Add Lines 1	and 2. Do not enter on	the Summary Page.	,	

Schedule Continuation Sheet) Summary of Expenditude Supporting/Opposing Condidates, Measures	Other	in ink. e rounded Illars.	Statement covers from 01/01/1 through 06/30	0	Page 17 I.D. NUMBER		
AME OF FILER Friends of Elito M. Santarina						981663	
NAME OF CANO	IDATE, OFFICE, AND DISTRICT, OR ER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAF (JAN. 1 - DI	YEAR	PER ELECTION TO DATE (IF REQUIRED)
Supp	oort Dppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		·			
	port	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
☐ Sup		Monetary Contribution Nonmonetary Contribution Independent Expenditure					
☐ Sup		Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	port 🗀 especi		SUBTOTA	L \$			

Schedule L Payments Made

Type or print in

Amounts may be rounded to whole dollars.

	_	SCHEDULEE
	Statement covers period	CALIFOR 160
fr	om01/01/10	FORM TOO
	06/30/10	Page _// of
-		I.D. NUMBER
		981663

SEE INSTRUCTIONS ON REVERSE					I.D. NUMBER
NAME OF FILER					981663
Friends of Elito M. Santarin					
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonet CVC civic donations candidate filing/ballot fees	ary)* orting/opposing others (explain)*	MTG meetings and OFC office expens PET petition circult PHO phone banks POL polling and s	appearances ses ating		ies production costs and meals ng, and meals tees of the same candidate/sponsor
NAM groot	E AND ADDRESS OF PAYEE MMITTEE, ALSO ENTER LD. NUMBER)	·	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
			·		
* Payments that are contribution	ns or independent expenditures n	nust also be summ	arized on Schedule D.		SUBTOTAL\$
rayments that are continued					
Schedule E Summary 1. Itemized payments made the	is period. (Include all Schedule	E subtotals.)			\$
2. Unitemized payments made	this period of under \$100			·	\$
3. Total interest paid this perio4. Total payments made this p	d on loans. (Enter amount from eriod. (Add Lines 1, 2, and 3. E	Schedule B, Part nter here and on t	1, Column (e).)he Summary Page, C	olumn A, Line 6.)	TOTAL \$
• •					5000 5 460 / January/05

SCHEDU	ILE E	(CONT.
SOUTHDR		, 00, 11, 1.

Schedule	
(Continuation Sh	ieet)
Payments Made	

Type or print in ir Amounts may be roursed to whole dollars.

<u> </u>			
CALIFORI / CO			
FORM			
Page 12 of 17			
I.D. NUMBER			
981663			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Elito M. Santarina

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

MFG meetings and appearances

MFG meetings and appearances

SAL campaign workers' salaries

CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations

OFC office expenses
OFC office expenses
SAL campaign workers salaries
t.v. or cable airtime and production costs
petition circulating
phone banks
TRC candidate travel, lodging, and meals

CVC civic donations

FIL candidate filing/ballot fees

FIRS staff/spouse travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TRS transfer between committees of the same candidate/sponsor

FND fundraising events

POS postage, delivery and messenger services

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

independent expenditure supporting/opposing others (expans)

LEG legal defense

LT campaign literature and mailings

PRO professional services (legal, accounting)

IT campaign literature and	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OF	DESCRIPTION OF PAYMENT	AMOUNT PAID
	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)			
			.*	
		-		
•				
· '				
		Cabadula D	SUBTOTAL	

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

				•		SCHEDULE F	
Schedule Accrued Expenses (Un	naid Bills)	Type or print i Amounts may be hade to whole dollars.	ed	Statement cover		FORM 460	
Accided Expenses (only	,			through 06/3	30/10	Page 13 of 17	
EE INSTRUCTIONS ON REVERSE IAME OF FILER					"-	0. NUMBER 81663	
Friends of Elito M. Santarina CODES: If one of the following campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetal civic donations candidate filing/ballot fees fundraising events independent expenditure supported legal defense	rting/opposing others (explain)*	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and i PRO professional services (PRT print ads	earch messenger services	SAL campaign work TEL t.v. or cable air TRC candidate trave	time and production I, lodging, and mea avel, lodging, and rea en committees of t	n costs als meals he same candidate/sponsor	
LIT campaign literature and mailings NAME AND ADDRES (IF COMMITTEE, ALSO !	SS OF CREDITOR	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON	BALANCE AT CLOSE	
					·		
* Payments that are contributions or inc summarized on Schedule D.	dependent expenditures must also be	SUBTOTALS	\$	\$	\$	\$	
Schedule F Summary	urred this period. (Include all 9	Schedule F, Column (b) st	ubtotals for	INC	UPPEN TOTAL	S.\$.	

1.	. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED TOTALS \$
2	Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	PAID TOTALS \$
	Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	

Schedule F Continuation Sheet) Accrued Expenses (Unpaid Bills)	Type or print in Amounts may be rounded to whole dollars.	·	Statement cover from01/01 through06/3	/10 F 30/10 Page	SC JLEF (CONFORM 460
Friends of Elito M. Santarina CODES: If one of the following codes accurately compaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (elegal defense campaign literature and mailings	MBR meetings and appearance OFC office expenses PET petition circulating PHO phone banks POL polling and survey reseal xplain)* POS postage, delivery and me PRO professional services (leg	rch essenger services gal, accounting)	RFD returned contril SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer between	butions kers' salaries time and production co el, lodging, and meals avel, lodging, and mea en committees of the s	ists Is same candidate/sponso
* Payments that are contributions or independent expenditu NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSI OF THIS PERIOD

SUBTOTALS \$

Schedule G Paymentsde by an Agent or Independent	Type or print in ink. Amounts ma rounded to whole ars.	Statement covers period 01/01/10	califor 460
Contractor (on Behalf of This Committee)	· · · · · · · · · · · · · · · · · · ·	through06/30/10	Page _/ of
SEE INSTRUCTIONS ON REVERSE			I.D. NUMBER
NAME OF FILER			981663
Friends of Elito M. Santarina			
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
	the code the code	le Otherwise describe the paymer	nt.

CODES: If one of the follow CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonet CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure support LEG legal defense LT campaign literature and mailing * Payments that are contributions or	ary)* orting/opposing others (explain)*	MTG meetings and OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	and appearances enses culating ks survey research elivery and messenger services at services (legal, accounting)	RFD n SAL o TEL t TRC o TRS s TSF t	describe the payment. 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 voter registration information technology costs (internet, e-n	
NAME AND A	DRESS OF PAYEE OR CREDITOR			DESCRIPTION	OF PAYMENT	AMOUNT PAID
(IF COMA	AITTEE, ALSO ENTER I.D. NUMBER)					

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			R DESCRIPTION OF PAYMENT	AMOUNT PAID
(II- COIVIII				
	,			
	•			
		<u> </u>		TOTAL* \$

Attach additional information on appropriately labeled continuation sheets.

^{*} 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	k		Amounts ma	orint in ink. ay be rounded e dollars.		from01/0	01/10	FORM	A 460
Loans Made to Others						through 06/	/30/10	Page /6	of <u>17</u>
SEE INSTRUCTIONS ON REVERSE						, ., ., ., ., ., ., ., ., ., ., ., ., .,		I.D. NUMBER	
NAME OF FILER				-				981663	
Friends of Elito M. Santarina			*	<u>, </u>				(f)	(g)
FULL NAME, STREET ADDRESS AND OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NU		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 O FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
(IF COMMENTEE, ACSO ENTER TO. TO.		TANKE CT DOGITOUS	(2.030	,	PAID		ŀ		CALENDAR YEAR
						ļ	%	\$	s
					\$	-) *	RATE		PER ELECTION**
									s
	•		\$	\$	\$	DATE DUE	*	DATE INCURRED	
					PAID				CALENDAR YEAR
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					FORGIVEN		RATE		PER ELECTION**
							\$		s
	-		\$	\$	\$	DATE DUE		DATE INCURRED	
*Loans that are contributions to a	nother candid	late or committee	<u> </u>						
must also be summarized on Sche	dule D. Loan	s forgiven must	SUBTOTALS	\$	\$	\$	\$		
also be reported on Schedule E.			· ·		<u> </u>	<u> </u>	(Enter (e) on Schedule I, Line 3))	
	. •	•							
Schedule H Summary	-					\$		<u> </u>	**If Required
 Loans made this period (Total Column (b) plus unite 	mized loans	s of less than \$100.)							- Required
Payments received on loans (Total Column (c) plus unite	mized bavn	nents of less than a roo.)						-	
3. Net change this period. (St	btract Line	e 2 from Line 1.) ary Page, Column A, Line 7.)	•••••••		INC! \$ (M	ay be a negative number	er) T	

Miscellaneous Increases to Cash		Amounts n	r print in ink. nay be rounded ole dollars.	Statement covers period 01/01/10 from06/30/10	Page 7 of 7		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					981663		
Friends of Elito M. Santarina							
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DE	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH		
					·		
		<u>.</u>					
	_						
Attach additional information	on appropriately labeled continuation sheets.			SUBTO	TAL \$		
Schedule I Summary 1. Itemized increases to case 2. Unitemized increases to	sh this periodcash of under \$100 this period	ule H, Col	umn (e).)	\$			
 Total miscellaneous incre Summary Page, Line 14 	eases to cash this period. (Add Lines 1, 2, and	A		_	FPPC Form 460 (January/05 Ioline: 866/ASK-FPPC (866/275-3772		

SCHEDULE

Statement Code Sections 84200-84216.5) Statement covers period from July 1, 2014 SEE INSTRUCTIONS ON REVERSE Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Date of election if applicable: (Month, Day, Year) 15 JAN 28 PM CITY OF CAR 2. Type of Statement: Preelection Statement	ľ
1. Type of Necipient Committee: All Committees of the Committee of the Com	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Sponsored Sponsored Sponsored Small Contributor Committee (Also Complete Part 7) Political Party/Central Committee	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Altach Form 495
	Penue ZIP CODE AREA CODE/PHONE 707453565
OPTIONAL: FAX / E-MAIL ADDRESS	ZIP CODE AREA CODE/PHONE
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 sunder penalty of perjury under the laws of the State of California that the foregoing is true and correct under penalty of perjury under the laws of the State of California that the foregoing is true and correct support the laws of the State of California that the foregoing is true and correct support to the laws of the State of California that the foregoing is true and correct support to the laws of the State of California that the foregoing is true and correct support to the laws of the State of California that the foregoing is true and correct support to the laws of the State of California that the foregoing is true and correct support to the laws of the State of California that the foregoing is true and correct support to the laws of the State of California that the foregoing is true and correct support to the laws of the State of California that the foregoing is true and correct support to the laws of the State of California that the foregoing is true and correct support to the laws of the State of California that the foregoing is true and correct support to the laws of the State of California that the foregoing is true and correct support to the laws of the State of California that the foregoing is true and correct support to the laws of the State of California that the foregoing is true and correct support to the laws of the State of California that the foregoing is true and correct support to the laws of the State of California that the foregoing is true and correct support to the laws of the State of California that the foregoing is true and correct support to the laws of the State of California that the foregoing is true and correct support to the laws of the State of California that the foregoing is true and correct support to the laws of the State of California that the foregoing is true and correct support to the laws o	

Date

COVER PAGE

. Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	Measure (Committee	
NAME OF OFFICEHOLDER OR CANDIDATE	11/14		NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT COUNCIL MAN, City OF	TNUMBER IF APPLICABLE) ANSON CA. 90745		BALLOT NO. OR LETTER	JURISDICTIC)N	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling offic			e proponent, if any.
			NAME OF OFFICEHOLDER, CAND	DIDATE, OR PR	OPONENT	
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 canditudes.	r are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER	77	Primarily Formed Cand	idate/Offic	eholder Committee	List names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s)	for which this	OFFICE SOUGHT OR HEL	n l
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	X)		NAME OF OFFICEHOLDER OR CA	ANDIDATE	Office good in our least	SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO)X)		The state of the s			
CITY STATE ZIP C	ODE AREA CODE/PHONE		Attaci	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 from Suly 1, 2014

california 460

SUMMARY PAGE

Page 3 SEE INSTRUCTIONS ON REVERSE LD. NUMBER NAME OF FILER 981663 Elito M. Sontarina Calendar Year Summary for Candidates Column B Running in Both the State Primary and CALENDAR YEAR TOTAL THIS PERIOD Contributions Received (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 7/1 to Date 1/1 through 6/30 20. Contributions 11.109.99 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 21. Expenditures Nonmonetary Contributions Schedule C, Line 3 Made **Expenditure Limit Summary for State** Expenditures Made Candidates 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 Date of Election 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 s 2046.14 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add amounts in Column A to the *Amounts in this section may be different from amounts corresponding amounts from Column B of your last reported in Column B. 14. Miscellaneous Increases to Cash Schedule I, Line 4 report. Some amounts in: 15. Cash Payments Column A, Line 8 above 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). 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 Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

statement covers period from Suly 1,2014 through Dec. 31,2014

SUBTOTAL\$ 4900.00

california 460 form

SCHEDULE A

Page ______ of _____

ID NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER 981663 Elito M. Santorina tos PER ELECTION CUMULATIVE TO DATE AMOUNT IF AN INDIVIDUAL, ENTER TO DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR RECEIVED THIS CALENDAR YEAR CONTRIBUTOR OCCUPATION AND EMPLOYER (IF REQUIRED) DATE (JAN. 1 - DEC. 31) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PERIOD CODE * (IF SELF-EMPLOYED, ENTER NAME RECEIVED OF BUSINESS) Clear Channel Outdoor, Inc. P.O. Box 659512 San Antonio, TX 78265-9512 Que 252-4000 []IND □ COM 1,180.00 HTOTH 10/27/14 []PTY SCC □IND Hotionwide Environmental □ COM 1,000.00 Services 11914 Front St. POTH 11/3/14 **TIPTY** Norwalk, CA 90650 T)SCC []IND Watson Land Company 22010 Wilmington Ave. □ COM POTH 2,500.00 10/10/14 PTY Carson, CA 90745 10810C SCC MIND The Criscom Company COM 160.80 ₩ OTH 9550 Toponge Confin Blud. []PTY Chatsworth CA 91311-4011 SCC MD COM []OTH 380.80 PTY

Schedule A Summary

SCC

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from July 12314

through Dec 312014

Page 5 of 80

I.D. NUMBER

Ñ	AME OF FILER	2 M. SANTARINA FOR CITY	Guna	1 2015		-	981	663
<u>.</u>	DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		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)
10-2	-14	RIMA ELKHAYAT TAHAN SALAH MICHAEL TAHAN 16 SAL COUNTAL DE 999-357-6699	□IND □COM DOTH PTY □SCC		El, ove. CD		AL POLICE AND ADDRESS OF THE PROPERTY OF THE P	
u-/b		MIARILA SUNISCO 21828 Somain ST CARSON, CA. GOTH	□IND □COM □OTH □PTY □SCC		100.00			
10-16	-14	Brigido Mandia 29358 Vin milagro Valencia, ca. 91354	DIND COM OTH PTY Scc	Respiratory Therapis of Westfake Health Ove Easter				
0-167	ycf	CP Manlepaz Frestmank Tue 18315 alexander ave. Cervitos, Eggroz	NMD ☐COM DATH ☐PTY ☐SCC	Dentist, Retired				
no lo	-14	Abed 5 El aborr p.o. Box 3894 S. Pasadina Ca. 91031	□IND □COM □OTH □PTY □SCC	J.	500,00			
ŝ				SUBTOTAL	\$ 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

Schedule A Continuation Theet) Monetary Contributions Received

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DATE

RECEIVED

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

SCHEDULE A

Statement covers period CALIFORNIA **FORM** I.D. NUMBER ZON PER ELECTION CUMULATIVE TO DATE AMOUNT IF AN INDIVIDUAL, ENTER TODATE CALENDAR YEAR RECEIVED THIS OCCUPATION AND EMPLOYER (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

IND COM JOTH. PTY SCC TIND □ COM THOTH **I** PTY □scc COM DOTH FIPTY SCC 12MD []COM □OTH □PTY □SCC 500,00 SUBTOTAL\$

CONTRIBUTOR

MIND COM ПОТН PTY SCC

CODE *

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

Schedule A Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460

from July 2014
through Dec 32014

FORM 460

SEE INSTRUCTIONS ON REVERSE LD. NUMBER Elito SANTARINA For City Council 2015 NAME OF FILER 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 LD. NUMBER) (IF REQUIRED) (JAN. 1 - DEC. 31) CODE * PERIOD OF SELF-EMPLOYED, ENTER NAME RECEIVED OF BUSINESS) (THND Retired Teacher ПСОМ ПОТН MPTY []SCC []IND \square CQM 200,00 PTOTH ITIPTY Dicho 16, 2014 15 mberly Lermino

Richo 16, 2014 255 Randork Cene.

Sierra muche, ca. 910

10-14.2014 21305 S. Froylor Li.

CAPPON & Go745

D-03-14 Pilipino Americantelliance

Wode archibald air FISCO [T]IND □ CQM 100.00 POTH FIPTY SCC JIND COM ПОТН PTY []]SCC 100.00 MD COM Потн PTY Carson, a gery ∏SCC. SUBTOTAL\$ / OGO, 50

Schedule A Summary

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.)

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

 *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	
Monetary Contributions	Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from July 1, 2014 CALIFORNIA 460 FORM FORM Page 8 of 10

SCHEDULE A

through Dec. 31, 2014 SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 981663 City Council 2015 Elito M. Santarina PER ELECTION CUMULATIVE TO DATE AMOUNT IF AN INDIVIDUAL, ENTER TODATE CALENDAR YEAR FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR RECEIVED THIS CONTRIBUTOR OCCUPATION AND EMPLOYER (IF REQUIRED) DATE (JAN, 1 - DEC, 31) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * PERIOD (IF SELF-EMPLOYED, ENTER NAME RECEIVED OF BUSINESS) MD Price Tronsfer Group 2790 East Del Amo Blud. Roncho Dominquez, CA 90221 []COM 500.00 **POTH** []PTY SCC Eduardo M. Gabuten D.M.D. Norwina Gabuten 3111 Lamar Ct. 90712 TIND [COM Потн 300.00 9/6/14 **□PTY I**SCC Loundes F. 51a 102 E 229th PL UND []COM []OTH 200.00 8/28/14 10/17/14 Carson, CA 90745-4821

KEC Engineers Inc.

10/17/14 730 5. Teal Cir.

Anaheim, CA 92807 □ PTY SCC COM **₽**OTH 570.00 □ PTY SCC MIND Mohammad Pournamdari. 221 Avenue B COM OTH []PTY Redondo Beach, CA 90277-4708 SCC SUBTOTAL\$ 1,500.00 *Contributor Codes IND - Individual

Schedule A Summary		
L. Amount received this period – itemized monetary contributions.	\$	
(Include all Schedule A subtotals.)	φ	1.2.90

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

 COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)

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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.) Statement covers period **CALIFORNIA FORM** LD NUMBER

NAME OF FILER	to M. Sontarina for City Cour	ril ans	4			98	1643
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/15/14	Francis S. Veneración Mary Lou Ramas Veneración 255 Pismo Dr. Corson, CA 90745	□IND □COM □OTH □PTY □SCC		180,00		The state of the s	
	Carson, Cri Wi 79	☐IND ☐COM ☐OTH ☐PTY ☐SCC					
	-	□IND □COM □OTH □PTY □SCC				and the state of t	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		1	SUBTOTAL	\$ 100.00		as .	

*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.

CALIFORNIA FORM

		through Dec 3/14	Page 10 of 10
NAME OF FILER ELITO SANTARINA FOR C	Suncil 2015		1.D. NUMBER 981 663
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* POS post PRO prof	ment, you may enter the code. Other mber communications etings and appearances be expenses tion circulating me banks ing and survey research tage, delivery and messenger services lessional services (legal, accounting) tads	RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the candidate travel, lodging, and the staff/spouse travel, lodging, and the staff/spouse travel, lodging, and the staff/spouse travel.	uction costs I meals and meals I of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
Raul Mura A Topos 4546 South Los Topos	WB Web sil	te set up	\$ 250,00
City & Carson, City Treasures City & Top East Carson ST. (3:08)	Fil Candi	date Filing/ allot Fee	\$775.80
			<i>Oy</i>
* Payments that are contributions or independent expenditures must also b	e summarized on Schedule D.	SU	BTOTAL \$ 1025. 07
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotal 2. Unitemized payments made this period of under \$100	B, Part 1, Column (e).)		\$ 2500
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here a	and on the Summary Page, Column A	, Line 0.)	7

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Statement covers period from 1/18/15	Date of election if applicable; (Month, Day, Year)	Date Stamp RECEIVED CITY CLERK FEB 19 PM 4: 1	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 2/14/15	313113		
State Candidate Election Committee Recall (Also Complete Pert 5) General Purpose Committee Sponsored Small Contributor Committee	mplete Parts 1, 2, 3, and 4. callot Measure Committee) Primarily Formed) Controlled) Sponsored Mos Complete Part 6) crimarily Formed Candidate/ Miso Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain be	☐ Sp	parterly Statement secial Odd-Year Report pplemental Preelection atement - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Elito Santarina For City Committee Street Address (No P.O. BOX)	981663 Danci/2015	Treasurer(s) NAME OF TREASURER Manuel MAILING ADDRESS 21303 A CITY Carson	STATE ZIP	112 CODE AREA CODE/PHONE 1745 (310) 835-850

				Larson NAME OF ASSISTANT TREAS	CA	90745	(310)835-8
CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREAS	SURER, IF ANY		<u> </u>
MAILING ADDRESS (IF DIFFE	ERENT) NO. AND STREET	OR P.O. BOX		MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL AL	DDRESS			OPTIONAL: FAX / E-MAIL AE	DDRESS		-

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of myknowledge 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.

and pariary or pariary arrow and rather or the character of
Executed on $2 - 19 - 15$
Executed on 2 - / 9 - / Date
Executed on
Executed on

Bv	NAMEDIA
	Signaphre of Treasurer of Assistant Treasurer
Bv	Ickes dantarina
-,	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Bay	

By _______Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Toll-Free Hathi

Officeholder or Candidate Controlled	Committee	6.	Primarily Formed Ballot	Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			and the second s	
Elito M. Santarina office sought or held (Include Location and Councilmon, City of			BALLOT NO. OR LETTER	JURISDICTIC	DN		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	T) CITY STATE ZIP		Identify the controlling office			asure p	proponent, if any.
enter the second of the second	, , , , , , , , , , , , , , , , , , ,		NAME OF OFFICEHOLDER, CANDI	DATE, OR PR	OPONENT		
Related Committees Not Included in the not included in this statement that are controlled contributions or make expenditures on behalf of the statement of the	by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRI	CT NO. I	F ANY
COMMITTEE NAME	I.D. NUMBER		1980 - The Control of Section of Section (Section Section Sect	and the second s	A CONTRACTOR OF THE PROPERTY O	and an analysis of the state of	<u>. </u>
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candid officeholder(s) or candidate(s) for				
COMMITTEE ADDRESS STREET ADDRESS (N	O P.O. BOX)		NAME OF OFFICEHOLDER OR CAN	NDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CAP	VDIDATE	OFFICE SOUGHT OF	HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CAN	NDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR CAR	NDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	ZIP CODE AREA CODE/PHONE		Attach	continuatio	n sheets if necess	ary	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Elito M. Santarina For City Council 2015 981663 Calendar Year Summary for Candidates Column B Column A **Contributions Received** Running in Both the State Primary and CALENDAR YEAR TOTAL THIS PERIOD General Elections 455.M 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 2. Loans Received Schedule B, Line 3 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made s 9.555.00 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 Expenditure Limit Summary for State Expenditures Wade \$ 11,834.63 Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Total to Date Date of Election (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 **Current Cash Statement** \$17,131.64 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B, add 9 555.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts from Column B of your last 14 Miscellaneous Increases to Cash Schedule I, Line 4 report. Some amounts in 10,919.24 15. Cash Payments Column A, Line 8 above Column A may be negative \$ 15,747.40 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 \$ ___O *Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). FPPC Form 460 (June/01) 19. Outstanding Debts Add Line 2 ÷ Line 9 in Column B above FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A **Monetary Contributions Received**

3. Total monetary contributions received this period.

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

SCHEDULE A

CALIFORNIA

Statement covers period

SEE INSTRUCTION	US ON REVERSE			miodgi.	M.BS	1	
JAME OF EILER			7/41			I.D. NO	JMBER
Elito	M. Santarina For City Council =	2015	taria dalam manufak ki kilata kata kata kata kata kata kata kata		en e	12	81663
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LO. 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)
1/29/15	Uniplan Engineering Inc. 550 East Carson Plazator Ste. 116 Carson, CA 90746	☐IND ☐COM ☐OTH ☐PTY ☐SCC		1,500.00		-	
1/29/15	Resurrección + Walfrido Castelo 30224 Motisse Dr. Rancho Palos Verdes, CA 90275	☐ND ☐COM ☐OTH ☐PTY ☐SCC	Retired Doctor	300.00			
2/4/15	Paul D. Rondall 17701 Avalen Blud SPC 318 Corson, CA 90746	☐ND ☐COM ☐OTH ☐PTY ☐SCC	Principal Tech Support Engineer Raytheon Company	-500.60			·
2/7/15	Friends of Jim Dear P.O. Box 4844 Carson, CA 90749	☐IND ☐COM ☐OTH ☐PTY ☐SCC	10# 962963	2, 150.51			
2/11/15	Sheet Metal Workers International Asso. 2120 Auto Centre Dr. Ste. 105 Glendora, CA 91740-6720	□IND □COM □OTH □PTY □SCC		570.00			
			SUBTOTALS	4,800.00		e in the second second	2 365 2 16 16 16 16 16 16 16 16 16 16 16 16 16
1. Amount red	A Summary ceived this period – contributions of \$100 or more. Schedule A subtotals.)		\$ 9	380.00	IND		

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 9555.00

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

SCC - Small Contributor Committee

OTH - Other 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.)

Statement covers period from 1/18/15	california 460
through 2/14/15	Page
	LD NUMBER

NAME OF FILER Elito M. Santarina For City Council 2015 981663 PER ELECTION AMOUNT CUMULATIVE TO DATE IF AN INDIVIOUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR TODATE RECEIVED THIS CALENDAR YEAR DATE OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER LD. NUMBER) CODE * (IF REQUIRED) RECEIVED (IF SE) F-EMPLOYED, ENTER NAME PERIOD (JAN, 1 - DEC, 31) OF BUSINESS) M Strategic Communications LLC СОМ 500.00 **POTH** 550 5 Hope St. Ste. 1910 FTPTY Los Angeles, CA 90071-2632 []SCC MIND Owner / President COM Admiral □OTH 5863 DCEanTerrace Dr. 500.00 PTY Home Health Rancho Palos Verdes CA 90225 []SCC President Evelyn M. Andamo FICOM □ OTH 500.00 **□PTY** Huntington Beach CA 92646-4846 SCC Anschutz So. California Sports □ COM **□**OTH 2,500 MPTY □scc FAÑID Manuel & Betty Buiteris Reg. Hurse □ COM 21303 Nicolle Ave. St. Marys, Long Beach, C □OTH 250,50 □PTY Carson CA 90745 ∏SCC SUBTOTAL S LATER OUR

*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
from 1/18/5 CALIFORNIA 460
FORM 460

through 2/14/15 Page 6 of 11

NAME OF FILER		j			"	and the same
Elit	Santarina For City Coun	ci/201	4			981663
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 DA CALENDAR YEAI (JAN. 1 - DEC. 31	TODATE
2/14/15	Tancredo Guray dr. 21424 S Perry St. Carson, CA 90745	□ SCC	Retired	#100.00		
2/14/15	Ely R. Rivera	☐IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	110.10		
2/14/15	Angelito Oriente	□IND □COM □OTH □PTY □SCC	Returned	107.00		
	According to the second	□IND □COM □OTH □PTY □SCC				
	-	□IND □COM □OTH □PTY □SCC				
A DESCRIPTION OF A DESC			SUBTOTAL	\$ 300.00		

*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 E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

NAME OF FILER

Elito Santarina For City Council 2015

981643

his interesting explains aumortical appareing others (evoluin)* POS postage, del	d appearances d appearances sees SAL campaign workers' salaries TEL t.v. or cable airtime and production and mostly the production trutined contributions campaign workers' salaries t.v. or cable airtime and production	eals same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Campaign LA 15518 S. Broadway St. Gardena, CA 90248	emp For campaign signs and wire frames	\$3,770.00
Independent Voters League 10#588034 3700 Wilshire Blud # 1050B Los Angeles, CA 90010-3090	LIT For slate mailers	1,160.00
* Payments that are contributions or independent expenditures must also be summ	narized on Schedule D. SUBTOT	AL\$ 4,930,00
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the	1, Column (e).)	J

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

FND

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

Statement covers period from ____//_5 CALIFORNIA 460

through ____//_5 Page ___8 of __/_

I.D. NUMBER

28/643

Elifo Santarina Fer City Council 2015

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 RFD meetings and appearances CNS campaign consultants campaign workers' salaries SAL office expenses contribution (explain nonmonetary)* OFC CTB t.v. or cable airtime and production costs TEL petition circulating PET civic donations candidate travel, lodging, and meals TRC

candidate filing/ballot fees
fundraising events
independent expenditure supporting/opposing others (explain)*

phone banks
polling and survey research
postage, delivery and messenger services

independent expenditure supporting/opposing others (explain) postage, delivery and messenger service (legal, accounting)

LEG legal defense professional services (legal, accounting)

PRT print ads

TRS staff/spouse travel, fodging, and meals
TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

LIT campaign literature and mailings	EACE brint and		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Costco 2751 Skypark Drive Torrance, CA 90505	CMP	Food For Campaign Volunteers	\$200.98
Anita A. Sontarina 21133 Catskill Ave Carson, CA 90745	P05	For postage	\$ 600.00
Office Depot / Gene Dear 19100 Harborgate Way Torrance CA 90601	CMP		185.30
10 13th St #315 San Diego, CA 92101	sontight of colts)	Sponsorship Ad	175,20
- Wilson			

^{*} 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.

SCHEDULE E (CONT.)

981663

Statement covers period **CALIFORNIA** 1/18/15 FORM Page 9 of 11 LD. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Santarina For City Council 2015

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

member communications RAD radio airtime and production costs campaign paraphernalia/misc. returned contributions campaign consultants meetings and appearances campaign workers' salaries

contribution (explain nonmonetary)* office expenses TEL CVC civic donations PET petition circulating

FIL candidate filing/ballot fees FND fundraising events

independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services ND

LEG lenal defense professional services (legal, accounting) campaign literature and mailings print ads

t.v. or cable airtime and production costs candidate travel, lodging, and meals TRC phone banks polling and survey research 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)

NAME AND ADDŘESS OF PAYEE IF COMMITTEE, ALSO ENTER LO. NUMBER;	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
John F. Kenned, Alliance State ID#590011 3700 Wilshire Blvd. #1050B Los Angeles, CA 90010-3090	L17	For Slate mailer	\$990.50
CA Law Enforcement Voter Guide ID #598005 3700 Wilshire Blad. #1050B 105 Angeles, CA 90010 - 3090	LIT	For slate mailer	250,00
Parents Fer Progress P.O. Box 631 Torrance, CA 90508	LIT	For slate mailer	450.00
California Sustice Voter Guide P.O. Box 631 Torvance, CA 90508	LIT	For slote mailer	450.10
Budget Watchdog FPPC#1345715 1954 W Carson St Suite B Torrance, CA 90501	LIT	Campaign Material	100.00

 $[^]st$ Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2 240,00

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 CALIFORNIA **FORM** Page 10 of 11 LD. NUMBER

NAME OF FILER

Elito Santarina For City Council 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. meetings and appearances campaign consultants

contribution (explain nonmonetary)* CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events independent expenditure supporting/opposing others (explain)*

LEG legal defense

campaign literature and mailings

MBR member communications

office expenses OFC

petition circulating PET phone banks

polling and survey research

postage, delivery and messenger services professional services (legal, accounting) PRT print ads

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

staff/spouse travel, lodging, and meals TRS

transfer between committees of the same candidate/sponsor TSF

VOT voter registration

information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE (CODE OR DESCRIPTION OF PAYMENT			
Automotic Printing Co. 1621 Cabrillo Ade. Terrance, CA 90501	CMP	Campaign Remit Envelopes	\$202.74		
Anson's Printing 119 West 2231 St. Carson CA 90745	L17	Campaign Literature	901,98		
Election Digest 1954 W carson St. Sult B Torrance, CA 90501	L17	For slate moiler	325,10		
Educate Your Vote 1954 W Corson St. Suite B Torrance CA 9050/	LIT	Fer slate mailer	225.00		
Gene Dear 22809 Avalon Blvd Carson, CA 90745	LIT	Campaign mailer Printing	200.17		

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

SUBTOTAL \$

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

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTION	S ON REVERSE			through	123	Page _	of	
NAME OF FILER	ž	1				I.D. NUN	MBER	
Elife	Santaina For City Coun	ci/ 2015				98	71663	
DATE	NAME OF CANDIDATE. OFFICE. AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
1/28/15	Albert Robles Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	10#1355385	\$ 250.00			·	
2/13/15	Soe Merton	Monetary Contribution Nonmonetary Contribution Independent Expenditure	10#1373857	3 M. M		Association and the separate property and the second		
2/8/15	Alene Harris Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	ID#1373611	1,00,0				
SUBTOTAL \$ 1,550,00								
Schedule D	Summary is and independent expenditures made this perio	od of \$100 or more. ((Include all Schedule D subtot	als.)		\$ <i>1</i>	,550	
2. Unitemized	2. Unitemized contributions and independent expenditures made this period of under \$100							
3. Total contrib	utions and independent expenditures made this	period. (Add Lines	1 and 2. Do not enter on the S	Summary Page.)	тот	AL \$ 1	550,00	

STPREE CTION COVER PAGE

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

COPY

Type or print in ink.

RECEIVED CI Y CLERK california 460 2001/02 FORM State of California

(GOVERNMENT CODE OBCOOKS 04200-04210.3)	Statement covers period	Date of election if applicable: (Month, Day, Year) 18 -2	PM 12: 28	Page of
SEE INSTRUCTIONS ON REVERSE	from 1/1/15 through 1/17/15	March 3, 2015 Y OF (For Official Use Only
1. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	STATE SECTION STATES	
 ◯ State Candidate Election Committee ◯ Recall (Also Complete Part 5) ☐ General Purpose Committee ◯ Sponsored ◯ Small Contributor Committee 	Ballot Measure Committee Primarily Formed Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain below)	Spe	arterly Statement ocial Odd-Year Report optemental Preelection tement - Atlach Form 495
3. Committee Information	D. NUMBER	Treasurer(s)	game, pagangangahkar, papagan 1999 MPA tang di Nemang Al-Kalanda da Salanda da Salanda da Salanda da Salanda d	MAKE CONTROL BERTHALL CONTROL OF THE STATE O
Elito M. Santaina Faz City (4	NAME OF TREASURER Manuel Quite MAILING ADDRESS 21303 Nicolle	A	ODE AREA CODE/PHONE
21809 Avalon Blud Ste 1	4 DDE AREA CODE/PHONE 745 (310) 503-6764	COFSON NAME OF ASSISTANT TREASURER, IF A		745 (310)835-8508
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I	вох	MAILING ADDRESS		
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State Executed on	By Signature of Confi	Adjusted of Tyeasurer of Assistant Treasurer Signature of Tyeasurer of Assistant Treasurer Adjusted of Tyeasurer of Assistant Treasurer Frolling Official Measure Proponent or Russian of Controlling Officeholder, Candidate, State Measure	espansible Officer of Sponsor Proponent	
Date	ь у	Signature of Controlling Officeholder, Candidate, State Measure	Proponent FP	PPC Form 460 (June/01) PC Toll-Free Helpline: 866/ASK-FPPC

5. Officeholder or Candidate Controlled Committee			Ballot Measure Commit	tee			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				33.40
Elito M. Santarina			•				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT			BALLOT NO. OR LETTER	JURISDICT	ON		SUPPORT
Carson City Council Memb	er						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	STATE ZIP		identify the controlling offic	ahaldar cai	ndidata aret	ata maaniir	s broomant if say
21809 Avalon Blud Ste A C	anson CA 90745		NAME OF OFFICEHOLDER, CAND			ate measur	e proponent, ii 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 candidate.	are primarily formed to receive		OFFICE SOUGHT OR HELD	ALCO ALCO A		DISTRICT NO), IF ANY
COMMITTEE NAME	D. NUMBER						
			· ·				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Comn	nittee List	names of offic	elialder(s) ai	candidate(s) for
	TES NO		which this committee is primar	ily formea.			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP COL	E AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NOIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	D. NUMBER						[] 01 T O O E
			NAME OF OFFICEHOLDER OR CA	NDIDATE .	OFFICE SOUR	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUR	GHT OR HELD	[] SUPPORT
	TYES NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX			***				
CITY STATE ZIP COL	E AREA CODE/PHONE		Attach	continuatio	n sheets if n	necessarv	
			r (ttabar				

Campaign Disclosure Statement Summary Page

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

| Statement covers period | CALIFORNIA 460 | FORM | 1/17/15 | Page | 3 | of | C

· 有好,也然可以是一种,他就是一种感情,也是一种,我们就是一种,他们就是一种,他们就是一种,他们就是一种,他们就是一种,他们就是一种,他们就是一种,他们们就是一种,他们们们们们们们们们们们们们们们

SEE INSTRUCTIONS ON REVERSE		through	1/1/1/15	Page of
NAME OF FILER ,	§			I.D. NUMBER
Eduto Na Santovina For City	Euneil 201	Secondario de la companya de la comp		981643
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		nmary for Candidates ne State Primary and
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	\$ 100,00 \$ 100,00 \$ 100,00	\$ 100.00 \$ 100.00 \$ 100.00	20. Contributions Received \$ 21. Expenditures	\$ \$ \$
Expenditures Made		014 30	į .	Summary for State
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	\$ \frac{915,39}{0}\$ \$ \frac{915,39}{0}\$ \$ \frac{0}{915,39}\$ \$ \frac{915,39}{0}\$	\$ 915.39 \$ 915.39 0 \$ 915.39 \$ 915.39		ve Expenditures Made* o 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.	\$ 17,101.64 150,00 8 915,39 \$ 16,286.25	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	*Amounts in this section reported in Column B.	\$ may be different from amounts
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	s	for this calendar year, only carry over the amounts	and the state of t	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	river and the second	
18. Cash Equivalents See instructions on reverse	\$		december 200	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	DOZEN-KANTÁN	FPPC Toll-Free Helpl	FPPC Form 460 (January/05 ne: 866/ASK-FPPC (866/275-3772

Schedule A (Continuation Sheet) Monetary Contributions Received

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

	SCHEDULE A (CONT.
Statement covers period from 1/1/15	CALIFORNIA 460 FORM
through <u>///7//5</u>	Page 4 of 6
	I.D. NUMBER

NAME OF FILER	AAA***********************************					NOMBER
gues Jui	lito M. Sontarina For City (ounail	2015			981663
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATI CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/3/15	Jesus "Sojit" Paredes 5460 White Oak Ave. Witc-301 Encino CA 91316	Gecc Com Coth Dela Dind	Hospital Asst. Administrator Astoria Nursing	150.00		
		□IND □COM □OTH □PTY □SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL	150 572		

*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 (Continuation Sheet) Payments Made

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

MBR member communications

office expenses

phone banks

PHO

POL

petition circulating

meetings and appearances

polling and survey research

Statement covers period

CALIFORNIA FORM

LO. NUMBER

981663

SEE INSTRUCTIONS ON REVERSE

campaign paraphernalia/misc.

candidate filing/ballot fees

contribution (explain nonmonetary)*

campaign consultants

civic donations

fundraising events

NAME OF FILER

CNS

CVC

FIL

FND

Elito M. Santarina For City Council 2015

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

returned contributions

campaign workers' salaries SAL

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

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

IND LEG LIT	independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings		ivery and mes services (lega	I, accounting)	TSF transfer between committees for voter registration MEB information technology costs	of the same candidate/sponso (internet, e-mail)
(periocurantito) to	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE O	R DESCR	PTION OF PAYMENT	AMOUNT PAID
***************************************	Gene Dear 21809 Avalon Blvd. Ste A Carson, CA 90745		CMP	Campaign	Phone	153,00
	Fish and Grill 1175 W. Carson St. Torvance, CA 90745 90502	No.	CMP	Miscellan Compaign	eous Paraphernalia	114,43
1_0_	Smart and Final Torrance # 348 Torrance, CA 90502		CMP	Misellane Paraphre	cour, Campais	gn ha 152.54
	Back Home in Lahaina 519 E. Carson St. Carson CA 90754		CMP	Mise, C Paraph	ampaign rnalie	152.49
	Pelly's PN Pies 819 W. Carson St. Terrance, CA 90502		CMP	MISC. C	lampaig'n Themalia	168.44
* ~	and the arm contributions or independent avacanditures must also	s he cummarized on	Schedule D.		SUE	STOTAL \$ 744,94

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

Schedule E Payments Made

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

Statement covers period	CALIFORNIA 460
through 1/17/15	Page 6 of 6
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CNS campaign paraphernalizations. CNS campaign consultants CVC civic donations FIL candidate filing/ballot fees FNID fundraising events IND independent expenditure supporting/opposing others (explain)*	the payment, yo MBR member com MTG meetings and OFC office expen PET petition circuit PHO phone banks POL polling and se PRO professional PRT print ads	munications is appearant ses lating survey rese ivery and n	ces arch essenger	services	RFD SAL TEL TRC TRS TSF VOT	returned conicampaign work, v. or cable a candidate transfer between voter registra	ributions ributions rkers' salaries irtime and prod vel, lodging, and ravel, lodging, een committees	luction cost I meals and meals s of the sal	me candidate/sponso
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* Payments that are contributions or independent expenditures mi	ust also be summ	arized on	Schedule	D.			su	JBTOTAL S	}
				The second secon					A STORM OF THE STO
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E	subtotals.\							\$	744.94
Itemized payments made this period of under \$100 Unitemized payments made this period of under \$100								\$ _	170.45
a Turk to weet a side this paried on loops (Enter amount from S	Schedule R Part	1 Colum	n (e).)				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	⊅	E
4. Total payments made this period. (Add Lines 1, 2, and 3. En	ter here and on t	he Summ	ary Page	e, Column	A, Line 6)	то	TAL \$_	915.34

107	Car	付か 養み	e fiore	Report
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RECEIVED Amounts may be rounded to whole dollars. 497 CONTRIBUTION REPO ☑ ☐ Date Stamp CALLEGE IN A NAME OF FILER Date of Elito M. Santarina For Caincil 2015
AREA CODE/PHONE NUMBER Holail. This Filing MAR -2 PM 5: 47 For Official Use Only Report No. (310) 503-6764 STREET ADDRESS RITY OF CARSON Amendment 21809 Avalon Blud to Report No. (explain below) ZIP CODE No. of Pages _ 90745 Carson 1. Contribution(s) Received IF AN INDIVIDUAL, AMOUNT. CONTRIBUTOR ENTER OCCUPATION AND EMPLOYER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE RECEIVED CODE 1 (IF COMMITTEE, ALSO ENTER LO, NUMBER) (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) RECEIVED International Brotherhood of \$ 1100.00 [] IND ☐ COM Electrical Werkers 297 N Marango Ave. Pasadena, CA 91101 [7] Check if Loan P OTH ☐ PTY □ scc Provide interest rate Albert Robles for Council 2013 2/19/15 21304 Avalon Blvd. \$2000,00 COM [7] Check if Loan Потн ☐ PTY Carson CA 90745-2213 F SCC Emvide interest rate ☐ COM □ OTH [7] Check if Loan ☐ PTY □ scc Provide interest rate **Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee Reason for Amendment: _

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497 CONTRIBUTION REPORT

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2/26/15	UA Sourneymen & A Local #250 - PAC ID 18355 S Figueroa ST Gardena, CA 9024	PPrentices #743-959	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			\$ 2 000. 00 ☐ Check if Loan ———————————————————————————————————
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2/27/15	Carson Avalon Properties, 410 & Beverly Prive Beverly Hills, CA 9021	L La C	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			\$5,500.0 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

Reason for Amendment:

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

**Contributor Codes IND - Individual

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Provide interest rate