

COPY

Type or print in ink.

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Statement covers period
from 7/1/2009
through 9/19/2009

Date of election if applicable:
(Month, Day, Year)
11/3/2009

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

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

3. Committee Information

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

Josh Ochs Campaign

I.D. NUMBER

Treasurer(s)

NAME OF TREASURER

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)

940 The Strand, UNIT 3

CITY

STATE

CA

ZIP CODE

90254

AREA CODE/PHONE

310-928-7905

Hermosa Beach

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

P.O. BOX 1230

CITY

STATE

CA

ZIP CODE

90254

AREA CODE/PHONE

310-928-7905

Hermosa Beach

OPTIONAL: FAX / E-MAIL ADDRESS

josh@supportjosh.com

4. Verification

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

Executed on _____ Date

October 1st, 2009

Executed on _____ Date

Executed on _____ Date

Executed on _____ Date

By _____ Signature of Treasurer or Assistant Treasurer

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

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

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

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Josh Ochs
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Hermosa Beach City Council Member
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
P.O. BOX 1230, Hermosa Beach, CA 90254

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.
 NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Statement covers period from 7/1/2009 through 9/19/2009

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

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Josh Ochs

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

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ 21. Expenditures Made \$

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy) Total to Date \$ \$ \$ \$ \$ \$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Table with 2 columns: Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES) and Column B (CALENDAR YEAR TOTAL TO DATE). Rows include Contributions Received (Monetary, Loans, Nonmonetary) and Expenditures Made (Payments, Loans, Accrued Expenses, Nonmonetary Adjustment).

Table with 2 columns: Current Cash Statement and Cash Equivalents and Outstanding Debts. Rows include Beginning Cash Balance, Cash Receipts, Miscellaneous Increases to Cash, Cash Payments, Loan Guarantees Received, and Cash Equivalents/Outstanding Debts.

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

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

Statement covers period
from 7/1/2009
through 9/19/2009

CALIFORNIA **460**
FORM

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I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/7/2009	Wesley Sierk 29468 S. Bayend Dr. Rancho Palos Verdes CA 90275	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Agent Risk Management Advisors	250.00	250	
7/9/2009	Virginia Trinkle 15039 Dickens St 108 Sherman Oaks CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Producer, Eva Longoria Productions	75.00	75	
7/9/2009	Peter Ochs 4412 E 77th N Valley Center KS 67147	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Tri-Mark Sign Co.	250.00	250	
7/15/2009	Robert Stevens 219 13th Street Manhattan Beach CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Audit Manager OXY	250.00	250	
7/16/2009	Jeffery Coles 165 Manhattan Ave. Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Sales SNET	250.00	250	
SUBTOTAL \$				1,075.00		

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

Schedule A Summary
1. Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 4625

2. Amount received this period - unitemized contributions of less than \$100 \$ _____

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 4625

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

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

Statement covers period
from 7/1/2009
through 9/10/2009

CALIFORNIA **460**
FORM

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I.D. NUMBER

NAME OF FILER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/25/2009	David Marasco 409 Drury Lane Beverly Hills CA Miharooni	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Bridgstar Capital.	250.00	250	
7/25/2009	Quartz Events 1500 Rosecrans Ave. 500 Manhattan Beach CA 90266	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Student Teacher Manhattan Middle School	150.00	150	
7/27/2009	Tylan Giberson- Glander 1324 Gate St. 6 Redondo Beach CA 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Student Teacher Markum Middle School	50.00	50	
7/28/2009	Michael Hooghkirk 617 Seneca St. Placentia, CA 92870	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Agent The Real Estate Group	250.00	250	
7/28/2009	Rachel Smick 1707 Pacific Coast Hwy Unit 224 Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paralegal, Sheridan & Rurd Law Offices	100.00	100	
SUBTOTAL \$				800.00		

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

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

**Schedule A
Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/28/2009	Harlan L Ochs 740 Timber Valley RD. Colorado Spgs CO 80919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner, Ochs Bros. Co.	100.00	100	
7/29/2009	Kenneth P Ochs 2202 Parkview Blvd Colorado Spgs. CO 80905	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner, Ochs Bros. Co.	50.00	50	
7/29/2009	Reginald Cooper 8028 E. Via Del Desierto St. Scottsdale AZ 85258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President, Cooper Companies	50.00	50	
7/30/2009	David Tuason 1512 Rollin Street South Pasadena, CA 91030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Agent North Western Mutual Financial	100.00	100	
7/31/2009	Peter Lynch 1669 Lombardy Rd Pasadena CA 91106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Partner DIM Realty	200.00	200	
SUBTOTAL \$				500.00		

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

Schedule A Summary

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

Schedule A
Monetary Contributions Received

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

Statement covers period
from 7/1/2009
through 9/19/2009

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CALIFORNIA **460**
FORM

I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2009	James Ellis 1435 Circle Drive San Marino CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dean, USC Marshall School of Business	250.00	250	
8/18/2009	Mark DiPaola 26 28th Ave Venice, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, D3 ventures	200.00	200	
8/18/2009	Owen Fabian 7705 E. Doubletree Ranch Road Scottsdale AZ 85258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Development Planning and Financial Group	50.00	50	
8/20/2009	Brent Bates 13200 Pacific Promenada 307 Playa Vista CA 90094	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Practor The Natural Health Center	100.00	100	
8/20/2009	Charles Ochs 11808 Apache Ave. NE Albuquerque NM 87112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Ever Ready Co.	250.00	250	
SUBTOTAL \$				850.00		

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

Schedule A Summary

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

**Schedule A
Monetary Contributions Received**

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

Statement covers period
from 7/1/2009
through 9/19/2009

CALIFORNIA **460**
FORM

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I.D. NUMBER _____

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/20/2009	Dianne Lee 1423 E. Garfield Ave. Montebello CA 90640	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER Leo A Daly	30.00	30	
8/21/2009	Katie Albaugh 373 Village Commons Blvd Camarrillo CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associate Angen	110.00	110	
8/21/2009	Todd Dipaola 123 14th Pl Manhattan Beach CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Pier Alliance, LLC	250.00	250	
8/22/2009	Automotive Collision Consultants 3815 Cedar Ave. Long Beach CA 90807	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		110.00	110	
8/24/2009	Marie Janssen 10201 Kingbird Ave. Fountain Valley CA 92708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Captain/Manager Trader Soes	150.00	150	
SUBTOTAL \$				650.00		

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

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

Schedule A Monetary Contributions Received

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

Statement covers period
from 7/1/2009
through 9/19/2009

CALIFORNIA **460**
FORM

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I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER _____

DATE RECEIVED	FULL NAME, STREET ADDRESS, AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/25/2009	Matthew Marcy 5018 Clinton St. Apt B Los Angeles, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Professional Magician	25.00	25	
8/25/2009	Melanie Hartert 16641 Roscoe Place North Hills CA 91343	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Imperial Toy	250.00	250	
9/8/2009	Paul Baboolal 515 So. Flower 33rd fl Los Angeles, CA 90071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Agent	100.00	100	
9/12/2009	Harry Butler 5544 Waterford Green Glen Marietta GA 30068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25.00	25	
9/17/2009	Robert Tyner 13 The Point Coronado CA 92118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50.00	50	
SUBTOTAL \$				450.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A Summary

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

Statement covers period from 7/1/2009 through 9/19/2009

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I.D. NUMBER

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

Schedule A Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/2009	Daniel Morrison 4400 N. Scottsdale Rd. #9719 Scottsdale AZ 85251	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Strategic Advisor Cool box.com	250.00	250	
9/17/2009	Andrew Field 156 Gallery Way Tustin CA 92782	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Audit Manager OXY	50.00	50	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				SUBTOTAL \$	300.00	

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

Schedule A Summary

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

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

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

Statement covers period
from 7/01/2009
through 9/19/2009

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I.D. NUMBER

**CALIFORNIA 460
FORM**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Josh Ochs

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Brad Herbst, 261 27th St Hermosa Beach, CA 90254	CMP	Campaign Photos	175.00
City of Hermosa Beach 1315 Valley Drive Hermosa Beach, CA 90254	OFC	Photo Copies	25.90
Occidental Communications 1 Costal Oak Lane Coto de Caza, CA 92679	CNS	Campaign Consultants	1500
Occidental Communications 1 Costal Oak Lane Coto de Caza, CA 92679	CNS	Campaign Consultants	160.00

SUBTOTAL \$ 1860.90

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

Statement covers period
 from 7/01/2009
 through 9/19/2009

Page 12 of 12
 I.D. NUMBER

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

**Schedule E
 Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Josh Ochs

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

MBR	member communications	RAD	radio airtime and production costs
MTG	meetings and appearances	REF	returned contributions
OFC	office expenses	SAL	campaign workers' salaries
PET	petition circulating	TEL	t.v. or cable airtime and production costs
PHO	phone banks	TRC	candidate travel, lodging, and meals
POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
PRO	professional services (legal, accounting)	VOT	voter registration
PRT	print ads	WEB	information technology costs (internet, e-mail)

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

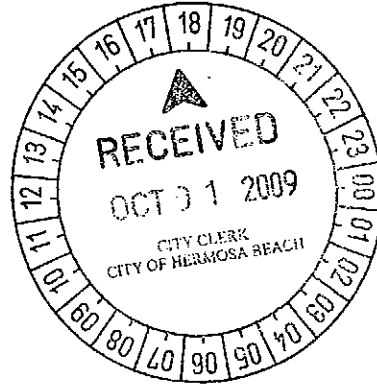
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Paypal 2211 N. First St. San Jose, CA 95131	OFC		Office Expenses	90.26
Bank of America 90 Pier Avenue Hermosa Beach, CA 90254	OFC		Office Expenses	43.79
City of Hermosa Beach 1315 Valley Dr. Hermosa Beach, CA 90254	OFC		Office Expenses	300
			SUBTOTAL \$	434.05

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 2294.95
 2. Unitemized payments made this period of under \$100 \$ 0.00
 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 2294.95**

City of Hermosa Beach City Clerk
1315 Valley Drive
Hermosa Beach, CA 90254



October 1st, 2009

Dear Hermosa Beach City Clerk,

It is with great sadness that I share with you my uncle passed away on Friday, September 25th.

He was in the Hospital for several days last week, which kept me from filling out my form 460.

In addition, his funeral plans were my first priority for the last several days after his passing.

I would like to submit the attached form 460 today for your consideration.

I thank you for your understanding and I look forward to continuing to serve this great city that we call home.

Please call me with any questions you have.

Sincerely,

A handwritten signature in black ink, appearing to read "Josh Ochs".

Josh Ochs
Candidate, Hermosa Beach City Council
310-928-7905 Office
josh@supportjosh.com

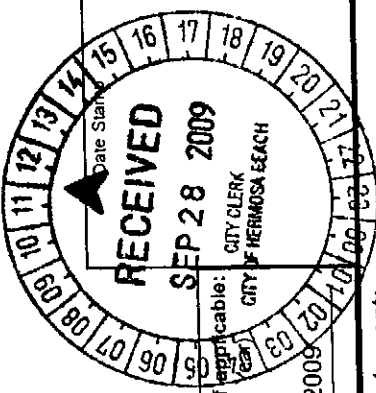
Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE
CALIFORNIA 460
2001/02
FORM

Page 1 of 10
For Official Use Only



Date of election if applicable:
(Month, Day, Year)
Nov 10, 2009
CITY CLERK
CITY OF HERMOSA BEACH

Statement covers period
from July 1, 2009
through Sept. 19, 2009

SEE INSTRUCTIONS ON REVERSE

- 2. Type of Statement:**
- Preelection Statement
 - Semi-annual Statement
 - Termination Statement
 - Amendment (Explain below)
 - Quarterly Statement
 - Special Odd-Year Report
 - Supplemental Preelection Statement - Attach Form 495

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
 - General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
 - Ballot Measure Committee
 - Primarily Formed
 - Controlled
 - Sponsored
 - Primarily Formed Candidate/Officeholder Committee

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends of Kit Bobko 2009

I.D. NUMBER
1284708

STREET ADDRESS (NO P.O. BOX)
306 19th Street

CITY Hermosa Beach STATE CA ZIP CODE 90254 AREA CODE/PHONE (310) 480-9715

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
306 19th Street

CITY Hermosa Beach STATE CA ZIP CODE 90254 AREA CODE/PHONE (310) 480-9715

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Matt Coleman

MAILING ADDRESS
833 18th Street, Apt C

CITY Santa Monica STATE CA ZIP CODE 90403 AREA CODE/PHONE (310) 828-0696

NAME OF ASSISTANT TREASURER, IF ANY
Patrick Bobko

MAILING ADDRESS
306 19th Street

CITY Hermosa Beach STATE CA ZIP CODE 90254 AREA CODE/PHONE (310) 480-9715

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 24 Sep 09 Date
By Patrick Bobko Signature of Treasurer or Assistant Treasurer

Executed on 24 Sep 09 Date
By Patrick Bobko Signature of Controlling Officeholder Candidate, State Measure Proponent of Responsible Officer of Sponsor

Executed on _____ Date
By _____ Signature of Controlling Officeholder Candidate, State Measure Proponent

Executed on _____ Date
By _____ Signature of Controlling Officeholder Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 10

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Patrick "Kit" Bobko

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Hermosa Beach City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
306 19th Street Hermosa Beach CA 90254

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA **460**
FORM

Statement covers period
July 1, 2009
Page 3 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Kit Bobko

I.D. NUMBER

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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 4075	\$ 4075
2. Loans Received	Schedule B, Line 3 1658	2166
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 5733	\$ 6241
4. Nonmonetary Contributions	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 5733	\$ 6241

1/1 through 6/30 7/1 to Date

20. Contributions Received \$
21. Expenditures Made \$

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yyyy)	Total to Date
	\$
	\$
	\$
	\$
	\$
	\$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	10
13. Cash Receipts	Column A, Line 3 above	5733
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 6 above	2623
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	3121

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	0
18. Cash Equivalents	See instructions on reverse	0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	2166

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	2166

Schedule A Monetary Contributions Received

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

CALIFORNIA FORM 460

Statement covers period
from July 1, 2009
through Sept. 19, 2009

Page 4 of 10

SEE INSTRUCTIONS ON REVERSE

I.D. NUMBER

NAME OF FILER

Friends of Kit Bobko

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/14	Dai Hahn 16692 Green Street Apt A Huntington Beach, CA 92649	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed	250	250	
8/7	Valley Properties 1002 10th Street Hermosa Beach, CA 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Management	100	100	
8/7	Rob Katherman 1218 El Prado Ave, Ste 128 Torrance, CA 90501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Environmental Engineer, The Katherman Co	100	100	
8/9	Allan Wansky 4421 Windsor Oaks Circle Marietta, GA 30066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director, Trading System Development Intercontinental Exchange	250	250	
8/12	Chad Boonswang 1920 Chestnut Street Philadelphia, PA 19103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer, The Boonswang Law Firm	250	250	
SUBTOTAL \$				950		

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

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 3975
- Amount received this period - unitemized contributions of less than \$100 \$ 100
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 4075

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

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

Statement covers period
from July 1, 2009
through Sept. 19, 2009

Page 5 of 10

I.D. NUMBER _____

CALIFORNIA FORM 460

NAME OF FILER Friends of Kit Bobko		FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
DATE RECEIVED								
9/14		Norman DuPont 18349 Cliffont Way Malibu, CA 90265		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney - RWG	100	100	
9/22		Matthew Hank 20 Whitemarsh Road Ardmore, PA 19003		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer, Littler Mendelson	125	125	
9/22		Dorothy Forba 723 30th Street Hermosa Beach, CA 90254		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant CIDR Systems	250	250	
8/23		Tristian Lai 2111 Encino Loop San Antonio, TX 78259		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anesthesiologist USAF	250	250	
8/27		Kenneth Hartley 723 30th Street Hermosa Beach, CA 90254		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing Research CIDR Systems	250	250	
SUBTOTAL \$						975		

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

Schedule B - Part 1
Loans Received

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

CALIFORNIA 460 FORM

Statement covers period
from July 1, 2009
through Sept. 19, 2009
Page 8 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Kit Bobko

Table with columns: FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER; IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER; OUTSTANDING BALANCE BEGINNING THIS PERIOD; AMOUNT RECEIVED THIS PERIOD; AMOUNT PAID OR FORGIVEN THIS PERIOD; OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD; INTEREST PAID THIS PERIOD; ORIGINAL AMOUNT OF LOAN; CUMULATIVE CONTRIBUTIONS TO DATE. Includes entries for Patrick Bobko with amounts like 508, 1658, 2166, 0, 0, 0, 0.

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

SUBTOTALS \$ 1658 \$ 0 \$ 2166 \$ 0

Schedule B Summary

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

- 1. Loans received this period (Total Column (b) plus unitemized loans less than \$100.) 158
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) 0
3. Net change this period. (Subtract Line 2 from Line 1.) (Include loans paid by a third party that are also itemized on Schedule A, Line 2.) NET \$ 1658

Contributor Codes

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

Schedule E Payments Made

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

Statement covers period
from July 1, 2009
through Sept. 19, 2009

Page 9 of 10

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends of Kit Bobko

I.D. NUMBER

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Manhattan Repro 1114 22nd Street, Manhattan Beach, CA 90266	LIT			203
Joe Bull 211 Yacht Club Way, Apt 115, Redondo Beach, CA 90277	WEB			500
Objective 212 Yacht Club Way, A-12, Redondo Beach, CA 90277	CMP		T-Shirts	1160

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

SUBTOTAL \$ 1863

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 2296
2. Unitemized payments made this period of under \$100 \$ 327
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 2623**

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

Statement covers period
from July 1, 2009
through Sept. 19, 2009

**CALIFORNIA 460
FORM**

Page 10 of 10

I.D. NUMBER

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Kit Bobko

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Hermosa Beach 1315 Valley Drive, Hermosa Beach, CA 90254	FIL		300
Beach Mail Box, LLC 2629 Manhattan Ave, Hermosa Beach, CA 90254	POS	Mail Box	133
SUBTOTAL \$			433

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

Statement covers period from July 1, 2009 through September 19, 2009

Page 6 of 10

I.D. NUMBER

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

Schedule A (Continuation Sheet) Monetary Contributions Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28	Scott McClean 4808 26th Street North Arlington, VA 22207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lobbyist Lockheed Martin	250	250	250
8/31	JAMA Auto House 700 Pacific Coast Highway Hermosa Beach, CA 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250	250	250
9/9	John Gift 1700 Harvard Street NW #708 Washington, DC 2009	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Spectrum Consulting Group, LLC	100	100	100
9/11	Jon Wiemen 1502 Harper Ave Redondo Beach, CA 90278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney US SEC	100	100	100
9/14	Ralph's Shopping Center PO Box 282 Redondo Beach, CA 90277	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250	250	250
SUBTOTAL \$				950		

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

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

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

SCHEDULE A (CONT.)

CALIFORNIA **460**
FORM

Statement covers period

from July 1, 2009

through September 19, 2009

Page 7 of 10

I.D. NUMBER

NAME OF FILER

Friends of Kit Bobko

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/14	Sandra Bobko 8213 Hunting Cog Road Oak Ridge, NC 27310	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Broker Coldwell Banker	250	250	
9/14	Dr. Peter Bobko 8213 Hunting Cog Road Oak Ridge, NC 27310	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250	250	
9/14	Rob Melton 16 Hobonny Lane Charleston, SC 29407	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed	100	100	
9/14	Bell Cab Management 13030 Cerese Ave Hawthorne, CA 90250	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250	250	
9/14	Young Hahn 16692 Green Street No B Huntington Beach, CA 92649	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hosuewife	250	250	
SUBTOTAL \$				1100		

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

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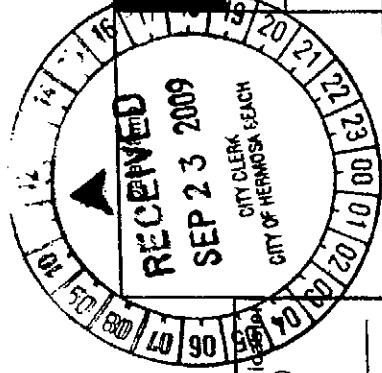
Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA 460 2007/02 FORM



Page 1 of 8 For Official Use Only

Date of election if applicable (Month, Day, Year) 110309

Statement covers period from 010109 through 091909

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee

- 2. Type of Statement:
Prelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Prelection Statement - Attach Form 495

3. Committee Information
I.D. NUMBER 1319355
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) FRIENDS OF JEFF DUCLOS CITY COUNCIL 2009
STREET ADDRESS (NO P.O. BOX) 1932 AVA AVE
CITY HERMOSA BEACH CA 90254
STATE ZIP CODE CA 90254
AREA CODE/PHONE 310 543-2766
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 1932 AVA AVE
CITY HERMOSA BEACH CA 90254
STATE ZIP CODE CA 90254
AREA CODE/PHONE 310 543-2766
OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)
NAME OF TREASURER LAWRENCE O. FOX
MAILING ADDRESS 615 ESPERANADE UNIT 604
CITY REDONDO BEACH CA 90277
STATE ZIP CODE CA 90277
AREA CODE/PHONE 310 543-2766
NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
CITY
STATE ZIP CODE
AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Executed on 09-20-09 Date
Executed on 09-20-09 Date
Executed on Date
Executed on Date
Signature of Controlling Officer/Candidate, State Measure Proponent
Signature of Controlling Officer/Candidate, State Measure Proponent
Signature of Controlling Officer/Candidate, State Measure Proponent
Signature of Controlling Officer/Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee
Campaign Statement
Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
JEFF DUCLOS

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
HERMOSA BEACH CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1932 AVA AVE, HERMOSA BEACH, CA 90254

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA **460**
FORM

Statement covers period

from 010109

through 091909

Page 3 of 8

I.D. NUMBER

1319355

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LAWRENCE O. FOX TREASURER FRIENDS OF JEFF DULLOS CITY COUNCIL 2009

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

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____
21. Expenditures Made \$ _____

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy) _____ Total to Date \$ _____
_____ \$ _____

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

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

1. Monetary Contributions Schedule A, Line 3 \$ 0
2. Loans Received Schedule B, Line 3 \$ 5000.16
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 5000.16
4. Nonmonetary Contributions Schedule C, Line 3 \$ 0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ 5000.16

Expenditures Made

6. Payments Made Schedule E, Line 4 \$ 3123.04
7. Loans Made Schedule H, Line 3 \$ 0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 0
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 \$ 0
10. Nonmonetary Adjustment Schedule C, Line 3 \$ 0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ 3123.04

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 0
13. Cash Receipts Column A, Line 3 above \$ 5000.16
14. Miscellaneous Increases to Cash Schedule I, Line 4 \$ 0
15. Cash Payments Column A, Line 8 above \$ 3123.04
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1877.12
If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ 0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0

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

CALIFORNIA 460
FORM

Statement covers period
from 010107

through 091909

Page 4 of 8

I.D. NUMBER

1319355

Type or print in ink
Amounts to whole dollars.

Amounts Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LAWRENCE O. FOX TREASURER FRIENDS OF JEFF DUECCOS CITY COUNCIL 2009

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER NAME
OF BUSINESS)

CONTRIBUTOR
CODE *

AMOUNT
RECEIVED THIS
PERIOD

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1 - DEC. 31)

PER ELECTION
TO DATE
(IF REQUIRED)

DATE
RECEIVED

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
			<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			
			<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			
				SUBTOTAL \$ <u>0</u>		

*Contributor Codes

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

Schedule A Summary

1. Amount received this period - itemized monetary contributions.

..... \$ 0

(Include all Schedule A subtotals.)

..... \$ 0

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

..... \$ 0

3. Total monetary contributions received this period.

..... \$ 0

Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$

CALIFORNIA 460 FORM

**Schedule B - Part 1
Loans Received**

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

Statement covers period
from 010109
through 091909

Page 5 of 8

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1319355

LAWRENCE FOX TREASURER FRIENDS OF JEFF DUCLOS CITY COUNCIL 2009

FULL NAME, STREET ADDRESS, AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD		OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
JEFF Duclos 1932 AWA AVE HERMOSA BCH, CA 90254	UNNESSEN- DUCLOS, INC	\$ 0	\$ 5000.16	<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	\$ 5000.16	%	\$ 5000.16	\$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	DATE DUE	%	\$	\$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	DATE DUE	%	\$	\$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	DATE DUE	%	\$	\$
SUBTOTALS		\$ 5000.16	\$ 5000.16	\$ 0	\$ 0	\$ 5000.16	\$ 0		

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

Schedule B Summary

- Loans received this period \$ 5000.16
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 5000.16
Enter the net here and on the Summary Page, Column A, Line 2.

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

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

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

**Schedule C
Nonmonetary Contributions Received**

Statement covers period
from 010109
through 091909

CALIFORNIA **460**
FORM

Page 6 of 8

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER

LAWRENCE O. FOX TREASURER FRIENDS OF JEFF DUCLOS CITY COUNCIL 2009

1319355

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

Schedule C Summary

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

*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
(Continuation Sheet)
Payments Made**

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

Statement covers period
from 010109
through 091909

Page 7 of 8
I.D. NUMBER
1319355

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

LAWRENCE O. FOX TREASURER FRIENDS OF JEFF DUCLOS CITY COUNCIL 2009

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
 OMP campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 FIL candidate filing/ballot fees
 FND fundraising events
 NO independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LIT campaign literature and mailings
 MBR member communications
 MTG meetings and appearances
 OFC office expenses
 PET petition circulating
 PHO phone banks
 POL polling and survey research
 POS postage, delivery and messenger services
 PRO professional services (legal, accounting)
 PRT print ads
 RAD radio airtime and production costs
 RPD returned contributions
 SAL campaign workers' salaries
 TEL t.v. or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/spouse travel, lodging, and meals
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ADEPT AD SPECIALTY 13618 LEMAY ST. VAN NUYS, CA 91401	LIT		PROMOTIONAL MATERIALS	485.04
DAVID DERISO 9500 GILMAN DRIVE LA JOLLA, CA 92093	WEB		WEB SITE	200 -
DAVID DERISO 9500 GILMAN DR LA JOLLA, CA 92093	WEB		WEB SITE	450 -

SUBTOTAL \$ 1135.04

* 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
Payments Made**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
LAWRENCE O. FOX TREASURER FRIENDS OF VEEF DUCLOS CITY COUNCIL 2009

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LAWRENCE O. FOX 615 ESPLANADE UNIT 604 REONDO BCH, CA 90277	CNS		CONSULTING FEES	1200-
POSTMASTER REONDO BEACH MAIN USPS REONDO BEACH, CA 90277-9998	POS		BULK MAIL POSTAGE	185-
LAWRENCE O FOX 615 ESPLANADE UNIT 604 REONDO BEACH, CA 90277-4135	CNS		CONSULTING FEES	600-
SUBTOTAL \$				1985-

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 3123.04
- Unitemized payments made this period of under \$100 \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 3123.04



**SECRETARY
OF
STATE**

1500 11th Street, Room 495
Sacramento, CA 95814
(916) 653-6224
(916) 653-5045 (FAX)

POLITICAL REFORM DIVISION
P.O. Box 1467
Sacramento, CA 95812-1467
www.ss.ca.gov (Web Site)

Dear Committee Treasurer:

Thank you for filing your Recipient Committee Statement of Organization (Form 410) as required by law. Your committee **Friends of Jeff Duclos City Council 2009**, identification number is **1319355**. This number should be used on all campaign statements and disclosed to all persons and committees to or from which you make or receive contributions.

Based on your Statement of Organization, your filing jurisdiction is at the city or county level (Government Code section 84215). Since we are a state filing officer, you are not required to file campaign disclosure statements with this office.

Please refer to the enclosed sheet, entitled "WHERE STATEMENTS MUST BE FILED," in order to determine your appropriate local filing officer(s). However, any amendments to your Statement of Organization, including the termination of your recipient committee, must be filed with the Secretary of State's Political Reform Division as well as your local filing office (e.g., where the originals of your campaign statements are filed).

Please be aware that you may need to file semi-annual statements (Government Code section 84200.5) on an ongoing basis, even if you have no activity. Your committee may also be required to file several types of pre-election, election specific statements, late contribution (Government Code section 84203) and late independent expenditure reports, various types of amendments (Government Code section 81004.5), and termination statements pursuant to (Government Code section 84214). In addition, candidates may be required to file candidate intention statements, statements of economic interests and other types of reports required by new legislation. Please refer to the appropriate FPPC campaign information manual for your specific filing requirements. The appropriate forms and manuals may be obtained from your local filing officer or you may download the latest forms and manuals at www.fppc.ca.gov (Fair Political Practices Commission site).

Pursuant to Government Code section 84103(a), if any changes occur in the information contained in your original or currently filed Statement of Organization, you must file an amended Statement of Organization (Form 410) with this office within 10 days of the change. For example, if you change the name of your committee or change treasurers, you may do so by filing the original and one copy of an amended Statement of Organization (Form 410) with this office. In addition, if any information contained in your currently filed Statement of Organization changes during the 16 days immediately preceding the election in which the committee or filer is required to file a pre-election statement, an amendment must be filed within 24 hour of the change. Keep in mind that a copy of all committee registration statements must also be filed with your appropriate local filing officer pursuant to (Government Code section 84101(a)).

The law prohibits a committee from making or receiving contributions without a treasurer. If you resign as the committee treasurer, your committee cannot make any financial transactions until a new treasurer is appointed and the amendment is filed with this office as required by (Government Code section 84100).

When your committee is no longer active, or if it disbands, you must file the enclosed Statement of Organization (Form 410) with our office in order to officially terminate your active status. Until such a statement is filed, your committee will be subject to all required filings and could be fined for failure to timely file pursuant to (Government Code section 84214).

If you have any questions about your campaign filing requirements, please contact your local filing officer or the Fair Political Practices Commission at (916) 322-5660. If you have any questions about your Statement of Organization, call Gloria Perez at (916) 653-8763 or Regina Geremia at (916) 653-8069.

Enclosures: Where Statements Must Be Filed (At the Local Level), Form 410
(Local Recipient Committees) Rev: 06/2007

**Statement of Organization
Recipient Committee**

Statement Type Initial
 Not yet qualified or

Type or print in ink

Termination - See Part 5
 List I.D. number: # _____

Amendment
 List I.D. number: # 1319355

Date qualified as committee
 (if a Party) 08.10.09

Date of Termination: _____

Date qualified as committee
 (if a Party) 08.10.09

Date qualified as committee

STATEMENT OF ORGANIZATION

**Recipient
CALIFORNIA
FORM 410**

INSTRUCTIONS ON REVERSE
 For Official Use Only

Date Stamp

1. Committee Information

NAME OF COMMITTEE

FRIENDS OF JEFF DUGLOS CITY COUNCIL 2009

STREET ADDRESS (NO P.O. BOX)

1932 AVA AVENUE

CITY

HERMASA BEACH CA 90254 310 293-8803

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

LOS ANGELES

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

LAWRENCE O. FOX

STREET ADDRESS

615 ESPLANADE UNIT 604

CITY

STATE

ZIP CODE

AREA CODE/PHONE

HERMASA BEACH CA 90277 310 543-2766

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

JEFF DUGLOS

MAILING ADDRESS

1932 AVA AVENUE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

HERMASA BEACH, CA 90254 310 293-8803

3. Verification

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

Executed on 8-9-09 DATE

By Lawrence O. Fox SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8-10-09 DATE

By Jeff Duglos SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Statement of Organization Recipient Committee

Page 2
ID. NUMBER
1319355

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

FRIENDS OF JEFF DUCLOS CITY COUNCIL 2009

4. Type of Committee

Complete the applicable sections.

Primary Formed Committee

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

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
JEFF DUCLOS	HERMOSA BEACH CITY COUNCIL	2009	<input checked="" type="checkbox"/> Non-Partisan <input type="checkbox"/> Non-Partisan

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

NAME OF FINANCIAL INSTITUTION <u>BANK OF AMERICA</u>	AREA CODE/PHONE <u>310 884-1810</u>	BANK ACCOUNT NUMBER <u>122 000 661 006 30 42542</u>
ADDRESS <u>20 PIER AVENUE, HERMOSA BEACH, CA 90254</u>	CITY <u>HERMOSA BEACH</u>	STATE <u>CA</u> ZIP CODE <u>90254</u>

Primarily Formed Committee

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>

**Recipent Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

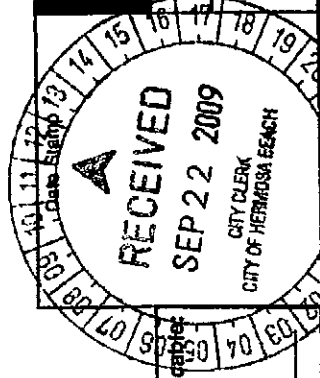
[COPY]

Type or print in ink.

Statement covers period from 8/5/09 through 9/19/09

Date of election if applicable: (Month, Day, Year) 11/3/09

Page 1 of 1
For Official Use Only



SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- Ballot Measure Committee
- State Candidate Election Committee
- Primarily Formed
- Recall
- Controlled
- Sponsored
- Sponsored
- General Purpose Committee
- Primarily Formed Candidate/Officeholder Committee
- Small Contributor Committee
- Political Party/Central Committee

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER 1322418

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

Howard Fishman for City Council 2009

Treasurer(s)

NAME OF TREASURER

Aaron Fishman

MAILING ADDRESS

1133 7th place

STREET ADDRESS (NO P.O. BOX)

1133 7th place

CITY

Hermosa Beach

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

1133 7th place

CITY

Hermosa Beach

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 9/19/09 Date
 Executed on 9/19/09 Date
 Executed on _____ Date
 Executed on _____ Date

By Howard Fishman Signature of Treasurer or Assistant Treasurer
 By Howard Fishman Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Howard Fishman

Statement covers period
from 8/5/09
through 9/19/09

Page _____ of _____

I.D. NUMBER
1321418

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>8118</u>	\$ <u>8118</u>
2. Loans Received Schedule B, Line 7	\$ <u>3784</u>	\$ <u>3784</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>11902</u>	\$ <u>11902</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>11902</u>	\$ <u>11902</u>

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

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ 0 \$ 11,902

21. Expenditures Made \$ 0 \$ 4,987

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>4987</u>	\$ <u>4987</u>
7. Loans Made Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>4987</u>	\$ <u>4987</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 6 + 9 + 10	\$ <u>4987</u>	\$ <u>4987</u>

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy) _____ Total to Date _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>11902</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments Column A, Line 8 above	\$ <u>4987</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>6915</u>

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

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

17. LOAN GUARANTEES RECEIVED

..... Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ _____

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

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

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

**Schedule A
Monetary Contributions Received**

Statement covers period
from 8/5/09
through 9/19/09

Page of

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Howard Fishman

I.D. NUMBER
1321418

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/12/09	Gary Wells 302 The Strand Hermosa Beach CA 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Contractor	250		
9/14/09	Marcia Jones 3300 Via Verde C Calabasas CA 91302	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250		
9/17/09	Shelby Saemann 2541 The Strand Hermosa Beach CA 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Student	250		
9/17/09	Troy Saemann 2541 The Strand Hermosa Beach CA 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Student	250		
9/17/09	Sandy Saemann 2541 The Strand Hermosa Beach CA 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250		
SUBTOTAL \$				1,250		

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A Summary
1. Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 6,417
2. Amount received this period - unitemized contributions of less than \$100 \$ 1,701
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 8,118

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

Schedule A
Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Howard Fishman

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/09	George Schmeltzer 275 Valley Drive Hermosa Beach CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00		
9/10/09	David Lawrence 1521RIENDS Lane La Canada Pintridge 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Lawrence Benn, Allen	250.00		
9/11/09	Sue Fish Pro-Tech 2100 Pacific Coast Hwy Hermosa Beach CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250		
9/12/09	Parker + Margaret Kemp 2467 Manhattan Ave Hermosa Beach CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100		
9/12/09	Cindi Wells 302 The Strand Hermosa Beach CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-employed ABC Patis + Spa	250-		
				SUBTOTAL \$	950	

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

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

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

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

SCHEDULE A

**Schedule A
Monetary Contributions Received**

Statement covers period
from 8/5/09
through 9/19/09

CALIFORNIA
FORM **460**

Page of

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Howard Fishman

I.D. NUMBER

1321418

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/21/09	ICU Investigations 2420 Sand Creek Rd Brentwood CA 94516	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ICU Investigations	100.00		
8/25/09	Kathy Dunbabin 2432 Myrtle Ave Hermosa Beach CA 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00		
8/25/09	Lourdes Garcia 1129 7th Place Hermosa Beach CA 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Teamsters Local 572	250.00		
8/25/09	Art Yaskin 622 S. Broadway #14 Redondo Beach CA 90277	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Supervisor Exxon Mobil	249.00		
8/26/09	Aaron Fishman 1133 7th place Hermosa Beach CA 90234	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Student	118.00		
				SUBTOTAL \$	967	

*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

967
\$
\$
\$
TOTAL \$

Schedule A Summary

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

**Schedule A
Monetary Contributions Received**

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

Statement covers period
from 8/5/09
through 9/19/09
Page of
I.D. NUMBER
1321418

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Howard Fishman

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/1/09	Linda Cook 5266 Bindewald Rd Torrance CA 90505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Actress	100.00		
9/1/09	Theresa Dornberg 22329 Warmside Ave Torrance CA 90505	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Caregiver	100.00		
9/5/09	Joe Mark 322 34 St Hermosa Beach CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investments	100.00		
9/5/09	Ricardo Reznichuk 2234 The Strand Hermosa Beach CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical	100.00		
9/8/09	Vincent Laurenzano 333 E. 69th St New York, New York 10021	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant	100.00		
				SUBTOTAL \$	500	

Schedule A Summary

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

*Contributor Codes
IND - Individual
COM - Recipient Committee
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 8/5/09
through 9/19/09

Page of

I.D. NUMBER
1321418

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Howard Fishman

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/09	Dana Chambers 2624 Bayport Drive Torrance, CA 90503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Human Resources Little Co. of Mary Hospital	100.00		
9/30/09	Pier 52 Restaurant 703 Pier Ave Suite B Hermosa Beach CA 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
8/30/09	Newman Hospitality 703 Pier Ave Box 815 Hermosa Beach CA 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
8/30/09	Jama Auto House 700 Pacific Coast Hwy Hermosa Beach CA 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
8/30/09	Minda Hill 3434 Del Amo Blvd Torrance CA 90503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Sec. City of Manhattan Beach	150.00		
				SUBTOTAL \$	1,000	

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

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1,000

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

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$**

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA
 FORM **460**

Statement covers period
 from 8/5/09
 through 9/19/09

Page of
 I.D. NUMBER
1321918

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
Howard Fishman

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/5/09	Stephen Schlesinger 852 Manhattan Beach Blvd Manhattan Beach CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA	100.00		
8/19/09	Gary Martin 3008 Poinsetta Manhattan Beach CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	consultant	250.00		
8/19/09	Barbara Cooper 3920 Haydonhurst Encino CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Author	100.00		
8/19/09	Celia Chavez 5272 Tipton St San Diego CA 92115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager San Diego State Univ.	100.00		
8/2/09	Eileen Millan 77 7th Ave N.Y. N.Y. 10011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Artist	100.00		
SUBTOTAL \$				650		

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

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
 (Include all Schedule A subtotals.) \$ 650.00

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

3. Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$**

Statement covers period from 8/5/09 through 9/19/09

Page 1 of 1
I.D. NUMBER 1321418

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

Schedule A Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER Howard Fishman

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/26/09	Jeff Maxwell 100 8th St Hermosa Beach CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business man Ruben Verdes Lino	150.00		
8/27/09	Shanna Valenzuela 2424 Myrtle Ave Hermosa Beach CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housewife	250.00		
8/27/09	Daniel Valenzuela 2424 Myrtle Ave Hermosa Beach CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney self-employed	250.00		
8/28/09	Steve Rothmans 888 S. Figueroa Suite 1960 LA CA 90017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Carpenter + Rothmans	250.00		
8/28/09	Marla Cesca 2418 W. 181 St Terrance CA 90504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Admin Secretary City of Terrance	100.00		
SUBTOTAL \$				1,000		

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

Schedule A Summary
1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) \$ 1,000
2. Amount received this period - unitemized monetary contributions of less than \$100 \$ X
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

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

SCHEDULE A (CONT.)

CALIFORNIA
FORM **460**

Page _____ of _____

I.D. NUMBER
1321418

Statement covers period
from **8/5/09**
through **9/19/09**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/09	Howard Fishman Lou Weiss 31022 Aliso Circle Laguna Beach CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				100		

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Statement covers period
from 8/5/09
through 9/19/09

Page of
I.D. NUMBER 1321418

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER Howard Fishman

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Howard Fishman 1133 7th Place Hermosa Beach CA 90254 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Self-Employed	\$	3,784	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$	% \$	3,784 8/5/09	\$ PER ELECTION** \$
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$	% \$	\$	\$ PER ELECTION** \$
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$	% \$	\$	\$ PER ELECTION** \$
SUBTOTALS \$							\$	\$

Schedule B Summary

1. Loans received this period \$ 3,784
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 3,784
Enter the net here and on the Summary Page, Column A, Line 2.

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

† 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

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

**Schedule E
Payments Made**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Howard Fishman

Statement covers period
from 8/5/09
through 9/19/09

Page _____ of _____
I.D. NUMBER
1321418

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Sammarco Group 2304 Mathews Ave - Suite 4 Redondo Beach CA 90278	LIT	Campaign literature & mailings	3,498.00
Howard Fishman 1133 7th Place Hermosa Beach CA 90254	FIL	campaign Filing	300.00
Carol Daley Print + Web Solutions carol@cardaley.com	WEB	website	379.00
SUBTOTAL \$			4,177

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 4,793
2. Unitemized payments made this period of under \$100 \$ 194
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 4,987

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

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

SCHEDULE E (CONT.)

CALIFORNIA
FORM
460

Statement covers period
from 8/5/09
through 9/19/09

Page of
I.D. NUMBER
1321418

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Howard Fishman

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Colby Poster Printing 1332 W. 12th Place Los Angeles CA 90015	CMP		wire hangars for signs	200.29
PS Print 2861 Mandela Pkwy Oakland CA 94608	LIT		walk pieces	415.74

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
SUBTOTAL \$ 616.03
FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

COPY

Type or print in ink.

Recipient Committee Campaign Statement Cover Page

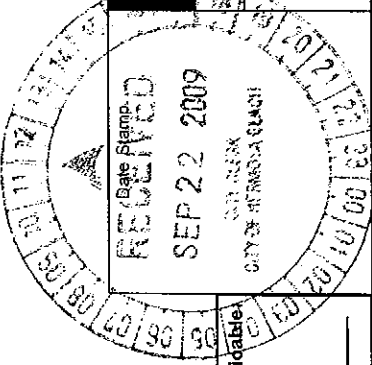
(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 5

For Official Use Only



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

11/03/09

Statement covers period from

07/23/09 through 09/19/09

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

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER 1319756

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

Friends of Midstokke for Council 2009

Treasurer(s)

NAME OF TREASURER

Kathleen L. Midstokke

MAILING ADDRESS

1101 Second Street

STREET ADDRESS (NO P.O. BOX)

1101 Second Street

CITY

Hermosa Beach

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

P.O. Box 833

CITY

Hermosa Beach

OPTIONAL: FAX / E-MAIL ADDRESS

midstokke4hbcc.com; midstokke4hbcc@aol.com

STREET ADDRESS (NO P.O. BOX)

1101 Second Street

CITY STATE ZIP CODE AREA CODE/PHONE

Hermosa Beach CA 90254 (310) 937-3417

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

P.O. Box 833

CITY STATE ZIP CODE AREA CODE/PHONE

Hermosa Beach CA 90254

OPTIONAL: FAX / E-MAIL ADDRESS

midstokke4hbcc.com; midstokke4hbcc@aol.com

4. Verification

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

Executed on Sept. 21, 2009

Date

By Kathleen L. Midstokke

Signature of Treasurer or Assistant Treasurer

Executed on Sept. 21, 2009

Date

By Kathleen L. Midstokke

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

Executed on _____

Date

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Executed on _____

Date

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Kathleen L. Midstokke

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Hermosa Beach City Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1101 Second Street Hermosa Beach CA 90254

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from 07/23/09 through 09/19/09	Page 3 of 5
CALIFORNIA FORM 460	
I.D. NUMBER 1319756	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Midstokke for Council 2009

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

1. Monetary Contributions	Schedule A, Line 3	\$ 249.00	\$
2. Loans Received	Schedule B, Line 3	0	\$
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	249.00	\$
4. Nonmonetary Contributions	Schedule C, Line 3		\$
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	249.00	\$

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 127.00	\$
7. Loans Made	Schedule H, Line 3		\$
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	127.00	\$
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	127.00	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	0	\$
13. Cash Receipts	Column A, Line 3 above	249.00	\$
14. Miscellaneous Increases to Cash	Schedule I, Line 4	127.00	\$
15. Cash Payments	Column A, Line 8 above	122.00	\$
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15		\$

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

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2	\$
--------------------	----

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$

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

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

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

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

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

**CALIFORNIA
FORM 460**

Statement covers period

from 07/23/09

through

09/19/09

Page 4 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Friends of Midstokke for Council 2009

1319756

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				SUBTOTAL \$		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 0
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 249.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 249.00**

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

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

**Schedule E
 Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Midstokke for Council 2009

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

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

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

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 127.00
- Unitemized payments made this period of under \$100 \$
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 127.00**

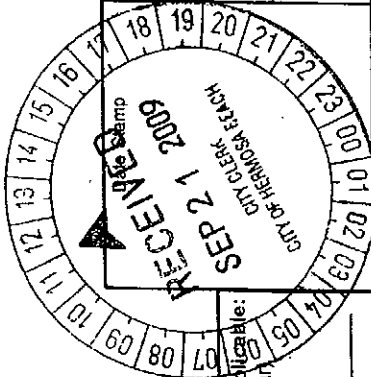
COPY

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE
CALIFORNIA 460
2001/02
FORM



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

11/3/07

Statement covers period
from

11/1/2009 through 9/19/2009

Page 1 of 3

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

- Officerholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officerholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1320609
 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Re-elected Michael Keegan for City Council '09
 STREET ADDRESS (NO P.O. BOX): 704 7th St.
 CITY: Menlo Park, CA 94025
 STATE: CA ZIP CODE: 94025
 AREA CODE/PHONE: 650
 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:
 CITY: STATE: ZIP CODE: AREA CODE/PHONE:

Treasurer(s)

NAME OF TREASURER: Michael Keegan
 MAILING ADDRESS: 704 7th St.
 CITY: Menlo Park, CA 94025
 STATE: CA ZIP CODE: 94025
 AREA CODE/PHONE: 650
 NAME OF ASSISTANT TREASURER, IF ANY:
 MAILING ADDRESS:
 CITY: STATE: ZIP CODE: AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 9/21/09 Date
 Executed on 9/21/09 Date
 Executed on _____ Date
 Executed on _____ Date

By Signature of Treasurer
 By Signature of State Treasurer
 By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent
 By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent
 By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent
 By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 3

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Michael Keegan

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council - Hermosa Beach

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
104 705th Hermosa Beach 90254

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

COMMITTEE NAME _____ I.D. NUMBER _____

NAME OF TREASURER _____ CONTROLLED COMMITTEE? YES NO

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

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

COMMITTEE NAME _____ I.D. NUMBER _____

NAME OF TREASURER _____ CONTROLLED COMMITTEE? YES NO

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

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE _____

BALLOT NO. OR LETTER _____ JURISDICTION _____ SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent _____

OFFICE SOUGHT OR HELD _____ DISTRICT NO. IF ANY _____

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA
FORM
460

Statement covers period

from 11/1/2009
through 9/19/2009

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1320609

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>50.00</u>	\$ <u>50.00</u>
2. Loans Received Schedule B, Line 3	\$ <u>5261.13</u>	\$ <u>5261.13</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>5311.13</u>	\$ <u>5311.13</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>5311.13</u>	\$ <u>5311.13</u>

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

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____

21. Expenditures Made \$ _____

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>0</u>
7. Loans Made Schedule H, Line 3	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>0</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>0</u>

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy) _____ Total to Date \$ _____

_____ \$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>5311.13</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments Column A, Line 6 above	\$ <u>5311.13</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>0</u>

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

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See Instructions on reverse \$ 0

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84218.5)

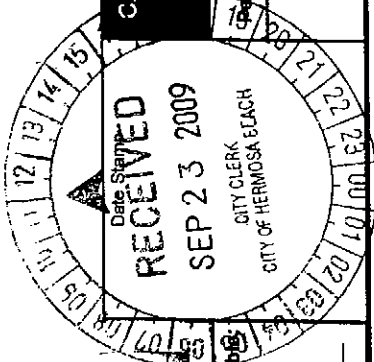
SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

COPY

COVER PAGE

CALIFORNIA
2001/02
FORM



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

11/03/2009

Statement covers period from

1/1/09

through 9/19/09

Page _____ of _____
For Official Use Only

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER

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

Christopher Reed for City Council 2009

Treasurer(s)

NAME OF TREASURER

Christopher Reed

MAILING ADDRESS

1146 7th Pl

CITY

Hermosa Beach

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

1146 7th Pl

CITY

Hermosa Beach

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

CITY

STATE ZIP CODE AREA CODE/PHONE

STATE ZIP CODE AREA CODE/PHONE

STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 9/23/09 Date
By Christopher Reed Signature of Treasurer or Assistant Treasurer

Executed on _____ Date
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on _____ Date
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

CALIFORNIA
FORM **460**

Page _____ of _____

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Christopher Reed
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Member of City Council, City of Hermosa Beach
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1146 7th Pl, Hermosa Beach, CA 90254

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT
 OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

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

Statement covers period
from 1/1/09 through 9/19/09

CALIFORNIA **460**
FORM

Page of
I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Christopher Reed

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

1/1 through 6/30 7/1 to Date

20. Contributions Received \$

21. Expenditures Made \$

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 <u>500</u>	<u>500</u>
2. Loans Received	Schedule B, Line 3 <u>688.04</u>	<u>688.04</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 <u>1188.04</u>	<u>1188.04</u>
4. Nonmonetary Contributions	Schedule C, Line 3 <u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 <u>1188.04</u>	<u>1188.04</u>

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yy) / / Total to Date

\$ \$

6. Payments Made	Schedule E, Line 4 <u>648.16</u>	<u>648.16</u>
7. Loans Made	Schedule H, Line 3 <u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 <u>648.16</u>	<u>648.16</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 <u>0</u>	<u>0</u>
10. Nonmonetary Adjustment	Schedule C, Line 3 <u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 <u>648.16</u>	<u>648.16</u>

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

12. Beginning Cash Balance	Previous Summary Page, Line 16 <u>0</u>
13. Cash Receipts	Column A, Line 3 above <u>1188.04</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4 <u>0</u>
15. Cash Payments	Column A, Line 8 above <u>648.16</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 <u>0</u>
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 <u>0</u>

*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

18. Cash Equivalents	See instructions on reverse <u>539.87</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above <u>688.04</u>

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

19. Outstanding Debts

**Schedule A
Monetary Contributions Received**

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

Statement covers period
from 1/1/09
through 9/19/09

CALIFORNIA **460**
FORM

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Christopher Reed

I.D. NUMBER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/1/09	Clarence Reed, 6805 N. 40th St, McAllen, TX 78502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250	250	
9/5/09	Lauren Sliger, 1620 N. 26th St, Santa Monica, CA, 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Perkins Cole LLP	250	250	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				500		

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

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 500
- Amount received this period - unitemized contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 500

**Schedule B - Part 1
Loans Received**

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

Statement covers period
from 1/1/09
through 9/19/09

**CALIFORNIA
FORM 460**

Page _____ of _____
I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Christopher Reed

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Christopher Reed, 1146 7th Pl, Hermosa Beach, CA 90254	Self-employed, Finance	\$ 0	\$ 688.04	<input checked="" type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 688.04 12/1/09	0 %	\$ 688.04 9/15/09	\$ 688.04 688.04
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____%	\$ _____ DATE INCURRED	\$ _____ PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____%	\$ _____ DATE INCURRED	\$ _____ PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____%	\$ _____ DATE INCURRED	\$ _____ PER ELECTION**
SUBTOTALS \$								\$ 688.04

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

Schedule B Summary

- Loans received this period \$ 688.04
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 688.04**
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

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

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

Schedule E Payments Made

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

Statement covers period

from 1/1/09

through 9/19/09

Page _____ of _____

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Christopher Reed

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

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

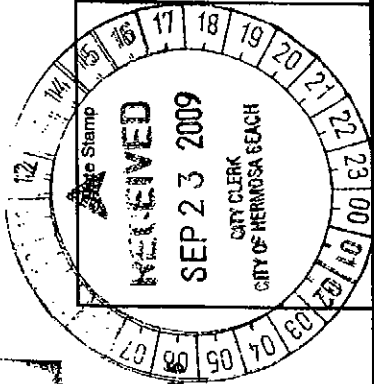
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FEDEX Kinkos, 1139A Artesia Blvd, Manhattan Beach, CA 90266	CMB			287.46
Walters, 23145 Kashiwa Ct, Torrance, CA 90505	CMB			167.70
SUBTOTAL \$				455.16

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

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 455.16
- Unitemized payments made this period of under \$100 \$ 193.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 648.16**

COPY



**Statement of Organization
Recipient Committee**

Type or print in ink

Statement Type Initial Not yet qualified or

Amendment
List I.D. number: # _____

Termination - See Part 8
List I.D. number: # _____

Date qualified as committee _____

Date qualified as committee _____
(if applicable)

Date of Termination _____

1. Committee Information

NAME OF COMMITTEE
Christopher Reed for City Council 2009

STREET ADDRESS (NO P.O. BOX)
1146 7th Pl

CITY
Hermosa Beach

STATE ZIP CODE AREA CODE/PHONE
CA 90254 3104066216

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE
Los Angeles

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Christopher Reed

STREET ADDRESS (NO P.O. BOX)
1146 7th Pl

CITY
Hermosa Beach

STATE ZIP CODE AREA CODE/PHONE
CA 90254 3104066216

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE ZIP CODE AREA CODE/PHONE

3. Verification

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

Executed on 9/23/09
DATE

Christopher Reed
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

I.D. NUMBER

Christopher Reed for City Council 2009

4. Type of Committee

Complete the applicable sections.

Controlled Committee

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

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Christopher Reed	Member of City Council City of Hermosa Beach	2009	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

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

NAME OF FINANCIAL INSTITUTION: JP Morgan Chase Bank

AREA CODE/PHONE: 3103705769

BANK ACCOUNT NUMBER: 32612677217

ADDRESS: 4840 W. 190th St

CITY: Torrance

STATE: CA

ZIP CODE: 90503

Primarily Formed Committee

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE