

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
FORM 460

COVER PAGE

RECEIVED 3-31-14

CITY CLERK'S OFFICE Page 1 of 11

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
- 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/Officeholder 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

Statement covers period
from 02/23/2014
through 03/22/2014

Date of election if applicable
(Month, Day, Year)
04/08/2014

3. Committee Information

I.D. NUMBER
1363708

Treasurer(s)

NAME OF TREASURER

Joe Harding

MAILING ADDRESS

531 Main St., Ste. A

CITY

El Segundo

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

OPTIONAL: FAX / E-MAIL ADDRESS

STREET ADDRESS (NO P.O. BOX)
531 Main St., Ste. A

CITY STATE ZIP CODE AREA CODE/PHONE
El Segundo CA 90245 (310) 439-9361

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

(213) 452-6576 / jguardarrama@kautmanlegalgroup.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 3/25/14 Date

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

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

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

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

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
Measure A - Consolidated Tax Measure

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE

^A City of El Segundo

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A for El Segundo's Future

Statement covers period		CALIFORNIA FORM 460 SUMMARY PAGE	
from	through		
02/23/2014	03/22/2014	Page	of
		3	11
I.D. NUMBER		1363708	

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 15,560.00	\$ 21,060.00
2. Loans Received	Schedule B, Line 3 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 15,560.00	\$ 21,060.00
4. Nonmonetary Contributions	Schedule C, Line 3 85.00	7,085.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 15,645.00	\$ 28,145.00

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	\$ _____		

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 10,182.48	\$ 13,449.12
7. Loans Made	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 10,182.48	\$ 13,449.12
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0.00	0.00
10. Nonmonetary Adjustment	Schedule G, Line 3 85.00	7,085.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 10,267.48	\$ 20,534.12

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 \$ 2,233.36	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).
13. Cash Receipts	Column A, Line 3 above 15,560.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0.00	
15. Cash Payments	Column A, Line 8 above 10,182.48	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 7,610.88	

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0.00

**Schedule A
Monetary Contributions Received**

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

CALIFORNIA
FORM
460

SCHEDULE A

Statement covers period
from 02/23/2014
through 03/22/2014

Page 4 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Yes on A for El Segundo's Future

ID. NUMBER
1363708

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)
03/11/2014	California Teamsters Public Affairs Council Issues Account (ID# 901366) 1127 11th St., Ste. 501 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	
02/27/2014	Tanice Cruikshank 1509 E Elm Ave. El Segundo, CA 90245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	100.00	100.00	
02/28/2014	El Segundo City Employees Association 33173 Mulholland Highway Malibu, CA 90265	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	5,000.00	
02/25/2014	El Segundo Police Officers Association PAC (ID# 960463) P.O. Box 248 El Segundo, CA 90245	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	5,000.00	
02/24/2014	Marie Caron Fellhauer 639 West Oak Ave. El Segundo, CA 90245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Los Angeles Police Department	300.00	300.00	
SUBTOTAL \$				12,900.00		

- Schedule A Summary**
- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 15,560.00
 - Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
 - Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 15,560.00

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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT)

CALIFORNIA
FORM 460

Statement covers period
from 02/23/2014
through 03/22/2014

Page 5 of 11

NAME OF FILER

Yes on A for El Segundo's Future

I.D. NUMBER

1363708

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
03/06/2014	Mar Ventures, Inc. 2050 W. 190th Street, Ste. 108 Torrance, CA 90504	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	
02/28/2014	S&S Hardware Co., Inc. 1111 E. Grand Ave. El Segundo, CA 90245	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		660.00	2,660.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				2,660.00		

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

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

Schedule C Nonmonetary Contributions Received

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

STATEMENT C
CALIFORNIA
FORM **460**

Statement covers period
from 02/23/2014
through 03/22/2014

Page 6 of 11

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Yes on A for El Segundo's Future

I.D. NUMBER
1363708

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)
02/23/2014	Sandra Jacobs 402 Hillcrest St. El Segundo, CA 90245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	Mailing Services	85.00	585.00	
SUBTOTAL \$						85.00	

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 85.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- 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 \$** 85.00

*Contributor Codes

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

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

Schedule E Payments Made

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

STATEMENT E

**CALIFORNIA
FORM 460**

Statement covers period
from 02/23/2014
through 03/22/2014

Page 7 of 11

I.D. NUMBER
1363708

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Yes on A for El Segundo's Future

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 | BET | 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 |
| LT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
El Segundo Herald 312 E. Imperial Ave. El Segundo, CA 90245	PRT			660.00
Kaufman Legal Group 777 S. Figueroa Street Suite 4050 Los Angeles, CA 90017	PRO			500.00
Malerman Ink 8939 Sepulveda Blvd. Westchester, CA 90045	LTT			425.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				
SUBTOTAL \$				1,585.00

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 10,182.48
- Unitemized payments made this period of under \$100 \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 10,182.48

**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 02/23/2014
through 03/22/2014

Page 8 of 11

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER

Yes on A for El Segundo's Future

1363708

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Maleman Ink 8939 Sepulveda Blvd. Westchester, CA 90045	LIT			245.17
Maleman Ink 8939 Sepulveda Blvd. Westchester, CA 90045	POS			1,089.39
Michael Divirgilio 660 2nd Street, Unit A Hermosa Beach, CA 90254	CNS			2,500.00
Michael Divirgilio 660 2nd Street, Unit A Hermosa Beach, CA 90254	CNS			2,500.00
Michael Divirgilio 660 2nd Street, Unit A Hermosa Beach, CA 90254	CMP			1,141.75

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

SUBTOTAL \$ 7,476.31

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 02/23/2014
through 03/22/2014

Page 9 of 11

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NAME OF FILER

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ID. NUMBER
1363708

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Michael Divrigilio 660 2nd Street, Unit A Hermosa Beach, CA 90254	OFC			35.48
Parviz Printing, Inc. 118 East 8th Street Los Angeles, CA 90014	LIT			780.00
Political Data Inc. P.O. Box 59570 Normalk, CA 90652		Voter Data		305.69

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

SUBTOTAL \$ 1,121.17

