

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 01/01/2014 through 03/22/2014	Date of election if applicable: (Month, Day, Year) 04/08/2014	Date Stamp RECEIVED 3-31-14 CITY CLERKS OFFICE	CALIFORNIA FORM 460 Page 1 of 5 For Official Use Only
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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

3. Committee Information

I.D. NUMBER  
960463

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

El Segundo Police Officers' Association PAC

Treasurer(s)

NAME OF TREASURER

Andrew McEntyre

MAILING ADDRESS

348 Main St.

CITY

El Segundo

NAME OF ASSISTANT TREASURER, IF ANY

Gary Crummitt

MAILING ADDRESS

525 E. Seaside Way, #101-C

CITY

Long Beach

OPTIONAL: FAX / E-MAIL ADDRESS

gary@crummittandassociates.com

STREET ADDRESS (NO P.O. BOX)

531 Main St., #605

CITY

El Segundo

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

525 E. Seaside Way, #101-C

CITY

Long Beach

OPTIONAL: FAX / E-MAIL ADDRESS

gary@crummittandassociates.com

STATE ZIP CODE AREA CODE/PHONE

CA 90245 (310) 524-2200

STATE ZIP CODE AREA CODE/PHONE

CA 90802 (562) 983-0815

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 03/27/2014

By Gary Crummitt

Signature of Treasurer or Assistant Treasurer

Executed on

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

Executed on

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

# Recipient Committee Campaign Statement Cover Page — Part 2

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## 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?

☐ 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

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from 01/01/2014 through 03/22/2014		CALIFORNIA FORM <b>460</b>
Page 3 of 5		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

E1 Segundo Police Officers' Association PAC

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	Schedule A, Line 3 \$ 0.00	0.00	1/1 through 6/30 7/1 to Date
2. Loans Received	Schedule B, Line 3 \$ 0.00	0.00	20. Contributions Received \$ \$
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 0.00	0.00	21. Expenditures Made \$ \$
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0.00	0.00	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 0.00	0.00	

## Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 5,000.00	\$ 5,000.00	Expenditure Limit Summary for State Candidates
7. Loans Made	Schedule H, Line 3 \$ 0.00	0.00	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 5,000.00	\$ 5,000.00	
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 0.00	0.00	
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ 0.00	0.00	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 5,000.00	\$ 5,000.00	

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 9,379.64	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 \$ 0.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0.00	
15. Cash Payments	Column A, Line 8 above \$ 5,000.00	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 4,379.64	

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

17. LOAN GUARANTEES RECEIVED \$ 0.00

## Cash Equivalents and Outstanding Debts

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

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

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

# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other

### Candidates, Measures and Committees

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

<b>Statement covers period</b> from 01/01/2014 through 03/22/2014	<b>CALIFORNIA FORM 460</b> Page 4 of 5
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I.D. NUMBER  
960463

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/24/2014	Yes on A City of El Segundo	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		5,000.00	5,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
<b>SUBTOTAL \$</b>				5,000.00		

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 5,000.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 5,000.00

# Schedule E Payments Made

Type or print in ink.  
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to whole dollars.

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El Segundo Police Officers' Association PAC

**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	posting, 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
Yes on A for El Segundo's Future (ID# 1363708) 531 Main St., #A El Segundo, CA 90245	CTB			5,000.00

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

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$ 5,000.00
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.) .....	<b>TOTAL \$ 5,000.00</b>

Statement covers period from 01/01/2014 through 03/22/2014		CALIFORNIA FORM 460	
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