

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
FORM

460

Page 01 of 05

For Official Use Only

CITY CLERK
HAWTHORNE, CA
11 OCT 26 PM 4:42

Statement covers period
from 09/25/2011
through 10/22/2011

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

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

3. Committee Information

I.D. NUMBER

1341590

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

MARTIN OFFICIAH FOR HAWTHORNE

STREET ADDRESS (NO P.O. BOX)

11702 OXFORD AVENUE #2

CITY STATE ZIP CODE AREA CODE/PHONE

HAWTHORNE CA 90250 (323) 472-3342

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

SAME AS ABOVE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

MOFFIAH2000@yahoo.com

Treasurer(s)

NAME OF TREASURER

MARTIN OFFICIAH

MAILING ADDRESS

11702 OXFORD AVENUE #2

CITY STATE ZIP CODE AREA CODE/PHONE

HAWTHORNE CA 90250 (323) 472-3342

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 10/22/11

Date

By [Signature]

Signature of Treasurer or Assistant Treasurer

Executed on _____

Date

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent or 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

FPPC Form 460 (January/05)

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

State of California

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

MARLIN OFFICER

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

HAWTHORNE - City Council

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

11702 OXFORD AVE #2 Hawthorne
CA 90250

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 <u>09/25/2011</u> through <u>10/22/2011</u>	CALIFORNIA FORM 460
	Page <u>03</u> of <u>05</u>
	I.D. NUMBER <u>1341590</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ALL SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ <u>N/A</u>	\$ <u>N/A</u>
2. Loans Received	Schedule B, Line 3	<u>4456:21</u>	<u>2011</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>N/A</u>	\$ <u>N/A</u>
4. Nonmonetary Contributions	Schedule C, Line 3	<u>N/A</u>	<u>N/A</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>N/A</u>	\$ <u>N/A</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	\$ <u>NONE</u>	\$ <u>NONE</u>
21. Expenditures Made	\$ <u>2456:21</u>	\$ <u>2456:21</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ <u>2456:21</u>	\$ <u>2456:21</u>
7. Loans Made	Schedule H, Line 3	<u>4456:21</u>	<u>4456:21</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>2456:21</u>	\$ <u>2456:21</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	<u>N/A</u>	<u>N/A</u>
10. Nonmonetary Adjustment	Schedule G, Line 3	<u>N/A</u>	<u>N/A</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>2456:21</u>	\$ <u>2456:21</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
<u>1</u> / <u>1</u> / ..		\$
<u>1</u> / <u>1</u> / ..		\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>2000:00</u>
13. Cash Receipts	Column A, Line 3 above	<u>N/A</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	<u>NONE</u>
15. Cash Payments	Column A, Line 8 above	<u>N/A</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2000:00</u>

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ <u>4456:21</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See Instructions on reverse	\$ <u>N/A</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>N/A</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).

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

Schedule B – Part 2
Loan Guarantors

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

SCHEDULE B - PART 2

Statement covers period from <u>09/25/2011</u> through <u>10/27/2011</u>	CALIFORNIA FORM 460
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NAME OF FILER

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	<u>LOAN</u> LENDER DATE AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR PER ELECTION (IF REQUIRED)	BALANCE OUTSTANDING TO DATE
MARGIN OFFICER	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROFESSOR ARIZONA STATE UNIV EAGLE	LENDER DATE 10/15/2011 4456.21	CALENDAR YEAR \$ 4456.21 PER ELECTION (IF REQUIRED) \$ 4456.21	N/A
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE	CALENDAR YEAR \$ PER ELECTION (IF REQUIRED) \$	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE	CALENDAR YEAR \$ PER ELECTION (IF REQUIRED) \$	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE	CALENDAR YEAR \$ PER ELECTION (IF REQUIRED) \$	
			SUBTOTAL \$		Enter on Summary Page, Line 17 only. 4456.21

Schedule E
Payments Made

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

SCHEDULE E

Statement covers period from <u>09/25/2011</u> through <u>10/22/2011</u>	CALIFORNIA FORM 460 Page <u>05</u> of <u>05</u>
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NAME OF FILER

MARTIN OFFIAT

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
MARTIN OFFIAT FOR HAWTHORNE - City - Council 2011	(CNS)	DEPOSIT, WALL/PHONE LISTS, CAMPAIGN SIGN, DOOR HANGERS & FLYER DISTRIBUTIONS	2456:21

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

SUBTOTAL \$

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 2456:21
- Unitemized payments made this period of under \$100 \$ NONE
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ NONE
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 2456:21