

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA  
FORM

460

CITY CLERK  
HAWTHORNE, CA  
11 OCT 31 AM 11:40

Page \_\_\_\_\_ of \_\_\_\_\_  
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:**

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

**3. Committee Information**

I.D. NUMBER

1342384

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

FRANCES STIGLICH FOR

CITY COUNCIL 2011

STREET ADDRESS (NO P.O. BOX)

11534 CALE AVE

CITY STATE ZIP CODE

HAWTHORNE CA

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

CITY STATE ZIP CODE

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Treasurer(s)

NAME OF TREASURER

11534 CALE AVE

MAILING ADDRESS

HAWTHORNE CA 90250 310676-182

CITY STATE ZIP CODE AREA CODE/PHONE

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**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 10-24-2011

Executed on 10-24-2011

Executed on 10-24-2011

Executed on 10-24-2011

Executed on 10-24-2011

Executed on 10-24-2011

Executed on 10-24-2011

By Alexander Stiglich  
Signature of Treasurer or Assistant Treasurer

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

By Frances Stiglich  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By Frances Stiglich  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By Frances Stiglich  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By Frances Stiglich  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By Frances Stiglich  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/95)

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

State of California

Type or print in ink.

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE — PART 2

CALIFORNIA  
FORM 460

Page \_\_\_\_\_ of \_\_\_\_\_

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

11534 GALE AVE HAWTHORNE  
CA 90350

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  
FRANKS STIGLICH FOR  
HAWTHORNE CITY COUNCIL 2011 1342384

NAME OF TREASURER CONTROLLED COMMITTEE?  
ALEXANDER STIGLICH ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  
11534 GALE AVE

CITY STATE ZIP CODE AREA CODE/PHONE  
HAWTHORNE

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<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b> |
| Page _____ of _____                                    | 13. NUMBER                 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRANCES STIGLICH

## Contributions Received

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ 10,000  | \$   |
| 2. Loans Received ..... Schedule B, Line 3            |  |  |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$   | \$   |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 |  |  |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$   | \$   |

## 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             | \$ 0        |
| 21. Expenditures Made      | \$               | \$          |

## Expenditures Made

|   |            |              |
|---|------------|--------------|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ 8342 40 | \$ 9-28-2011 |
| 7. Loans Made ..... Schedule H, Line 3                      |            |              |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$         | \$           |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 |            |              |
| 10. Nonmonetary Adjustment ..... Schedule G, Line 3         |            |              |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ 8342 40 | \$ 8342 40   |

## Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made*<br>(If Subject to Voluntary Expenditure Limit) |               |
|--|---------------|
| Date of Election<br>(mm/dd/yy)   | Total to Date |
| 1/1/11   | \$            |
| 1/1/11   | \$            |

## Current Cash Statement

|   |            |
|---|------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ 1657 60 |
| 13. Cash Receipts ..... Column A, Line 3 above                              |            |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                |            |
| 15. Cash Payments ..... Column A, Line 8 above                              |            |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 16740   |

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 8 (if any).

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

## 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 |

\*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

Statement covers period

CALIFORNIA  
FORM **460**

from \_\_\_\_\_

through \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRANCES STIGLICH

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(If committee, also enter ID number) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(If self-employed, enter name of business) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(If required) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10-22-2011    | FRANCES STIGLICH<br>11534 GALE AVE<br>HAWTHORNE, CA 90250                                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | RETIRED   | 10 000                      | 10 000   | /                                     |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| SUBTOTAL \$   |   |   |   |                             |  |                                       |

## Schedule A Summary

1. Amount received this period - itemized monetary contributions.

(Include all Schedule A subtotals.) ..... \$ 5

2. Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 5

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 10

### \*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)

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