COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Date Stamp: CITY CLERK HAWTHORNE, CA 13 SEP 23 AM 9:36

CALIFORNIA FORM **460**

Page 1 of 8

For Official Use Only

Statement covers period: from 07/01/13 through 09/21/13

Date of election if applicable: (Month, Day, Year) 11/05/13

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

- [x] 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:

- [x] 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: 1358112

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Juarez for Mayor 2013

STREET ADDRESS (NO P.O. BOX): 13435 Glasgow Place

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hawthorne	CA	90250	310-643-6139

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Henry Lopez

MAILING ADDRESS: 778 West 138th Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Gardena	CA	90247	310-538-5803

NAME OF ASSISTANT TREASURER, IF ANY: Daniel Juarez

MAILING ADDRESS: 13435 Glasgow Place

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hawthorne	CA	90250	310-643-6139

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 September 21, 2013 (Date) By _____ Signature of Treasurer or Assistant Treasurer

Executed on September 21, 2013 (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

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Daniel Juarez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor, City of Hawthorne

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
13435 Glagow Place 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
Daniel Juarez Legal Defense Fund	1358110
NAME OF TREASURER	CONTROLLED COMMITTEE?
Henry Lopez	☑ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
13435 Glasgow Place

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hawthorne	CA	90250	310-643-6139

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

CALIFORNIA FORM **460**

Statement covers period from 07/01/13 through 09/21/13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Juarez for Mayor 2013

I.D. NUMBER: 1358112

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 28,017.61	$ 28,017.61
2. Loans Received	Schedule B, Line 3	NONE	NONE
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 28,017.61	$ 28,017.61
4. Nonmonetary Contributions	Schedule C, Line 3	$300.00	$300.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 28,317.61	$ 28,317.61

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	$ n/a	$ n/a
21. Expenditures Made	$ n/a	$ n/a

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 9,318.58	$ 9,318.58
7. Loans Made	Schedule H, Line 3	NONE	NONE
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 9,318.58	$ 9,318.58
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	NONE	NONE
10. Nonmonetary Adjustment	Schedule C, Line 3	NONE	NONE
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 9,318.58	$ 9,318.58

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
/ /	$ n/a
/ /	$ n/a

*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	$ NONE
13. Cash Receipts	Column A, Line 3 above	28,017.61
14. Miscellaneous Increases to Cash	Schedule I, Line 4	NONE
15. Cash Payments	Column A, Line 8 above	9,318.58
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 18,699.03

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ NONE

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ NONE
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ NONE

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).

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 07/01/13
through 09/21/13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Juarez for Mayor 2013

I.D. NUMBER
1358112

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)
7/22/13	Juarez for Mayor 2011 ID #1342549 13435 Glasgow Place Hawthorne, CA 90250	☐IND ☑COM ☐OTH ☐PTY ☐SCC		$24,793.61	$24,793.61	
9/5/13	PJC Investments LLC 330 N. Brand Boulevard Glendale, CA 91203	☐IND ☐COM ☑OTH ☐PTY ☐SCC		$500.00	$500.00	
9/6/13	Dennis Hernandez 11048 S. Ruthelen Avenue Los Angeles, CA 90047	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Risk Manager City of Hawthorne	$125.00	$125.00	
9/6/13	Adekunle Aderonmu 417 36th Street Manhattan Beach, CA 90266	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	$500.00	$500.00	
9/9/13	Oceangate Properties 5100 W. Rosecrans Avenue Hawthorne, CA 90250	☐IND ☐COM ☑OTH ☐PTY ☐SCC		$500.00	$500.00	
			SUBTOTAL $	26,418.61		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 27,868.61
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 149.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 28,017.61

*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.)

Statement covers period
from 07/01/13
through 09/21/13

CALIFORNIA FORM 460

NAME OF FILER
Juarez for Mayor 2013

I.D. NUMBER
1358112

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)
9/13/13	Robert Smith 11602 Oxford Avenue - #B Hawthorne, CA 90250	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Management & Business Services	$100.00	$100.00	
9/14/13	Shotwell's Pool & Spa Service 4878 West 142nd Street Hawthorne, CA 90250	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$500.00	$500.00	
9/17/11	La Feria Restaurant 10903 Inglewood Avenue Lennox, CA 90304	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$250.00	$250.000	
9/17/13	Hamlin & Cody 7131 West Manchester Avenue - Suite 200 Los Angeles, CA 90045	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$100.00	$100.00	
9/19/13	NOQNO 11433 Hawthorne Boulevard Hawthorne, CA 90250	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$500.00	$500.00	
			SUBTOTAL $	$1,450.00		

*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 C
Nonmonetary Contributions Received

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

SCHEDULE C

CALIFORNIA FORM **460**

Statement covers period
from 07/01/13
through 09/21/13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Juarez for Mayor 2013

I.D. NUMBER: 1358112

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)
8/6/13	Sunset Printing Company 16301 S. Broadway Street Gardena, CA 90448	☐IND ☐COM ☑OTH ☐PTY ☐SCC		Envelopes	$300.00	$300.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** 300.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 300.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ NONE
3. 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 $** 300.00

*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 E
Payments Made

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

Statement covers period
from 07/01/13
through 09/21/13

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Juarez for Mayor 2013

I.D. NUMBER
1358112

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
Ground Zero Communications 3717 S. La Brea Avenue - Suite 632 Los Angeles, CA 90016	CNS		$5,000.00
Ground Zero Communications 3717 S. La Brea Avenue - Suite 632 Los Angeles, CA 90016	POL		$1,340.06
City of Hawthorne 4455 West 126th Street Hawthorne, CA 90250	FIL		$1,000.00

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

SUBTOTAL $ 7,340.06

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 9,115.06
2. Unitemized payments made this period of under $100 ..... $ 203.52
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ NONE
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 9,318.58

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 07/01/13 through 09/21/13

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Juarez for Mayor 2013

I.D. NUMBER: 1358112

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
Ground Zero Communications 3717 S. La Brea Avenue - Suite 632 Los Angeles, CA 90016	PHO		$1,775.00

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

SUBTOTAL $ 1,775.00