Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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COVER PAGE

CALIFORNIA FORM 460

Page 1 of 15

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 01/01/2013 through 09/21/2013

Date of election if applicable: (Month, Day, Year) 11/05/2013

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: 1359105

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Mike Talleda for Hawthorne City Council 2013

STREET ADDRESS (NO P.O. BOX): 525 E. Seaside Way, #101-C

CITY: Long Beach, STATE: CA ZIP CODE: 90802 AREA CODE/PHONE: 562-983-0815

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: 14147 Hawthorne Blvd.

CITY: Hawthorne, STATE: CA ZIP CODE: 90250 AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS: 562-983-0817 gary@crummittandassociates.com

Treasurer(s)

NAME OF TREASURER: Gary Crummitt

MAILING ADDRESS: 525 E. Seaside Way, #101-C

CITY: Long Beach, STATE: CA ZIP CODE: 90802 AREA CODE/PHONE: 562-981-0815

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 09/23/2013 (Date) By _____ Signature of Treasurer or Assistant Treasurer

Executed on 09/23/2013 (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

Recipient Committee Campaign Statement Cover Page

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Date Stamp

CALIFORNIA FORM 460

Page 1 of 15

For Official Use Only

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: 1359105

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Mike Talleda for Hawthorne City Council 2013

STREET ADDRESS (NO P.O. BOX)
525 E. Seaside Way, #101-C

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Long Beach, CA 90802 562-983-0815

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
14147 Hawthorne Blvd.

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Hawthorne, CA 90250

OPTIONAL: FAX / E-MAIL ADDRESS
562-983-0817 gary@crummittandassociates.com

Treasurer(s)

NAME OF TREASURER
Gary Crummitt

MAILING ADDRESS
525 E. Seaside Way, #101-C

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Long Beach, CA 90802 562-981-0815

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 09/23/2013 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 09/23/2013 (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)

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Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Mike Talleda

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
14147 Hawthorne Blvd.	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

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Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from 01/01/2013 through 09/21/2013

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Mike Talleda for Hawthorne City Council 2013

I.D. NUMBER
1359105

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 8,165.00	$ 8,165.00
2. Loans Received	*Schedule B, Line 3*	4,000.00	4,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 12,165.00	$ 12,165.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 12,165.00	$ 12,165.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 9,452.38	$ 9,452.38
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 9,452.38	$ 9,452.38
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	3,929.20	3,929.20
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 13,381.58	$ 13,381.58

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 0.00
13. Cash Receipts	*Column A, Line 3 above*	12,165.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.50
15. Cash Payments	*Column A, Line 8 above*	9,452.38
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 2,713.12

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*	$ 7,929.20

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).

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	$	$
21. Expenditures Made	$	$

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
/ /	$
/ /	$

*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

CALIFORNIA FORM **460**

Statement covers period
from 01/01/2013
through 09/21/2013

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Mike Talleda for Hawthorne City Council 2013

I.D. NUMBER
1359105

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)
09/18/2013	Marta Alvarado 10136 Orange Ave. South Gate, CA 90280	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	100.00	100.00	
08/24/2013	Dawn M. Anzack-Ayers 604 Elvira Ave. Redondo Beach, CA 90277	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Vice President First Capital Lenders	100.00	100.00	
08/24/2013	Saturnino Cardoso 17700 Avalon Blvd. Unit 214 Carson, CA 90746	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	100.00	100.00	
08/24/2013	James Evans 21017 Annrita Ave. Torrance, CA 90503	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Teacher Torrance Unified School District	200.00	200.00	
08/24/2013	Yolanda L. Garcia 2057 Upland St. Rancho Palos Verdes, CA 90275	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Libraian Santa Ana City College	100.00	100.00	
			SUBTOTAL $	600.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 7,325.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 840.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 8,165.00

*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.)

Statement covers period
from 01/01/2013
through 09/21/2013

CALIFORNIA FORM 460

NAME OF FILER
Mike Talleda for Hawthorne City Council 2013

I.D. NUMBER
1359105

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)
07/19/2013	Gonzales & Associates, PLC 515 S. Figueroa St. Ste. 1950 Los Angeles, CA 90071	☐IND ☐COM ☒OTH ☐PTY ☐SCC		250.00	250.00	
08/27/2013	Guy Hocker, Realtors 4747 E. El Segundo Blvd. Hawthorne, CA 90250	☐IND ☐COM ☒OTH ☐PTY ☐SCC		1,000.00	1,000.00	
08/31/2013	Harvey H. Jacobson 2013 Magnolia Ave. Manhattan Beach, CA 90266	☒IND ☐COM ☐OTH ☐PTY ☐SCC	President California Financial Planners	1,000.00	1,000.00	
08/27/2013	M&M Property Management 14171 S. Hawthorne Blvd. Hawthorne, CA 90250	☐IND ☐COM ☒OTH ☐PTY ☐SCC		500.00	500.00	
07/19/2013	James Marinelli 9932 Cedar St. Bellflower, CA 90706	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Administrative Assistant Orbit, Inc.	100.00	100.00	
			SUBTOTAL $	2,850.00		

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

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period
from 01/01/2013
through 09/21/2013

CALIFORNIA FORM 460

NAME OF FILER
Mike Talleda for Hawthorne City Council 2013

I.D. NUMBER
1359105

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)
08/24/2013	Elizabeth A. Mena 11624 Manilla Dr. Cypress, CA 90630	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Teacher Hawthorne School District	100.00	100.00	
08/24/2013	Nelson D. Mena 11624 Manilla Dr. Cypress, CA 90630	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	100.00	100.00	
09/12/2013	Saeed Nikayin 2100 S. Figueroa Blvd. Unit 326 Los Angeles, CA 90007	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	President Orbit Industries	1,000.00	1,000.00	
08/24/2013	Mara T. Pagniano 1512 El Prado Ave. Torrance, CA 90501	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	School Administrator Hawthorne School District	200.00	200.00	
08/19/2013	Antonio Rotella 1254 Winchester Ave. Glendale, CA 91201	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	100.00	100.00	
			SUBTOTAL $	1,500.00		

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

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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 01/01/2013
through 09/21/2013

CALIFORNIA FORM 460

NAME OF FILER
Mike Talleda for Hawthorne City Council 2013

I.D. NUMBER
1359105

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)
08/24/2013	Joaquin A. Talleda 2155 Las Lunas St. Pasadena, CA 91107	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Attorney Joaquin Talleda	300.00	300.00	
07/19/2013	Mariana Talleda 3822 W. 171st St. Torrance, CA 90504	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	1,000.00	1,000.00	
08/15/2013	Mike Talleda 14147 Hawthorne Blvd. Hawthorne, CA 90250	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Realtor Shorelinewest Realty	25.00	4,025.00	
08/19/2013	Oscar M. Talleda 902 W. Clarion Dr. Torrance, CA 90502	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Claims Representative Social Security Administration	100.00	200.00	
08/19/2013	Oscar M. Talleda 902 W. Clarion Dr. Torrance, CA 90502	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Claims Representative Social Security Administration	100.00	200.00	
			SUBTOTAL $	1,525.00	[redacted]	

*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

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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 01/01/2013
through 09/21/2013

NAME OF FILER
Mike Talleda for Hawthorne City Council 2013

I.D. NUMBER
1359105

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)
08/19/2013	Zeida Talleda 902 W. Clarion Dr. Torrance, CA 90502	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	100.00	100.00	
07/19/2013	Zoraida Talleda 18822 Fonthill Ave. Torrance, CA 90504	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	500.00	500.00	
09/03/2013	Erick A. Zenteno 44340 Tillman Terrace Unit 201 Ashburn, VA 20147	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Claims Administrator Veterans Administration	250.00	250.00	
		[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC				
		[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC				
			SUBTOTAL $	850.00		

*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

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Schedule B – Part 1
Loans Received

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

Statement covers period
from 01/01/2013
through 09/21/2013

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Mike Talleda for Hawthorne City Council 2013

I.D. NUMBER
1359105

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mike Talleda 14147 Hawthorne Blvd. Hawthorne, CA 90250 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor Shorelinewest Realty	$ 0.00	$ 1,000.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 1,000.00 DATE DUE	0.00% RATE $ 0.00	$ 1,000.00 08/11/2013 DATE INCURRED	CALENDAR YEAR $ 4,025.00 PER ELECTION** $
Mike Talleda 14147 Hawthorne Blvd. Hawthorne, CA 90250 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor Shorelinewest Realty	$ 0.00	$ 1,000.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 1,000.00 DATE DUE	% RATE $ 0.00	$ 1,000.00 08/21/2013 DATE INCURRED	CALENDAR YEAR $ 4,025.00 PER ELECTION** $
Mike Talleda 14147 Hawthorne Blvd. Hawthorne, CA 90250 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor Shorelinewest Realty	$ 0.00	$ 2,000.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 2,000.00 DATE DUE	% RATE $ 0.00	$ 2,000.00 08/22/2013 DATE INCURRED	CALENDAR YEAR $ 4,025.00 PER ELECTION** $
		SUBTOTALS $ 4,000.00		$ 0.00	$ 4,000.00	$ 0.00 (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 4,000.00
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET** $ 4,000.00
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

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Schedule E
Payments Made

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

Statement covers period
from 01/01/2013
through 09/21/2013

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Mike Talleda for Hawthorne City Council 2013

I.D. NUMBER
1359105

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
American Express Box 0001 Los Angeles, CA 90096-8000	OFC		622.99
American Express Box 0001 Los Angeles, CA 90096-8000	OFC		867.49
Freeman Public Affairs, Inc. 1405 Marcelina, #111 Torrance, CA 90501	CMP		2,722.05

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

SUBTOTAL $ 4,212.53

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 9,339.06
2. Unitemized payments made this period of under $100 ..... $ 113.32
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.) ..... **TOTAL $** 9,452.38

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 01/01/2013 through 09/21/2013

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Mike Talleda for Hawthorne City Council 2013

I.D. NUMBER: 1359105

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
Mariana Gitomer 3822 W. 171st St. Torrance, CA 90504	FND		907.81
MIL Screen Print 16914 S. Gramercy Pl. Gardena, CA 90247	CMP		325.91
Minuteman Press 16829 S. Western Ave. Gardena, CA 90247	LIT		134.43
Minuteman Press 16829 S. Western Ave. Gardena, CA 90247	LIT		798.15
Minuteman Press 16829 S. Western Ave. Gardena, CA 90247	LIT		230.48

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

SUBTOTAL $ 2,396.78

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Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 01/01/2013 through 09/21/2013

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Mike Talleda for Hawthorne City Council 2013

I.D. NUMBER: 1359105

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
Minuteman Press 16829 S. Western Ave. Gardena, CA 90247	LIT		910.75
Tiffany T Photography & Design 319 Palos Verdes Blvd., #311 Redondo Beach, CA 90277	LIT		400.00
WinBach Marketing Images 1223 Wilshire Blvd., #564 Santa Monica, CA 90403	WEB		1,419.00

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

SUBTOTAL $ 2,729.75

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Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 01/01/2013
through 09/21/2013

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Mike Talleda for Hawthorne City Council 2013

I.D. NUMBER
1359105

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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Freeman Public Affairs, Inc. 1405 Marcelina, #111 Torrance, CA 90501	LIT	0.00	1,599.00	0.00	1,599.00
American Express Box 0001 Los Angeles, CA 90096-8000	POS	0.00	285.20	0.00	285.20
Crummitt & Associates 525 E. Seaside Way, #101-C Long Beach, CA 90802	PRO	0.00	1,080.00	0.00	1,080.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	**SUBTOTALS $**	0.00 $	2,964.20 $	0.00 $	2,964.20

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ..... **INCURRED TOTALS $** 3,929.20
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... **PAID TOTALS $** 0.00
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET $** 3,929.20
   May be a negative number

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Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 01/01/2013
through 09/21/2013

CALIFORNIA FORM 460

NAME OF FILER
Mike Talleda for Hawthorne City Council 2013

I.D. NUMBER
1359105

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)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Freeman Public Affairs, Inc. 1405 Marcelina, #111 Torrance CA 90501	Voter Files	0.00	270.00	0.00	270.00
Diana Morales 323 S. Myers Pl. Inglewood CA 90301	SAL Campaign Worker	0.00	500.00	0.00	500.00
Teresa Aguilera 426 Sierra St., #C El Segundo CA 90245	SAL Campaign Worker	0.00	195.00	0.00	195.00
	SUBTOTALS $	0.00 $	965.00 $	0.00 $	965.00

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Schedule I
Miscellaneous Increases to Cash

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

SCHEDULE I

Statement covers period
from 01/01/2013
through 09/21/2013

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Mike Talleda for Hawthorne City Council 2013

I.D. NUMBER
1359105

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 0.00

Schedule I Summary

1. Itemized increases to cash this period. ..... $ 0.00
2. Unitemized increases to cash of under $100 this period. ..... $ 0.50
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL** $ 0.50