Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

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 6)
   - [☐] 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 981780
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Becerra for City Council
   STREET ADDRESS (NO P.O. BOX)
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   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 July 30, 2012 By ____________________________
   Executed on July 30, 2012 By ____________________________
   Executed on ____________________________
   Executed on ____________________________
   Executed on ____________________________
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Glen Becerra

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council, City of Simi Valley

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

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
**Contributions Received**

1. Monetary Contributions .......................................... Schedule A, Line 3
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

**Expenditures Made**

6. Payments Made ..................................................... Schedule E, Line 4
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 C, Line 3
11. TOTAL EXPENDITURES MADE ................................. Add Lines 8 + 9 + 10

**Current Cash Statement**

12. Beginning Cash Balance .................................. Previous Summary Page, Line 16
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

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ........................................ See instructions on reverse
19. Outstanding Debts ........................................ Add Line 2 + Line 9 in Column B above

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**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

- Contributions Received
- Expenditures Made

**Expenditure Limit Summary for State Candidates**

- Cumulative Expenditures Made (If Subject to Voluntary Expenditure Limit)

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**SUMMARY PAGE**

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


**NAME OF FILER**

Glen Becerra

**I.D. NUMBER**

981780

**CALIFORNIA FORM 460**

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