Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

RECEIVED
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Date Stamp

1 of 21

For Official Use Only

Statement covers period	Date of Election if applicable
from 10/01/2014	11/04/2014
through 10/18/2014	(Month, Day, Year)

1. Type of Recipient Committee

- [x] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall
- [ ] General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ◯ Controlled
  - ◯ Sponsored
- [ ] Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement

- [x] Pre-election Statement
- [ ] Semi-Annual Statement
- [ ] Termination Statement
- [ ] Amendment
- [ ] Quarterly Statement
- [ ] Special Odd-Year Statement
- [ ] Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 1368536

COMMITTTEE NAME
Glen Becerra for City Council 2014

STREET ADDRESS (NO PO BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

CITY | STATE | ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
C April Boling

STREET ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET 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 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 10/22/14 By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/21/14 By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee Campaign Statement Cover Page - Part 2

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Statement covers period

from 10/01/2014

through 10/18/2014

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 Member 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 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 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 OR 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

Campaign Disclosure Statement Summary Page

Statement covers period
from 10/01/2014
through 10/18/2014

CALIFORNIA FORM 460

NAME OF FILER Glen Becerra for City Council 2014

I.D. NUMBER 1368536

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 13,723.00	$ 46,073.00
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1+ 2*	$ 13,723.00	$ 46,073.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 13,723.00	$ 46,073.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 1,443.62	$ 7,005.96
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 1,443.62	$ 7,005.96
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	11,782.54	13,149.32
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 13,226.16	$ 20,155.28

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 26,787.66
13. Cash Receipts	*Column A, Line 3 above*	13,723.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	1,443.62
16. ENDING CASH BALANCE	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 39,067.04
17. LOAN GUARANTEES RECEIVED	*Schedule B, Part 2*	$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents		$ 0.00
19. Outstanding Debts	*Add Lines 2 + Line 9 in Column B above*	$ 13,149.32

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 Limits)

$

$

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

Schedule A
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 10/18/2014

CALIFORNIA FORM 460

NAME OF FILER Glen Becerra for City Council 2014

I.D. NUMBER 1368536

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2014	Dianne Alexander	IND	Homemaker N.A.	100.00	100.00	100 (G14)
10/09/2014	Alfred L. Yu M.D. Inc.	OTH		100.00	100.00	100 (G14)
10/09/2014	Anderson Rubbish Disposal	OTH		500.00	500.00	500 (G14)
10/16/2014	Mary E. Bansbach	IND	Homemaker N.A.	100.00	100.00	100 (G14)

SUBTOTAL $ 800.00

Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals) . . . . . $ 13,525.00
2. Amount received this period - unitemized . . . . . $ 198.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1) . . . . . **TOTAL $** 13,723.00

** Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 10/18/2014

CALIFORNIA FORM 460

NAME OF FILER Glen Becerra for City Council 2014

I.D. NUMBER 1368536

DATE RECEIVED	FULL NAME, STREET ADDRESS A ND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/08/2014	Brooke Bateman	IND	Owner Malibu Canyon Landscaping	150.00	150.00	150 (G14)
10/08/2014	Karen S. Casillas	IND	VP/Financial Advisor CAPTRUST	150.00	150.00	150 (G14)
10/06/2014	Richard Clark	IND	Consultant RCE Consultants	100.00	100.00	100 (G14)
10/16/2014	Joseph Jay Colliatie	IND	Manager Lost Canyons Golf Club	250.00	250.00	250 (G14)

SUBTOTAL $ 650.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

SCHEDULE A

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 10/18/2014

CALIFORNIA FORM 460

NAME OF FILER Glen Becerra for City Council 2014

I.D. NUMBER 1368536

DATE RECEIVED	FULL NAME, STREET ADDRESS A ND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/08/2014	Alice R. Collins	IND	Teacher Simi Valley Unified School District	100.00	100.00	100 (G14)
10/16/2014	Rafael A. Dagnesses	IND	Broker Quantum Realty	250.00	250.00	250 (G14)
10/02/2014	Ron Demeter	IND	Public Relations Mozaic Media & Communications	500.00	500.00	500 (G14)
10/09/2014	Paul E. DiCecco	IND	Operations Manager MJD Concrete Works Inc	100.00	100.00	100 (G14)

SUBTOTAL $ 950.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

SCHEDULE A

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 10/18/2014

CALIFORNIA FORM 460

NAME OF FILER Glen Becerra for City Council 2014

I.D. NUMBER 1368536

DATE RECEIVED	FULL NAME, STREET ADDRESS A ND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2014	David J. DiTomaso	IND	Business Owner 3H Network Inc. dba Subway	150.00	150.00	150 (G14)
10/12/2014	Zeyad Zee Elalami	IND	Realtor Century 21	200.00	200.00	200 (G14)
10/09/2014	Caroline G. Esparza	IND	Sr VP Patient Care Simi Valley Hospital	100.00	100.00	100 (G14)
10/09/2014	Barry Fisher	IND	Health Care Agency Director County of Ventura	100.00	100.00	100 (G14)

SUBTOTAL $ 550.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

SCHEDULE A

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 10/18/2014

CALIFORNIA FORM 460

NAME OF FILER Glen Becerra for City Council 2014

I.D. NUMBER 1368536

DATE RECEIVED	FULL NAME, STREET ADDRESS A ND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/09/2014	Craig M. Foster	IND	Retired N.A.	150.00	150.00	150 (G14)
10/09/2014	Janet R. Gandel	IND	Owner / Operator Kitty Letter / R.E. Publication	200.00	200.00	200 (G14)
10/08/2014	Mitchell E. Green	IND	Attorney Self-Mitchell Green Atty at Law	250.00	250.00	250 (G14)
10/08/2014	Martin E. Harris	IND	Retired N.A.	150.00	150.00	150 (G14)
			SUBTOTAL $	750.00		

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

SCHEDULE A

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 10/18/2014

CALIFORNIA FORM 460

NAME OF FILER Glen Becerra for City Council 2014

I.D. NUMBER 1368536

DATE RECEIVED	FULL NAME, STREET ADDRESS A ND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/08/2014	Dean Jaeger	IND	Sr Cardiovascular Specialist Edwards Lifesciences	150.00	150.00	150 (G14)
10/06/2014	Kelly Crane Law LLP	OTH		500.00	500.00	500 (G14)
10/14/2014	William F. Klepper	IND	First Vice President RNC Genter Capital management	125.00	125.00	125 (G14)
10/08/2014	KNB Capital Inc.	OTH		100.00	100.00	100 (G14)

SUBTOTAL $ 875.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 10/18/2014

CALIFORNIA FORM 460

NAME OF FILER Glen Becerra for City Council 2014

I.D. NUMBER 1368536

DATE RECEIVED	FULL NAME, STREET ADDRESS A ND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2014	Josephine E. Lowe	IND	CFO Trans-Consolidated Distributors	150.00	150.00	150 (G14)
10/18/2014	Liana McCoy	IND	Clinical Social Worker Simi Dialysis Center	150.00	150.00	150 (G14)
10/08/2014	Mary L. McPherson	IND	Insurance Agent Self-Mary L McPherson	1,000.00	1,000.00	1,000 (G14)
10/08/2014	Todd N. Militello	IND	City Administration City of Simi Valley	150.00	150.00	150 (G14)

SUBTOTAL $ 1,450.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 10/18/2014

CALIFORNIA FORM 460

NAME OF FILER Glen Becerra for City Council 2014

I.D. NUMBER 1368536

DATE RECEIVED	FULL NAME, STREET ADDRESS A ND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/09/2014	Brian J. Miller	IND	Supervisor Chief of Staff County of Ventura	150.00	150.00	150 (G14)
10/09/2014	L. Paul Miller	IND	Retired N.A.	100.00	100.00	100 (G14)
10/08/2014	Tanya Misiowiec	IND	Homemaker N.A.	100.00	100.00	100 (G14)
10/02/2014	Mozaic Media & Communications Inc.	OTH		500.00	500.00	500 (G14)

SUBTOTAL $ 850.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

SCHEDULE A

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 10/18/2014

CALIFORNIA FORM 460

NAME OF FILER Glen Becerra for City Council 2014

I.D. NUMBER 1368536

DATE RECEIVED	FULL NAME, STREET ADDRESS A ND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/09/2014	John S. Park	IND	Marketing VP PDC Healthcare	100.00	100.00	100 (G14)
10/09/2014	Prime Residential Sales Inc.	OTH		1,000.00	1,000.00	1,000 (G14)
10/08/2014	Robert R. Harris Inc.	OTH		150.00	150.00	150 (G14)
10/02/2014	Peggy Sadler	IND	Retired N.A.	200.00	200.00	200 (G14)

SUBTOTAL $ 1,450.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

SCHEDULE A

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 10/18/2014

CALIFORNIA FORM 460

NAME OF FILER Glen Becerra for City Council 2014

I.D. NUMBER 1368536

DATE RECEIVED	FULL NAME, STREET ADDRESS A ND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2014	Sempra Energy	OTH		250.00	250.00	250 (G14)
10/18/2014	Albert Senella	IND	President / CEO Tarzana Treatment Center Inc	250.00	250.00	250 (G14)
10/08/2014	Brett Anthony Sereno	IND	CIO County of Los Angeles	250.00	250.00	250 (G14)
10/09/2014	Steven T. Sojka	IND	Marketing Director Simi Valley Hospital	250.00	250.00	250 (G14)

SUBTOTAL $ 1,000.00

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SCHEDULE A

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 10/18/2014

CALIFORNIA FORM 460

NAME OF FILER Glen Becerra for City Council 2014

I.D. NUMBER 1368536

DATE RECEIVED	FULL NAME, STREET ADDRESS A ND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2014	Viviana Spaccarelli	IND	Homemaker N.A.	150.00	150.00	150 (G14)
10/06/2014	Todd Stevens	IND	President Occidental Petroleum Corp	200.00	200.00	200 (G14)
10/12/2014	Bruce S. Stone	IND	President Applied Perceptions LLC	1,000.00	1,000.00	1,000 (G14)
10/08/2014	Paul A. Szymanski	IND	Vice President Penny Mac	100.00	100.00	100 (G14)

SUBTOTAL $ 1,450.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

SCHEDULE A

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 10/18/2014

CALIFORNIA FORM 460

NAME OF FILER Glen Becerra for City Council 2014

I.D. NUMBER 1368536

DATE RECEIVED	FULL NAME, STREET ADDRESS A ND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2014	The Criscom Company	OTH		150.00	150.00	150 (G14)
10/18/2014	The Vineyards	OTH		1,000.00	1,000.00	1,000 (G14)
10/18/2014	Theme Neurology Inc.	OTH		500.00	500.00	500 (G14)
10/08/2014	Thomas Costello Insurance Agency Inc.	OTH		200.00	200.00	200 (G14)
			SUBTOTAL $	1,850.00		

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SCHEDULE A

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 10/18/2014

CALIFORNIA FORM 460

NAME OF FILER Glen Becerra for City Council 2014

I.D. NUMBER 1368536

DATE RECEIVED	FULL NAME, STREET ADDRESS A ND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2014	Brian Troop	IND	President Troop Real Estate	500.00	500.00	500 (G14)
10/09/2014	Harry W. VanDyck	IND	Accountant Century Accounting & Tax Solutions	150.00	150.00	150 (G14)
10/16/2014	James S. Vigdor	IND	Operations Manager Alcoa Fastening Systems	100.00	100.00	100 (G14)
10/12/2014	William S. Werner	IND	Administration Simi Valley Hospital	150.00	150.00	150 (G14)

SUBTOTAL $ 900.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

Schedule E
Payments Made

Statement covers period	CALIFORNIA FORM 460
from 10/01/2014	
through 10/18/2014	Page 17 of 21

NAME OF FILER Glen Becerra for City Council 2014

I.D. NUMBER 1368536

CODES: If one of the following 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 production costs
FIL	candidate filing / ballot fees	PHO	phone banks	TRC	candidate travel, lodging and meals
FND	fundraising expenses	POL	polling and survey research	TRS	staff/spouse travel, lodging and meals
IND	independent expenditures supporting/opposing others	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	CODE or	DESCRIPTION OF PAYMENT	AMOUNTPAID
C. April Boling	PRO		1,006.25
Chase Card Services		See Schedule G for payees reaching disclosure threshold.	376.13

SUBTOTAL $ 1,382.38

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 1,382.38
2. Unitemized payments made this period of under $100 ..... $ 61.24
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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 1,443.62

Schedule F
Accrued Expenses (Unpaid Bills)

Statement covers period
from 10/01/2014
through 10/18/2014

CALIFORNIA FORM 460

NAME OF FILER Glen Becerra for City Council 2014

I.D. NUMBER 1368536

CODES: If one of the following 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 production costs
FIL	candidate filing / ballot fees	PHO	phone banks	TRC	candidate travel, lodging and meals
FND	fundraising expenses	POL	polling and survey research	TRS	staff/spouse travel, lodging and meals
IND	independent expenditures supporting/opposing others	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	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Aaron Thomas & Associates Inc.	LIT	0.00	10,452.68	0.00	10,452.68
C. April Boling	PRO	1,006.25	480.31	1,006.25	480.31
	SUBTOTALS	$ 1,006.25	$ 10,932.99	$ 1,006.25	$ 10,932.99

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** $ 13,164.92
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** $ 1,382.38
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** $ 11,782.54

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

Statement covers period
from 10/01/2014
through 10/18/2014

CALIFORNIA FORM 460

NAME OF FILER Glen Becerra for City Council 2014

I.D. NUMBER 1368536

CODES: If one of the following 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 production costs
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FND	fundraising expenses	POL	polling and survey research	TRS	staff/spouse travel, lodging and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet,e-mail)

NAME AND ADDRESS OF CREDITOR	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Chase Card Services	Various credit card purchases. See Schedule G for Credit Card Payees meeting threshold.	360.53	2,231.93	376.13	2,216.33
SUBTOTALS $		360.53	$ 2,231.93	$ 376.13	$ 2,216.33

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Statement covers period
from 10/01/2014
through 10/18/2014

CALIFORNIA FORM 460

NAME OF FILER Glen Becerra for City Council 2014

I.D. NUMBER 1368536

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Aaron Thomas & Associates Inc.

CODES: If one of the following 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
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet,e-mail)

*** Payments that re contributions or independent expenditures are also summarized on Schedule D**

NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE	OR DESCRIPTON OF PAYMENT	AMOUNT PAID
US Postal Service	POS		2,463.69
US Postal Service	POS		2,463.69

TOTAL $ 4,927.38

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Statement covers period
from 10/01/2014
through 10/18/2014

CALIFORNIA FORM 460

NAME OF FILER Glen Becerra for City Council 2014

I.D. NUMBER 1368536

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Chase Card Services

CODES: If one of the following 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
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet,e-mail)

*** Payments that re contributions or independent expenditures are also summarized on Schedule D**

NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE OR	DESCRIPTON OF PAYMENT	AMOUNT PAID
The Acorn Newspapers	PRT		2,160.00

TOTAL $ 2,160.00