

**Recipient Committee  
Campaign Statement  
Cover Page**  
(Government Code Sections 84200-84216.5)

Type or print in ink

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 7/30/2014 through 12/31/2014	Date of election if applicable (Month, Day, Year) 11/4/2014	Date Stamp RECEIVED CITY OF LOS ALAMITOS JAN - 8 PM 3:09	COVER PAGE CALIFORNIA 200102 FORM 460
		Page 1 of 3	For Official Use Only

- 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 Candidate/Officeholder Committee
  - Controlled
  - Sponsored
  - (Also Complete Part 6)
  - Bailot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored
  - (Also Complete Part 6)

**3. Committee Information** I.D. NUMBER 1368868

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Hasseldrink for Los Alamitos City Council 2014

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]  
CITY Los Alamitos STATE CA ZIP CODE 90720 AREA CODE/PHONE [REDACTED]  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
CITY STATE ZIP CODE AREA CODE/PHONE  
OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Michele Austin  
MAILING ADDRESS  
[REDACTED]  
CITY Los Alamitos STATE CA ZIP CODE 90720 AREA CODE/PHONE [REDACTED]  
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 1/7/2015 Date  
Executed on 1/7/2015 Date  
Executed on \_\_\_\_\_ Date  
Executed on \_\_\_\_\_ Date

By [REDACTED] Signature of Controlling Officer/Officer, Candidate, State Measure Proponent  
By [REDACTED] Signature of Controlling Officer/Officer, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Shelley Hasselbrink

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] Los Alamitos, CA 90720

**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	CONTROLLED COMMITTEE?
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS		
CITY	STATE ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER	
NAME OF TREASURER		CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS		
CITY	STATE ZIP CODE	AREA CODE/PHONE

**6. 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 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER  
 Shelley Hasselbrink

Statement covers period  
 from 7/30/2014 through 12/31/2014  
 Page 3 of 3  
 CALIFORNIA FORM 460  
 I.D. NUMBER

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 0	0
2. Loans Received	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 0	0
4. Nonmonetary Contributions	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 0	0

**Expenditures Made**

6. Payments Made	Schedule E, Line 4 0	0
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 0	0
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 0	0

**Current Cash Statement**

12. Beginning Cash Balance	Previous Summary Page, Line 16 0	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).
13. Cash Receipts	Column A, Line 3 above 0	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0	
15. Cash Payments	Column A, Line 8 above 0	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 0	

**Cash Equivalents and Outstanding Debts**

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 0	
18. Cash Equivalents	See instructions on reverse 0	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above 0	

**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	\$ 0	\$ 0

**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
_____/_____/_____	_____/_____/_____	\$ _____
_____/_____/_____	_____/_____/_____	\$ _____
_____/_____/_____	_____/_____/_____	\$ _____
_____/_____/_____	_____/_____/_____	\$ _____

\*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.