

**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 7-1-14
through 12-31-14

Date of election if applicable:
(Month, Day, Year)

Date Stamp	RECEIVED CITY OF LOS ANGELES 2014 JAN 29 AM 11:33 Page 1 of 3	COVER PAGE CALIFORNIA 2007/02 FORM 460 For Official Use Only
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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
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-Annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATES NAME IF NO COMMITTEE)

Richard Murphy for City Council 2014

I.D. NUMBER 1351549

Treasurer(s)

NAME OF TREASURER

Richard Murphy

MAILING ADDRESS

[Redacted]

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Les Atkins

MAILING ADDRESS

[Redacted]

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

Executed on

1/25-1/15

By

Executed on

1/25/14

By

Executed on

By

Executed on

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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

Type or print in ink.

COVER PAGE - PART 2
CALIFORNIA FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
William Murray

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

RESIDENTIAL/BUSINESS ADDRESS, (NO. AND STREET) CITY STATE ZIP
[REDACTED] Los Angeles CA 90122

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	STREET ADDRESS (NO P.O. BOX)	
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	STREET ADDRESS (NO P.O. BOX)	
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	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
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

Statement covers period
from 7-1-14
through 12-31-14

**CALIFORNIA
FORM
460**

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I.D. NUMBER
1351549

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Clayton Murphy For City Council 2012

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
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 \$ _____	\$ _____

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	\$ _____	\$ _____

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 \$ _____	\$ _____

**Expenditure Limit Summary for State
Candidates**

Date of Election (mm/dd/yy)	Total to Date
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ _____	<u>223</u>
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 \$ _____	<u>223</u>

Cash Equivalents and Outstanding Debts

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

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).

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