

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

|   |                            |                       |
|---|----------------------------|-----------------------|
| Date Stamp<br><b>RECEIVED<br/>CITY OF LOS ALAMITOS<br/>2015 JUL -6 AM 11:59</b> | <b>CALIFORNIA FORM 460</b> |                       |
|   | Page <u>1</u> of <u>6</u>  | For Official Use Only |

|   |  |
|---|--|
| Statement covers period<br>from <u>1/1/15</u><br>through <u>6/30/15</u> | Date of election if applicable:<br>(Month, Day, Year)<br>_____ |
|---|--|

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement                                  |
| <input checked="" type="checkbox"/> Semi-annual Statement                                   | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**3. Committee Information**

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Troy Edgar for City Council 2014

STREET ADDRESS (NO P.O. BOX)

|              |       |          |                 |
|--------------|-------|----------|-----------------|
| CITY         | STATE | ZIP CODE | AREA CODE/PHONE |
| Los Alamitos | Ca    | 90720    |                 |

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

Gary Coppel

MAILING ADDRESS

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Long Beach | Ca    | 90808    |                 |

NAME OF ASSISTANT TREASURER, IF ANY

Troy Edgar

MAILING ADDRESS

|              |       |          |                 |
|--------------|-------|----------|-----------------|
| CITY         | STATE | ZIP CODE | AREA CODE/PHONE |
| Los Alamitos | Ca    | 90720    |                 |

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 7/1/15  
Date

Executed on 7/1/15  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

|                            |            |
|----------------------------|------------|
| <b>CALIFORNIA<br/>FORM</b> | <b>460</b> |
| Page <u>2</u> of <u>6</u>  |            |

**5. Officeholder or Candidate Controlled Committee**

|  |              |       |       |
|--|--------------|-------|-------|
| NAME OF OFFICEHOLDER OR CANDIDATE  |              |       |       |
| Troy Edgar   |              |       |       |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) |              |       |       |
| City Council Member-Los Alamitos   |              |       |       |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)                              | CITY         | STATE | ZIP   |
|  | 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   |          |                 |
| Troy Edgar for Assembly 2012 | 1344502   |          |                 |
| NAME OF TREASURER            | CONTROLLED COMMITTEE?   |          |                 |
| Gary Crummitt                | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |          |                 |
| COMMITTEE ADDRESS            | STREET ADDRESS (NO P.O. BOX)  |          |                 |
| CITY                         | STATE   | ZIP CODE | AREA CODE/PHONE |
| Long Beach                   | Ca  | 90802    |                 |
| 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. Primarily Formed Ballot Measure Committee**

|   |              |   |
|---|--------------|---|
| NAME OF BALLOT MEASURE  |              |   |
| BALLOT NO. OR LETTER  | JURISDICTION | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Troy Edgar for City Council 2014

Statement covers period  
1/1/15

through

6/30/15

Page 3 of 6

I.D. NUMBER

1289438

## Contributions Received

| Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|
|--|--|

|                                 |                    |    |       |
|---------------------------------|--------------------|----|-------|
| 1. Monetary Contributions       | Schedule A, Line 3 | \$ | \$    |
| 2. Loans Received               | Schedule B, Line 3 |    | 41000 |
| 3. SUBTOTAL CASH CONTRIBUTIONS  | Add Lines 1 + 2    | \$ | 41000 |
| 4. Nonmonetary Contributions    | Schedule C, Line 3 |    |       |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4    | \$ | 41000 |

## 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

### 22. Cumulative Expenditures Made\*

(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| / /                            | \$            |
| / /                            | \$            |

## Current Cash Statement

|                                     |   |      |
|-------------------------------------|---|------|
| 12. Beginning Cash Balance          | Previous Summary Page, Line 16                | 1011 |
| 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 | 1011 |

If this is a termination statement, Line 16 must be zero.

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).

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

## 17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2 \$

## Cash Equivalents and Outstanding Debts

|                       |                                       |          |
|-----------------------|---------------------------------------|----------|
| 18. Cash Equivalents  | See instructions on reverse           | \$       |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ 41000 |

Statement covers period  
 from 1/1/15  
 through 6/30/15  
 Page 4 of 6

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

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER  
Troy Edgar for City Council 2014  
 I.D. NUMBER  
1289438

| (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD  | (b)<br>AMOUNT<br>RECEIVED THIS<br>PERIOD   | (c)<br>AMOUNT PAID<br>OR FORGIVEN<br>THIS PERIOD *                            | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>PAID THIS<br>PERIOD | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN    | (g)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE |
|--|--|---|---|--|---|---|
| IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS)<br><br>President & CEO<br>Global Conductor, Inc. | FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)<br><br>Troy Edgar<br><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | \$ 2000<br><input type="checkbox"/> PAID<br><input type="checkbox"/> FORGIVEN | \$ 2000<br>DATE DUE _____                                   | 0 %<br>RATE                            | \$ 2000<br>DATE INCURRED <u>8/24/06</u> | \$ _____<br>PER ELECTION **                   |
| President & CEO<br>Global Conductor, Inc.  | Troy Edgar<br><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  | \$ 3000<br><input type="checkbox"/> PAID<br><input type="checkbox"/> FORGIVEN | \$ 3000<br>DATE DUE _____                                   | 0 %<br>RATE                            | \$ 3000<br>DATE INCURRED <u>9/27/06</u> | \$ _____<br>PER ELECTION **                   |
| President & CEO<br>Global Conductor, Inc.  | Troy Edgar<br><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  | \$ 3000<br><input type="checkbox"/> PAID<br><input type="checkbox"/> FORGIVEN | \$ 3000<br>DATE DUE _____                                   | 0 %<br>RATE                            | \$ 3000<br>DATE INCURRED <u>10/4/06</u> | \$ _____<br>PER ELECTION **                   |
| <b>SUBTOTALS \$</b>  |  |   | <b>\$ 8000</b>  | <b>\$</b>                              | <b>\$ 8000</b>                          | <b>\$</b>                                     |

(Enter (e) on Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period ..... \$ 0  
 (Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
 (Total Column (c) plus loans under \$100 paid or forgiven.)  
 (Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ 0**  
 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.

**Schedule B - Part 1  
Loans Received**

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

**CALIFORNIA  
FORM 460**

Statement covers period  
from 1/1/15  
through 6/30/15  
Page 6 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Troy Edgar for City Council 2014

I.D. NUMBER

1289438

| (a)<br>FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | (b)<br>IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | (c)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (d)<br>AMOUNT<br>RECEIVED THIS<br>PERIOD | (e)<br>AMOUNT PAID<br>OR FORGIVEN<br>THIS PERIOD *                 | (f)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (g)<br>INTEREST<br>PAID THIS<br>PERIOD | (h)<br>ORIGINAL<br>AMOUNT OF<br>LOAN | (i)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE |
|---|--|---|--|--|---|--|--------------------------------------|---|
| Troy Edgar<br><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President & CEO<br>Global Conductor, Inc.  | \$ 3500   | \$                                       | <input type="checkbox"/> PAID<br><input type="checkbox"/> FORGIVEN | \$ 3500<br>DATE DUE   | 0 %<br>RATE                            | \$ 3500<br>DATE INCURRED<br>10/21/10 | \$<br>PERELECTION**                           |
| Troy Edgar<br><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President & CEO<br>Global Conductor, Inc.  | \$ 2500   | \$                                       | <input type="checkbox"/> PAID<br><input type="checkbox"/> FORGIVEN | \$ 2500<br>DATE DUE   | 0 %<br>RATE                            | \$ 2500<br>DATE INCURRED<br>11/19/10 | \$<br>PERELECTION**                           |
| Troy Edgar<br><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President & CEO<br>Global Conductor, Inc.  | \$ 1000   | \$                                       | <input type="checkbox"/> PAID<br><input type="checkbox"/> FORGIVEN | \$ 1000<br>DATE DUE   | 0 %<br>RATE                            | \$ 1000<br>DATE INCURRED<br>04/16/11 | \$<br>PERELECTION**                           |
| <b>SUBTOTALS</b>  |  | \$  | \$                                       | \$   | \$ 7000   | \$                                     | \$                                   | \$  |

(Enter (e) on  
Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period ..... \$  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$**  
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.