

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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CALIFORNIA FORM 460 Page 1 of 2 For Official Use Only

Statement covers period from 1/1/12 through 6/30/12

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

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
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:

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

List all outstanding loans on Summary Page in column B line 2

3. Committee Information

I.D. NUMBER 1289438

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

Committee to Elect Troy Edgar for City Council 2010

STREET ADDRESS (NO P.O. BOX)

CITY Los Alamitos STATE Ca ZIP CODE 90720 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

Treasurer(s)

NAME OF TREASURER

Gary Coppel

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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.

Executed on 8/9/12 Date

By [Signature]

Executed on 8/9/12 Date

By [Signature]

Executed on Date

By [Signature]

Executed on Date

By [Signature]

**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

Committee to Elect Troy Edgar for City Council 2010

Statement covers period

from 1/1/12

through 6/30/12

**CALIFORNIA
FORM 460**

Page 2 of 2

I.D. NUMBER

1289438

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	_____	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

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ 900	\$ 900
7. Loans Made Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 900	\$ 900
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	\$ 900	\$ 900

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

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 2058
13. Cash Receipts Column A, Line 3 above	_____
14. Miscellaneous Increases to Cash Schedule I, Line 4	1
15. Cash Payments Column A, Line 8 above	900
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1159

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.

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

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