

Replacement Form 460 for "Neighbors for Graham-Mejia, Kusumoto and Sheridan for City Council 2010"

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Note: this is the replacement Form 460 for "Neighbors for Graham-Mejia, Kusumoto and Sheridan for City Council 2010" committee for the January 2011 – July 2011 statement period. The original form was filed and subsequently misplaced.

Replacement Form 460 for "Neighbors for Graham-Mejia, Kusumoto and Sheridan for City Council 2010"

Replacement Form 460 for "Neighbors for Graham-Mejia, Kusumoto and Sheridan for City Council 2010"

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

CALIFORNIA 2007/02 FORM 460

Page 1 of 17
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CITY OF LOS ALAMITOS
NOV 30 PM 2:31

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

Statement covers period
from 01/01/2011 through 7/31/2011

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 (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

I.D. NUMBER 1331026
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

Treasurer(s)
NAME OF TREASURER
KEN PARKER
MAILING ADDRESS
5052 TRIPOLI AVENUE
CITY STATE ZIP CODE AREA CODE/PHONE
LOS ALAMITOS CA 90720 562-598-7547

STREET ADDRESS (NO P.O. BOX)
3718 HOLDEN CIRCLE
CITY STATE ZIP CODE AREA CODE/PHONE
LOS ALAMITOS CA 90720 562-799-7098
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY STATE ZIP CODE AREA CODE/PHONE
4582 HOWARD AVENUE
LOS ALAMITOS CA 90720 562-596-9938
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 _____ Date
By _____
Executed on _____ Date
By _____
Executed on _____ Date
By _____
Executed on _____ Date
By _____

Note: this is the replacement Form 460 for "Neighbors for Graham-Mejia, Kusumoto and Sheridan for City Council 2010" committee for the January 2011 - July 2011 statement period. The original form was filed and subsequently misplaced.

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 01/01/2011 through 7/31/2011

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

Date Stamp: RECEIVED CITY OF LOS ANGELES NOV 30 PM 2:32

CALIFORNIA 2007/02 FORM 460 Page 1 of 17 For Official Use Only

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

Offholder, 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:

Prediction Statement
 Semi-annual Statement
 Termination Statement
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1331026

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):
NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

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): [REDACTED]

CITY: LOS ALAMITOS STATE: CA ZIP CODE: 90720 AREA CODE/PHONE: [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS: [REDACTED]

Treasurer(s)

NAME OF TREASURER: KEN PARKER

MAILING ADDRESS: [REDACTED]

CITY: LOS ALAMITOS STATE: CA ZIP CODE: 90720 AREA CODE/PHONE: [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY: MARLIN CAROON

MAILING ADDRESS: [REDACTED]

CITY: LOS ALAMITOS STATE: CA ZIP CODE: 90720 AREA CODE/PHONE: [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS: [REDACTED]

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and certify under penalty of perjury under the laws of the State of California that the

Executed on 11/27/12 Date
 Executed on Nov 7, 2012 Date
 Executed on 11/7/2012 Date

By [REDACTED]
 By [REDACTED]
 By [REDACTED]

Signature of Controlling Officeholder, Candidate, State Measure Proponent: [REDACTED]

Signature of Controlling Officeholder, Candidate, State Measure Proponent: [REDACTED]

Signature of Controlling Officeholder, Candidate, State Measure Proponent: [REDACTED]

Signature of Controlling Officeholder, Candidate, State Measure Proponent: [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS: [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS: [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS: [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS: [REDACTED]

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 17

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
GERRI GRAHAM, WARREN KUSUMOTO, BRAD SHERIDAN
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
CITY COUNCIL / LOS ALAMITOS
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 ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE
CITY STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME I.D. NUMBER
NAME OF TREASURER CONTROLLED COMMITTEE? YES 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
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.

Table with 4 columns: NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, SUPPORT OPPOSE, NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, SUPPORT OPPOSE. Contains 4 rows of data.

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 01/01/2011
through 7/31/2011

CALIFORNIA
FORM 460

Page 3 of 17
I.D. NUMBER
1331026

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ 0.00 | \$ 0.00 |
| 2. Loans Received Schedule B, Line 3 | 470.00 | 470.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 0.00 | \$ 0.00 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 470.00 | \$ 470.00 |

Expenditures Made

| | | |
|---|-----------|-----------|
| 6. Payments Made Schedule E, Line 4 | \$ 470.00 | \$ 470.00 |
| 7. Loans Made Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 470.00 | \$ 470.00 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | 0.00 | 0.00 |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE Add Lines 6 + 9 + 10 | \$ 470.00 | \$ 470.00 |

Current Cash Statement

| | |
|---|----------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ 35.17 |
| 13. Cash Receipts Column A, Line 3 above | 470.00 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 0.00 |
| 15. Cash Payments Column A, Line 6 above | 470.00 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 35.17 |

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

17. LOAN GUARANTEES RECEIVED

| | |
|--------------------|---------|
| Schedule B, Part 2 | \$ 0.00 |
|--------------------|---------|

Cash Equivalents and Outstanding Debts

| | |
|---|---------|
| 18. Cash Equivalents See instructions on reverse | \$ 0.00 |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ 0.00 |

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* | Total to Date |
|---|--------------------------------|
| (if subject to Voluntary Expenditure Limit) | Date of Election (mm/dd/yy) |
| _____ | ____/____/____ |
| _____ | ____/____/____ |
| _____ | ____/____/____ |
| _____ | ____/____/____ |
| _____ | ____/____/____ |

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.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from 01/01/2011
through 7/31/2011

CALIFORNIA FORM 460

Page 4 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

I.D. NUMBER

1331026

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER EXTENSION TO DATE (IF REQUIRED) |
|---------------|--|--|--|-----------------------------|---|-------------------------------------|
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | | | SUBTOTAL \$ | | |

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period – unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

*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**

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

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 01/01/2011
through 7/31/2011

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NAME OF FILER

I.D. NUMBER

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

1331026

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | EXPIRATION DATE (IF REQUIRED) |
|--------------------|---|--|---|-----------------------------|--|----------------------------------|
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | | | |

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

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

**Schedule B - Part 1
 Loans Received**

Statement covers period
 from 01/01/2011
 through 7/31/2011

Page 6 of 17

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

I.D. NUMBER
1331026

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE | |
|--|--|---|---------------------------------|--|---|-------------------------------|-----------------------------|--------------------------------------|----------|
| | | | | | | | | | DATE DUE |
| WARREN KUSUMOTO [REDACTED] | | \$ 0 | \$ 375 | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$ 375 | % | \$ | 375 PER ELECTION** | |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | | | | | |
| GERRI GRAHAM-MEJIA [REDACTED] | | \$ | \$ 95 | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$ 95 | % | \$ | 95 PER ELECTION** | |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | | | | | |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | | | | | |
| SUBTOTALS \$ | | | | | | | 470 \$ | 470 \$ | |

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

Schedule B Summary

- Loans received this period \$ 470
 (Total Column (b) plus unitemized loans 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 \$ 470**
 Enter the net here and on the Summary Page, Column A, Line 2.
 (May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
 ** If required.

† Contributor Codes

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

**Schedule B - Part 2
Loan Guarantors**

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

SCHEDULE B - PART 2

**CALIFORNIA
FORM 460**

Page **7** of **17**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

I.D. NUMBER

1331026

Statement covers period
from **01/01/2011**
through **7/31/2011**

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER ID NUMBER) | CONTRIBUTOR CODE <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LENDER | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|--|--|--|----------------|-------------------------------|--------------------------------|---|
| | | | LENDER DATE | | \$ PERFECTION (IF REQUIRED) | CALENDAR YEAR \$ PERFECTION (IF REQUIRED) |
| | | | LENDER DATE | | \$ PERFECTION (IF REQUIRED) | CALENDAR YEAR \$ PERFECTION (IF REQUIRED) |
| | | | LENDER DATE | | \$ PERFECTION (IF REQUIRED) | CALENDAR YEAR \$ PERFECTION (IF REQUIRED) |
| | | | LENDER DATE | | \$ PERFECTION (IF REQUIRED) | CALENDAR YEAR \$ PERFECTION (IF REQUIRED) |

SUBTOTAL \$ Enter on Summary Page, Line 17 only.

**Schedule C
Nonmonetary Contributions Received**

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

Statement covers period
from 01/01/2011
through 7/31/2011

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1331026

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYER, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|--|--|----------------------------------|--------------------------|---|------------------------------------|
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| SUBTOTAL \$ | | | | | | | |

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** _____

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Statement covers period
from 01/01/2011
through 7/31/2011

Page 9 of 17
I.D. NUMBER
1331026

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

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1- DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---------------------------|--------------------|--|------------------------------------|
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100 \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** _____

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

Statement covers period
from 01/01/2011
through 7/31/2011

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NAME OF FILER

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

I.D. NUMBER

1331026

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. - DEC. 31) | PER ELECTION TO DATE TO DATE (IF REQUIRED) |
|------|---|---|---------------------------|--------------------|---|--|
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |

SUBTOTAL \$

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | | | | |
|-----|---|------|---|-----|---|
| CMP | campaign paraphernalia/misc. | IMB | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MITG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| FIL | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FND | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| IND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| LEG | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LIT | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|--|---------------------------|
| CITY NATIONAL BANK [REDACTED] | PRO | | BANKING FEES | 220.00 |
| COMMUNITY SCHOOL MEDIA PARTNERSHIP [REDACTED] | CVC | | DONATION FOR STUDENT VIDEOGRAPHY PROJECT | 250.00 |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | | | | SUBTOTAL \$ 470.00 |

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 470.00
2. Unitemized payments made this period of under \$100 \$ 0.00
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 Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 470.00**

**Schedule E
(Continuation Sheet)
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

1331026

CODES: If one of the following codes 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 airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | 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
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

AMOUNT PAID

DESCRIPTION OF PAYMENT

CODE OR

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

| | |
|---|---|
| Statement covers period from 01/01/2011 through 7/31/2011 | CALIFORNIA FORM 460 Page 13 of 17 |
|---|---|

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1331026

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
ONS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRI print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | OUTSTANDING BALANCE BEGINNING OF THIS PERIOD (a) | AMOUNT INCURRED THIS PERIOD (b) | AMOUNT PAID THIS PERIOD (ALSO REPORT ONE) (c) | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD (d) |
|---|--------------------------------|--|---------------------------------|---|---|
| (This section is intentionally left blank and has been crossed out.) | | | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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 \$** _____
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 \$** _____
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 \$** _____
May be a negative number

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

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

Statement covers period
from 01/01/2011
through 7/31/2011

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NAME OF FILER

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

I.D. NUMBER
1331026

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- MBR member communications
- MITG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- MBR member communications
- REF returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spotter travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)
- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| SUBTOTALS \$ \$ \$ \$ | | | | | |

Schedule G

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

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

SCHEDULE G

CALIFORNIA FORM 460

Statement covers period
from 01/01/2011

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

I.D. NUMBER

1331026

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes 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 airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | 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) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| [This table area is crossed out with a diagonal line.] | | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule H
Loans Made to Others***

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

Statement covers period
from 01/01/2011
through 7/31/2011

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

I.D. NUMBER
1331026

| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|--|--|---|-------------------------------|--|---|-----------------------|-----------------------------|------------------------------|
| | | \$ | \$ | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | % RATE \$ | \$ DATE INCURRED | \$ PER ELECTION** \$ |
| SUBTOTALS \$ | | | | | | | | |

* Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

Schedule H Summary

- Loans made this period \$
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans \$
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$**
(Enter the net here and on the Summary Page, Column A, Line 7.)

**If Required

Schedule I Miscellaneous Increases to Cash

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

SCHEDULE I

CALIFORNIA
FORM **460**

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Statement covers period
from 01/01/2011
through 7/31/2011

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER
1331026

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|------------------|---|------------------------|-------------------------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| | | | SUBTOTAL \$ |

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

1. Increases to cash of \$100 or more this period. \$ _____
2. Unitemized increases to cash under \$100 this period. \$ _____
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** _____