Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CITY CLERK

2014

CALIFORNIA 460
2001/02
FORM

Page __1__ of __6__

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable: (Month, Day, Year)
from __1/1/2014__	
through __6/30/2014__	

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

[X] 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
[X] 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 **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   STATE   ZIP CODE   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

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 __7/15/14__ Date   By _____ surer

Executed on __7/15/14__ Date   By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date   By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date   By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

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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

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 Troy Edgar for Assembly 2012	I.D. NUMBER 1344502
NAME OF TREASURER Gary Crummitt	CONTROLLED COMMITTEE? ☒ YES ☐ 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? ☐ 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

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 ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

Statement covers period	CALIFORNIA FORM 460
from 1/1/2014	
through 6/30/2014	Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER	I.D. NUMBER
Committee to Elect Troy Edgar for City Council 2010	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	$ 0	$ 41000

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	$ 0	$ 0

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 1061
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	$ 1061

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

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).

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*
(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.

Schedule B – Part 1
Loans Received

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

CALIFORNIA FORM 460

Statement covers period		
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NAME OF FILER

Committee to Elect Troy Edgar for City Council 2010

I.D. NUMBER

1289438

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
Troy Edgar ▉▉▉▉ †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President & CEO Global Conductor, Inc.	$ 2000	$	☐ PAID $ ☐ FORGIVEN $	$ 2000 DATE DUE	0 % RATE $	$ 2000 8/24/06 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
Troy Edgar ▉▉▉▉ †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President & CEO Global Conductor, Inc.	$ 3000	$	☐ PAID $ ☐ FORGIVEN $	$ 3000 DATE DUE	0 % RATE $	$ 3000 9/27/06 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
Troy Edgar ▉▉▉▉ †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President & CEO Global Conductor, Inc.	$ 3000	$	☐ PAID $ ☐ FORGIVEN $	$ 3000 DATE DUE	0 % RATE $	$ 3000 10/4/06 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $

SUBTOTALS $ $ $ $ 8000 $

Schedule B Summary

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

1. Loans received this period .... $ 0
   (Total Column (b) plus unitemized loans less than $100.)

2. 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.)

3. Net change this period. (**Subtract** Line 2 from Line 1.) .... NET $ 0
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

*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 1
Loans Received

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

Statement covers period	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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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
Troy Edgar � † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President & CEO Global Conductor, Inc.	$ 6000	$	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ 6000 DATE DUE	0 % RATE $ _____	$ 6000 12/08/06 DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
Troy Edgar † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President & CEO Global Conductor, Inc.	$ 10000	$	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ 10000 DATE DUE	0 % RATE $ _____	$ 10000 10/01/08 DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
Troy Edgar † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President & CEO Global Conductor, Inc.	$ 10000	$	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ 10000 DATE DUE	0 % RATE $ _____	$ 10000 11/12/08 DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____

SUBTOTALS $ _____ $ _____ $ _____ $ 26000 $ _____

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

Schedule B Summary

1. Loans received this period .... $ _____
   (Total Column (b) plus unitemized loans less than $100.)

2. 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.)

3. Net change this period. (Subtract Line 2 from Line 1.) .... NET $ _____
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

*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 1
Loans Received

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

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Statement covers period	
from	1/1/2014
through	6/30/2014

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NAME OF FILER

Committee to Elect Troy Edgar for City Council 2010

I.D. NUMBER

1289438

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
Troy Edgar ▇▇▇▇▇▇ †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President & CEO Global Conductor, Inc.	$ 3500	$	☐ PAID $ ☐ FORGIVEN $	$ 3500 DATE DUE	0 % RATE $	$ 3500 10/21/10 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
Troy Edgar ▇▇▇▇▇▇ †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President & CEO Global Conductor, Inc.	$ 2500	$	☐ PAID $ ☐ FORGIVEN $	$ 2500 DATE DUE	0 % RATE $	$ 2500 11/19/10 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
Troy Edgar ▇▇▇▇▇▇ †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President & CEO Global Conductor, Inc.	$ 1000	$	☐ PAID $ ☐ FORGIVEN $	$ 1000 DATE DUE	0 % RATE $	$ 1000 04/16/11 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
	SUBTOTALS $		$	$	$ 7000	$		

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

Schedule B Summary

1. Loans received this period .... $ _____
   (Total Column (b) plus unitemized loans less than $100.)

2. 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.)

3. Net change this period. (**Subtract** Line 2 from Line 1.) .... **NET** $ _____
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

*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

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