

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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RECEIVED
CITY OF LOS ALAMITOS

Date Stamp

2014 JAN 20 AM 11:59

CALIFORNIA
2007/02
FORM

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For Official Use Only

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

2014 JAN 20 AM 11:59

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

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 1289438

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Troy Edgar for City Council 2014

Treasurer(s)

NAME OF TREASURER
Gary Coppel

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
Troy Edgar

MAILING ADDRESS
[REDACTED]

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 1/19/15
Date

Executed on 1/19/15
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Controlling Officer/Chair, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officer/Chair, Candidate, State Measure Proponent

By _____
Signature of Controlling Officer/Chair, Candidate, State Measure Proponent

By _____
Signature of Controlling Officer/Chair, Candidate, State Measure Proponent

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COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

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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
 [REDACTED] 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
Troy Edgar for Assembly 2012

I.D. NUMBER
1344502

CONTROLLED COMMITTEE?
 YES NO

NAME OF TREASURER
Gary Crummitt

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE
 [REDACTED] [REDACTED] [REDACTED]

CITY [REDACTED] I.D. NUMBER [REDACTED]

NAME OF TREASURER
[REDACTED]

CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE
 [REDACTED] [REDACTED] [REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]

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 PROPOONENT

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	<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
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.

Statement covers period
from 7/1/14
through 12/31/14
Page 3 of 7

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

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**
1/1 through 6/30 7/1 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

20. Contributions Received \$
21. Expenditures Made \$

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$	50
7. Loans Made	Schedule H, Line 3		50
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$	50
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	\$	50

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(if Subject to Voluntary Expenditure Limit)

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

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		50
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).

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

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	\$	41000

Statement covers period from 7/1/14 through 12/31/14
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Type or print in ink.
 Amounts may be rounded to whole dollars.

**Schedule B - Part 1
 Loans Received**

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER Troy Edgar for City Council 2014
 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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Troy Edgar Los Alamitos, Ca. 90720	President & CEO Global Conductor, Inc.	\$ 6000	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 6000	0 %	\$ 6000	\$
Troy Edgar Los Alamitos, Ca. 90720	President & CEO Global Conductor, Inc.	\$ 10000	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 10000	0 %	\$ 10000	\$
Troy Edgar Los Alamitos, Ca. 90720	President & CEO Global Conductor, Inc.	\$ 10000	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 10000	0 %	\$ 10000	\$
SUBTOTALS \$								\$ 26000

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

Schedule B Summary

- Loans received this period \$
 (Total Column (b) plus unitemized loans 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.

* 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

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

**Schedule B - Part 1
 Loans Received**

Statement covers period
 from 7/1/14
 through 12/31/14
 Page 6 of 7

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Troy Edgar for City Council 2014

I.D. NUMBER
 1289438

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	IF IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	(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	CALENDAR YEAR		
									PERELECTION**	PERELECTION**	
President & CEO Global Conductor, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	\$ 3500	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ 3500	0 % RATE	\$ 3500	\$	10/21/10	DATE INCURRED	
President & CEO Global Conductor, Inc.	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	\$ 2500	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ 2500	0 % RATE	\$ 2500	\$	11/19/10	DATE INCURRED	
President & CEO Global Conductor, Inc.	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	\$ 1000	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ 1000	0 % RATE	\$ 1000	\$	04/16/11	DATE INCURRED	
SUBTOTALS \$								\$	\$	7000	\$

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

Schedule B Summary

- Loans received this period \$
 (Total Column (b) plus unitemized loans 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.

*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

