### 1. Type of Recipient Committee:

- **Officeholder, Candidate Controlled Committee**
  - State Candidate Election Committee
  - Recall
  - (Also Complete Part 5)
- **General Purpose Committee**
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- **Primarily Formed Ballot Measure Committee**
  - Controlled
  - Sponsored
  - (Also Complete Part 6)
- **Primarily Formed Candidate/Officeholder Committee**
  - (Also Complete Part 7)

### 2. Type of Statement:

- Preliminary Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)

### 3. Committee Information

**I.D. NUMBER**: 1351549

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

**Richard D. Murphy for City Council 2018**

**STREET ADDRESS**

**CITY**: Los Angeles
**STATE**: CA, **ZIP CODE**: 90001

**MAILING ADDRESS (IF DIFFERENT)**

**CITY**: Los Angeles
**STATE**: CA, **ZIP CODE**: 90001

**NAME OF TREASURER**

**NAME OF ASSISTANT TREASURER, IF ANY**

**MAILING ADDRESS**

**CITY**: Los Angeles
**STATE**: CA, **ZIP CODE**: 90001

### 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 correct and complete.

**Executed on**: 1-22-20

**By**: [Signature]

**Date**: 1-22-20

**By**: [Signature]

**Date**: [Signature]

**By**: [Signature]

**Date**: [Signature]
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
</table>

NAME OF TREASURER

CONTROLLED COMMITTEE?  YES  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 SUPPORT  OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
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<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

CITY STATE ZIP CODE AREA CODE/PHONE

Attach continuation sheets if necessary

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Contributions Received

<table>
<thead>
<tr>
<th>Column</th>
<th>TOTAL THIS PERIOD</th>
<th>Column</th>
<th>CALENDAR YEAR TOTAL TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>Column</th>
<th>TOTAL THIS PERIOD</th>
<th>Column</th>
<th>CALENDAR YEAR TOTAL TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$</td>
<td>50</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$</td>
<td>50</td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th>Column</th>
<th>TOTAL THIS PERIOD</th>
<th>Column</th>
<th>CALENDAR YEAR TOTAL TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
<td>$121</td>
<td>$</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>Column A, Line 3 above</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>Column A, Line 8 above</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$ -</td>
<td>$ -</td>
</tr>
</tbody>
</table>

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

## Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Column</th>
<th>TOTAL THIS PERIOD</th>
<th>Column</th>
<th>CALENDAR YEAR TOTAL TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Cumulative Expenditures Made*</td>
<td>(If Subject to Voluntary Expenditure Limit)</td>
<td>Date of Election</td>
<td>Total to Date</td>
</tr>
</tbody>
</table>

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

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).