

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp <b>RECEIVED</b> CITY OF LOS ANGELES  2010 JAN 26 AM 11:51	<b>CALIFORNIA FORM 460</b>
Page <u>1</u> of <u>6</u>	
For Official Use Only	

**Statement covers period**

from 7/1/09

through 12/31/09

**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.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee  |
| <input type="checkbox"/> State Candidate Election Committee                      | <input type="checkbox"/> Controlled   |
| <input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i>                 | <input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i>   |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i> |
| <input type="checkbox"/> Sponsored   |   |
| <input type="checkbox"/> Small Contributor Committee                             |   |
| <input type="checkbox"/> Political Party/Central Committee                       |   |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement                                  |
| <input checked="" type="checkbox"/> Semi-annual Statement                                   | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**3. Committee Information**

I.D. NUMBER  
**1289438**

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

Committee to Elect Troy Edgar

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE

Los Alamitos Ca 90720 \_\_\_\_\_

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 1/25/10  
Date

By \_\_\_\_\_  
Treasurer

Executed on 1/25/10  
Date

By \_\_\_\_\_  
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

CALIFORNIA FORM		<b>460</b>
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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, Ca.

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	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**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 Candidate/Officeholder 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

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 7/1/09  
through 12/31/09

**CALIFORNIA  
FORM 460**

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Troy Edgar

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	_____	34,000
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ _____	\$ 34,000
4. Nonmonetary Contributions ..... Schedule C, Line 3	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ _____	\$ 34,000

**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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ _____	\$ 246
7. Loans Made ..... Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ _____	\$ 246
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	\$ _____	\$ 246

**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	\$ 3,172
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	246
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,926

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	\$ _____

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.

**Schedule B – Part 1  
Loans Received**

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

Statement covers period from <u>7/1/09</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/09</u>	
Page <u>4</u> of <u>6</u>	I.D. NUMBER <u>1289438</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Troy Edgar

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* <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD \$ _____ 0 % RATE	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Troy Edgar [REDACTED] † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President & CEO Global Conductor, Inc.	\$ 2,000	\$ _____	\$ _____	\$ 2,000 DATE DUE	\$ _____	\$ 2,000 8/24/06 DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
Troy Edgar [REDACTED] † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President & CEO Global Conductor, Inc.	\$ 3,000	\$ _____	\$ _____	\$ 3,000 DATE DUE	\$ _____	\$ 3,000 9/27/06 DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
Troy Edgar [REDACTED] † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President & CEO Global Conductor, Inc.	\$ 3,000	\$ _____	\$ _____	\$ 3,000 DATE DUE	\$ _____	\$ 3,000 10/4/06 DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS \$</b>					<b>\$ 8,000</b>			

**Schedule B Summary**

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

- Loans received this period ..... \$ \_\_\_\_\_  
(Total Column (b) plus unitemized loans of 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. (May be a negative number)

†Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

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

**Schedule B – Part 1  
Loans Received**

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

Statement covers period from <u>7/1/09</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/09</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Troy Edgar

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 * <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD \$ <u>6,000</u> DATE DUE _____	(e) INTEREST PAID THIS PERIOD <u>0</u> % RATE \$ _____	(f) ORIGINAL AMOUNT OF LOAN \$ <u>6,000</u> <u>12/8/06</u> DATE INCURRED	(g) CUMULATIVE CONTRIBUTIONS TO DATE CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____
Troy Edgar [REDACTED] † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President & CEO Global Conductor, Inc.	\$ <u>6,000</u>	\$ _____	\$ _____	\$ <u>6,000</u> DATE DUE _____	<u>0</u> % RATE \$ _____	\$ <u>6,000</u> <u>12/8/06</u> DATE INCURRED	\$ _____ PER ELECTION ** \$ _____
Troy Edgar [REDACTED] † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President & CEO Global Conductor, Inc.	\$ <u>10,000</u>	\$ _____	\$ _____	\$ <u>10,000</u> DATE DUE _____	<u>0</u> % RATE \$ _____	\$ <u>10,000</u> <u>10/1/08</u> DATE INCURRED	\$ _____ PER ELECTION ** \$ _____
Troy Edgar [REDACTED] † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President & CEO Global Conductor, Inc.	\$ <u>10,000</u>	\$ _____	\$ _____	\$ <u>10,000</u> DATE DUE _____	<u>0</u> % RATE \$ _____	\$ <u>10,000</u> <u>11/12/08</u> DATE INCURRED	\$ _____ PER ELECTION ** \$ _____
<b>SUBTOTALS \$</b>					<b>\$ 26,000</b>			

**Schedule B Summary**

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

- Loans received this period ..... \$ \_\_\_\_\_  
(Total Column (b) plus unitemized loans of 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. (May be a negative number)

†Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

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

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	7/1/09	
through	12/31/09	Page 6 of 6
NAME OF FILER		I.D. NUMBER
Committee to Elect Troy Edgar		1289438

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Troy Edgar

**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)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sir Speedy [REDACTED]	OFC	Post-It Notes - Mayor Troy Edgar	246

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

**SUBTOTAL \$ 246**

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 246
- Unitemized payments made this period of under \$100 ..... \$
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 246**