Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	CITY OF LOS ALAMITO					
	Statement covers period 7/1/07	Date of election if applicable (Month, Day, Year)	128 AMII:55	For Official Use Only			
SEE INSTRUCTIONS ON REVERSE	through12/31/07						
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:					
✓ Officeholder, Candidate Controlled Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 5) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	 □ Preelection Statement ☑ Semi-annual Statement □ Termination Statement (Also file a Form 410 Termination □ Amendment (Explain below) 	Supplemen	tatement d-Year Report tal Preelection Attach Form 495			
3. Committee Information	I.D. NUMBER 1289438	Treasurer(s)					
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE		NAME OF TREASURER					
Committee to Elect Troy Edgar		Gary Coppel					
		MAILING ADDRESS					
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE	AREA CODE/PHONE			
· ,			51/4/C 21/ 005C	AILA GODEN HONE			
CITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF A	INY				
	720	Troy Edgar					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	D. BOX	MAILING ADDRESS	<u> </u>				
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE			
OPTIONAL: FAX / E-MAIL ADDRESS		Los Alamitos OPTIONAL: FAX / E-MAIL ADDRESS	Ca 90720				
4. Verification							
I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of California.	ving this statement and to the best of my ki ornia that the foregoing is	nowledge the information contained herein and i	in the attached schedules is tr	rue and complete. I certify			
Executed on1-25-08	Ву						
Date	бу	er					
Executed on	Ву	-	odki off				
Lrate		Dr Re	esponsible Officer of Sponsor				
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure	e Proponent				
Executed on	Ov.						
Dela	8y	Circuit and Court Court of the Company of the Court of th					

Officeholder or Candidate Co	ontrolled Committee	6. Primarily Formed Ball	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDAT	TE	NAME OF BALLOT MEASURE	,~~~~~~,~~	**************************************	
Troy Edgar					
OFFICE SOUGHT OR HELD (INCLUDE LO	OCATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICT	ION	SUPPORT
City Council Member - Los Ala					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO). AND STREET) CITY STATE ZIP Los Alamitos Ca 90720	Identify the controlling of	ficeholder, ca	andidate, or state measu	re proponent, if a
		NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT	
	uded in this Statement: List any committees a controlled by you or are primarily formed to receive an behalf of your candidacy.	OFFICE SOUGHT OR HELD	·	DISTRICT	NO. IF ANY
				į.	
COMMITTEE NAME	I.D. NUMBER				
OMMITTEE NAME	I.D. NUMBER				
	I.D. NUMBER CONTROLLED COMMITTEE?	7. Primarily Formed Can			
		officeholder(s) or candidate(s) for which th	nis committee is primarily i	ormed.
IAME OF TREASURER	CONTROLLED COMMITTEE?		s) for which th		ormed.
AME OF TREASURER OMMITTEE ADDRESS STREET A	CONTROLLED COMMITTEE?	officeholder(s) or candidate(s) for which the	nis committee is primarily i	SUPPOR OPPOSE
AME OF TREASURER OMMITTEE ADDRESS STREET A	CONTROLLED COMMITTEE? YES NO ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR	s) for which the	OFFICE SOUGHT OR HEI	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
AME OF TREASURER OMMITTEE ADDRESS STREET A	CONTROLLED COMMITTEE? YES NO ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE	officeholder(s) or candidate(s	s) for which the	OFFICE SOUGHT OR HE	SUPPORT OPPOSE D SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET A CITY COMMITTEE NAME	CONTROLLED COMMITTEE? YES NO ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	candidate Candidate Candidate Candidate	OFFICE SOUGHT OR HEI	SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE
COMMITTEE NAME NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	candidate Candidate Candidate Candidate	OFFICE SOUGHT OR HEI OFFICE SOUGHT OR HEI OFFICE SOUGHT OR HEI	SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 7/1/07 CALIFORNIA 460 FORM 12/31/07 Page 3 of 7

through ____ SEE INSTRUCTIONS ON REVERSE NAME OF FILER LD. NUMBER Committee to Elect Troy Edgar 1289438 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 1/1 through 6/30 7/1 to Date 14000 2. Loans Received Schedule B. Line 3 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ 14000 Received Nonmonetary Contributions Schedule C. Line 3 21. Expenditures 14000 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ Made **Expenditures Made Expenditure Limit Summary for State** 948 Candidates 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 948 s 948 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/vv) 948 948 **Current Cash Statement** 1149 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 13. Cash Receipts Column A, Line 3 above amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts from Column B of your last reported in Column B. report. Some amounts in 948 Column A may be negative 201 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement. Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv).

SUMMARY PAGE

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B - Part 1	Type or print in ink.				SCHEDULE B-PART 1				
Loans Received	Amounts may be rounded to whole dollars.				Statement cov		CALIFORNIA 460		
Loans Received	to whole dollars.			from	1/07				
					12	2/31/07	4	7	
SEE INSTRUCTIONS ON REVERSE					through		Page	of	
NAME OF FILER							I.D. NUMBER	l i	
Committee to Elect Troy Edgar							1289438		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTER LD. 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 PAIC OR FORGIVEI THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Troy Edgar	President & CEO	Application of the state of the		PAID				CALENDAR YEAR	
	Global Conductor, Inc.			s	s 2,000	0%	s 2,000	s	
		-		FORGIVEN		RATE		PER ELECTION**	
†☑IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	8/24/06 DATE INCURRED	\$	
Troy Edgar	President & CEO			PAID				CALENDAR YEAR	
I I OY Imagai	Global Conductor, Inc.			\$	3,000	0%	3,000	\$.	
	John Jonaton, mo.	The state of the s		FORGIVEN		RATE		PER ELECTION **	
†☑IND □ COM □ OTH □ PTY □ SCC	A CONTRACTOR OF THE CONTRACTOR	\$3,000	\$	\$	DATE DUE	\$	9/27/06 DATE INCURRED	\$	
		1			OATE DOE	<u> </u>	DATENCOMED		
Troy Edgar	President & CEO			PAID	0.000			CALENDAR YEAR	
	Global Conductor, Inc.			\$	s 3,000	O %	\$ 3,000	\$	
				FORGIVEN		, RAILE	1	PER ELECTION**	
		\$3,000	\$	\$	***************************************	\$	10/4/06	\ s	
IND COM OTH PTY SCC				<u></u>	DATE DUE		DATE INCURRED		
		SUBTOTALS \$	\$	5	\$ 8,000	\$		10 (12 (1886)) 10 (1886)	
Schedule B Summary						(Enter (e) on Schedule E, Line 3	N)		
Loans received this period (Total Column (b) plus unitemized loans	s of less than \$100)		***************************************	\$					
						i i	†Contributor Codes IND – Individual		
Loans paid or forgiven this period			*****************	\$			COM – Recipient Co	mmittee	
(Total Column (c) plus loans under \$100							•	PTY or SCC)	
(Include loans paid by a third party that	are also itemized on Scheo	lule A.)					OTH – Other (e.g., PTY – Political Party	business entity)	
3. Net change this period. (Subtract Line	2 from Line 1)			NET \$			SCC - Small Contrib		
Enter the net here and on the Summar				(A)	fay be a negative number)				

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

** If required.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

	Type or print in ink.				SCHEDULE B - PART					
Schedule B – Part 1 Loans Received	Ame		Statement cov	ers period 1/07	CALIFORNIA 460					
SEE INSTRUCTIONS ON REVERSE					through12	/31/07	Page 5	of		
NAME OF FILER							I.D. NUMBER	,		
Committee to Elect Troy Edgar							1289438			
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. 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 PAIL OR FORGIVEI THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE		
Troy Edgar	President & CEO			☐ PAID				CALENDAR YEAR		
·	Global Conductor, Inc.			\$	s 6,000	O %	s <u>6,000</u>	\$		
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		\$6,000	\$	FORGIVEN	DATE DUE	\$	12/8/06 DATE INCURRED	\$		
			, , , , , , , , , , , , , , , , , , ,	☐ PAID				CALENDAR YEAR		
		The state of the s		\$FORGIVEN	\$	RATE	\$	\$PER ELECTION *		
TO IND COM OTH PTY SCC		\$	\$	5	DATE DUE	s	DATE INCURRED	\$		
				PAID				CALENDAR YEAR		
				\$FORGIVEN	\$ <u> </u>	RATE	\$	\$PERELECTION*		
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$		
		SUBTOTALS \$			\$ 6,000	\$				
Schedule B Summary						(Enter (e) on Schedule E, Line 3)			
Loans received this period		*********************		\$						
(Total Column (b) plus unitemized loans	s of less than \$100.)					۲	Contributor Codes			
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100) paid or forgiven.)			\$				PTY or SCC)		
(Include loans paid by a third party that	are also itemized on Sched	dule A.)					OTH - Other (e.g.,	business entity)		

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

Enter the net here and on the Summary Page, Column A, Line 2.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

PTY - Political Party

(May be a negative number)

SCC - Small Contributor Committee

Supportin Candidate SEE INSTRUCTION NAME OF FILER	D of Expenditures ng/Opposing Other es, Measures and Committees ons on Reverse to Elect Troy Edgar	Type or print Amounts may b to whole de	e rounded	Statement covers period from 7/1/07 through 12/31/07		from		Page	SCHEDULED CALIFORNIA 460 FORM of 7 I.D. NUMBER 1289438		
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 CALENDAF (JAN. 1 - D	TO DATE	PER ELECTION TO DATE (IF REQUIRED)				
12-10-07	Tom Harman for Senate 2008 I.D. Number 1277569 Support Oppose Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Monetary Contribution Independent Expenditure Nonmonetary Contribution Independent Expenditure Independent Expenditure	Supplies for Fundraising Event	\$948		\$948	(P)-\$948 2008				
			SUBTOTAL	\$ 948	in the second of		Sangarapat (13a natura 114) Ing Panganan (13a natura 114)				
Itemized c Unitemize	D Summary contributions and independent expenditures made d contributions and independent expenditures ma	de this period of und	der \$100		••••••	\$	948				

Schedule E Payments Made	Type or prin Amounts may b to whole d	e rounded	i	Stateme	ent covers period 7/1/07	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Troy Edgar				through _	12/31/07	Page	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications if appearances ses lating urvey researd very and mes	S	RAD radio RFD return SAL camp TEL t.v. or TRC candii TRS staff/s TSF transf VOT voter	pe the payment. airtime and production led contributions aign workers' salaries cable airtime and production date travel, lodging, and pouse travel, lodging, and prouse travel to the product of the pouse result of the pouse registration mation technology costs	uction costs I meals and meals s of the sar	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DESC	RIPTION OF PA	YMENT		AMOUNT PAID
Melissa Zaya		FND			plies, and transport 2008 fundraising ev		948
* Payments that are contributions or independent expenditures n	nust also be summ	arized on Sc	hedule D.		SU	BTOTAL\$	948
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule	E subtotals.)					\$	948

948