

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED  
CITY OF LOS ALAMITOS  
2013 JAN 31 PM 2:59

CALIFORNIA 2001/02 FORM 460

Page 1 of 17  
For Official Use Only

Statement covers period  
from 07/01/2012  
through 12/31/2012

Date of election if applicable:  
(Month, Day, Year)  
n/a

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  
1331026

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

NEIGHBOR FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

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

KEN PARKER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
LOS ALAMITOS CA 90720

NAME OF ASSISTANT TREASURER, IF ANY

MARLIN CAROON

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 certify under penalty of perjury under the laws of the State of California that the fo

true and complete. I

Executed on 1/31/2013 Date

By

Executed on \_\_\_\_\_ Date

By

Executed on 1/31/2013 Date

By

Executed on 1/30/2013 Date

By

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

|                            |            |
|----------------------------|------------|
| <b>CALIFORNIA<br/>FORM</b> | <b>460</b> |
| Page <u>2</u> of <u>17</u> |            |

**5. Officeholder or Candidate Controlled Committee**

|  |      |       |     |  |
|--|------|-------|-----|--|
| NAME OF OFFICEHOLDER OR CANDIDATE  |      |       |     |  |
| GERRI GRAHAM-MEJIA, WARREN KUSUMOTO, BRAD SHERIDAN                         |      |       |     |  |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) |      |       |     |  |
| CITY COUNCIL / 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    | I.D. NUMBER   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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        | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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<br>from <u>07/01/2012</u><br>through <u>12/31/2012</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>3</u> of <u>17</u>     |
|  | I.D. NUMBER<br>1331026         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

**Contributions Received**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions ..... <i>Schedule A, Line 3</i>    | \$ <u>0.00</u>   | \$ <u>0.00</u>                             |
| 2. Loans Received ..... <i>Schedule B, Line 3</i>            | \$ <u>450.00</u>   | \$ <u>450.00</u>                           |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>  | \$ <u>450.00</u>   | \$ <u>450.00</u>                           |
| 4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i> | \$ <u>0.00</u>   | \$ <u>0.00</u>                             |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i> | \$ <u>450.00</u>   | \$ <u>50.00</u>                            |

**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<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 6. Payments Made ..... <i>Schedule E, Line 4</i>                   | \$ <u>275.00</u>   | \$ <u>275.00</u>                           |
| 7. Loans Made ..... <i>Schedule H, Line 3</i>                      | \$ <u>0.00</u>   | \$ <u>0.00</u>                             |
| 8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>             | \$ <u>275.00</u>   | \$ <u>275.00</u>                           |
| 9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i> | \$ <u>0.00</u>   | \$ <u>0.00</u>                             |
| 10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>         | \$ <u>0.00</u>   | \$ <u>0.00</u>                             |
| 11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>      | \$ <u>275.00</u>   | \$ <u>275.00</u>                           |

**Expenditure Limit Summary for State  
Candidates**

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|  |                  |
|--|------------------|
| 12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>             | \$ <u>55.17</u>  |
| 13. Cash Receipts ..... <i>Column A, Line 3 above</i>                              | \$ <u>450.00</u> |
| 14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>                | \$ <u>0.00</u>   |
| 15. Cash Payments ..... <i>Column A, Line 8 above</i>                              | \$ <u>275.00</u> |
| 16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>230.17</u> |

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

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2* \$ 0.00

**Cash Equivalents and Outstanding Debts**

|  |                  |
|--|------------------|
| 18. Cash Equivalents ..... <i>See instructions on reverse</i>            | \$ <u>0.00</u>   |
| 19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>450.00</u> |

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.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from 07/01/2012  
through 12/31/2012

**CALIFORNIA FORM 460**

Page 4 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

I.D. NUMBER

1331026

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|--|---|-----------------------------|--|---------------------------------------|
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |  |   |                             |  |                                       |

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
 (other than PTY or SCC)  
 OTH – Other  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>07/01/2012</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>12/31/2012</u>                         |                                |
| Page <u>5</u> of <u>17</u>                        |                                |

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010</b> | I.D. NUMBER<br><b>1331026</b> |
|---|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER SELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|--|---|-----------------------------|--|--|
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |  |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |  |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |  |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |  |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |  |
| <b>SUBTOTAL \$</b> |   |  |   |                             |  |  |

\*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<br>from <u>07/01/2012</u><br>through <u>12/31/2012</u> | <b>CALIFORNIA FORM 460</b>    |
| Page <u>6</u> of <u>17</u>   | I.D. NUMBER<br><b>1331026</b> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN  | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                  |
|--|---|--|------------------------------------|--|--|----------------------------------|---------------------------------|--|
| GERRI GRAHAM-MEJIA<br>[REDACTED]   |   |  | \$ 50                              | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ 50.00<br>DATE DUE _____                         | _____%<br>RATE<br>\$ _____       | \$ _____<br>DATE INCURRED _____ | CALENDAR YEAR<br>\$ 50.00<br>PER ELECTION**<br>\$ _____  |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ _____   | \$ _____                           | \$ _____   | DATE DUE _____                                     | \$ _____                         | DATE INCURRED _____             | \$ _____   |
| WARREN KUSUMOTO<br>[REDACTED]  |   |  |                                    | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ 400.00<br>DATE DUE _____                        | _____%<br>RATE<br>\$ _____       | \$ _____<br>DATE INCURRED _____ | CALENDAR YEAR<br>\$ 400.00<br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ _____   | \$ _____                           | \$ _____   | DATE DUE _____                                     | \$ _____                         | DATE INCURRED _____             | \$ _____   |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ _____   | \$ _____                           | \$ _____   | DATE DUE _____                                     | \$ _____                         | DATE INCURRED _____             | \$ _____   |
| <b>SUBTOTALS \$</b>  |   |  | \$                                 | \$   | \$ 450.00  | \$                               |                                 |  |

**Schedule B Summary**

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

- Loans received this period ..... \$ 450.00  
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(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 \$** 450.00  
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

\*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 2  
Loan Guarantors**

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

Statement covers period  
from 07/01/2012  
through 12/31/2012

**CALIFORNIA FORM 460**

Page 7 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1331026

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN               | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE                                      | BALANCE OUTSTANDING TO DATE |
|---|--|---|--------------------|-------------------------------|---|-----------------------------|
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                               | CALENDAR YEAR<br>\$<br>PER ELECTION (IF REQUIRED)<br>\$ |                             |
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                               | CALENDAR YEAR<br>\$<br>PER ELECTION (IF REQUIRED)<br>\$ |                             |
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                               | CALENDAR YEAR<br>\$<br>PER ELECTION (IF REQUIRED)<br>\$ |                             |
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                               | CALENDAR YEAR<br>\$<br>PER ELECTION (IF REQUIRED)<br>\$ |                             |

**SUBTOTAL \$**

Enter on  
Summary Page,  
Line 17 only.

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>07/01/2012</u><br>through <u>12/31/2012</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>8</u> of <u>17</u>     |
| I.D. NUMBER<br><u>1331026</u>  |                                |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|--|--|----------------------------------|---------------------------|---|------------------------------------|
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                                  |                           |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                                  |                           |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                                  |                           |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                                  |                           |   |                                    |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule C Summary**

- Amount received this period – nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee



**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

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

Statement covers period  
from 07/01/2012  
through 12/31/2012

SCHEDULED

**CALIFORNIA FORM 460**

Page 9 of 17

I.D. NUMBER  
1331026

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

| 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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---------------------------|--------------------|---|------------------------------------|
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
| <b>SUBTOTAL \$</b> |   |   |                           |                    |   |                                    |

**Schedule D Summary**

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ \_\_\_\_\_
2. Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ \_\_\_\_\_
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** \_\_\_\_\_

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

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

SCHEDULE D (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>07/01/2012</u><br>through <u>12/31/2012</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>10</u> of <u>17</u>  | I.D. NUMBER<br><u>1331026</u>  |

NAME OF FILER

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

| 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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---------------------------|--------------------|---|------------------------------------|
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
| <b>SUBTOTAL \$</b> |   |   |                           |                    |   |                                    |

**Schedule E  
Payments Made**

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

SCHEDULE E

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 07/01/2012 |                                |
| through   | 12/31/2012 | Page 11 of 17                  |
| NAME OF FILER   |            | I.D. NUMBER                    |
| NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010 |            | 1331026                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

I.D. NUMBER

1331026

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| CITY NATIONAL BANK<br>[REDACTED]                                    | PRO     | BANKING FEES           | 275.00      |
|   |         |                        |             |
|   |         |                        |             |

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

**SUBTOTAL \$ 125.00**

**Schedule E Summary**

|  |                        |
|--|------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                 | \$ 275.00              |
| 2. Unitemized payments made this period of under \$100   | \$ 0.00                |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ 0.00                |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$ 275.00</b> |



**Schedule F  
Accrued Expenses (Unpaid Bills)**

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

|  |                             |
|--|-----------------------------|
| Statement covers period<br>from <u>07/01/2012</u><br>through <u>12/31/2012</u> | <b>CALIFORNIA FORM 460</b>  |
|  | Page <u>13</u> of <u>17</u> |
| I.D. NUMBER<br><b>1331026</b>  |                             |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

**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 CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| <i>(This table is crossed out with a diagonal line)</i>                |                                   |   |                                       |   |  |
| <b>SUBTOTALS \$</b>  |                                   | <b>\$</b>   | <b>\$</b>                             | <b>\$</b>   | <b>\$</b>  |

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

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** \_\_\_\_\_
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** \_\_\_\_\_
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** \_\_\_\_\_  
May be a negative number

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

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

|  |  |                            |
|--|--|----------------------------|
| Statement covers period<br>from 07/01/2012<br>through 12/31/2012                         |  | <b>CALIFORNIA FORM 460</b> |
|  |  |                            |
| NAME OF FILER<br>NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010 |  | I.D. NUMBER<br>1331026     |

**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)           |

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

| (a)<br>NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (b)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (c)<br>AMOUNT INCURRED<br>THIS PERIOD | (d)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (e)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|---|-----------------------------------|---|---------------------------------------|---|--|
|   |                                   |   |                                       |   |  |
|   |                                   |   |                                       |   |  |
|   |                                   |   |                                       |   |  |
|   |                                   |   |                                       |   |  |
|   |                                   |   |                                       |   |  |
| <b>SUBTOTALS \$</b>   |                                   |   | \$                                    | \$  | \$   |

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

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

Statement covers period  
 from 07/01/2012  
 through 12/31/2012

SCHEDULE G

**CALIFORNIA FORM 460**

Page 15 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

I.D. NUMBER

1331026

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**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)           |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
|   |         |                        |             |
|   |         |                        |             |
|   |         |                        |             |
|   |         |                        |             |
|   |         |                        |             |
|   |         |                        |             |
|   |         |                        |             |
|   |         |                        |             |
|   |         |                        |             |
|   |         |                        |             |

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule H  
Loans Made to Others\***

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

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2012 |                            |
| through                 | 12/31/2012 | Page 16 of 17              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

I.D. NUMBER

1331026

| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT LOANED THIS PERIOD | (c)<br>REPAYMENT OR FORGIVENESS THIS PERIOD*   | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST RECEIVED   | (f)<br>ORIGINAL AMOUNT OF LOAN | (g)<br>CUMULATIVE LOANS TO DATE                         |
|---|---|--|----------------------------------|--|--|----------------------------|--------------------------------|---|
|   |   | \$ _____   | \$ _____                         | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE                               | _____%<br>RATE<br>\$ _____ | \$ _____<br>DATE INCURRED      | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
|   |   | \$ _____   | \$ _____                         | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE                               | _____%<br>RATE<br>\$ _____ | \$ _____<br>DATE INCURRED      | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
|   |   | <b>SUBTOTALS</b>                                 |                                  | \$ _____   | \$ _____   | \$ _____                   | \$ _____                       |   |

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

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

**Schedule H Summary**

- Loans made this period ..... \$ \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans ..... \$ \_\_\_\_\_  
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$** \_\_\_\_\_  
(Enter the net here and on the Summary Page, Column A, Line 7.)  
(May be a negative number)

**\*\*If Required**



**Schedule I  
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period  
from 07/01/2012  
through 12/31/2012

**CALIFORNIA  
FORM 460**

Page 17 of 17

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

I.D. NUMBER  
1331026

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule I Summary**

- 1. Increases to cash of \$100 or more this period. .... \$ \_\_\_\_\_
- 2. Unitemized increases to cash under \$100 this period. .... \$ \_\_\_\_\_
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .... \$ \_\_\_\_\_
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$** \_\_\_\_\_