

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
FORM 460

Page 1 of 7
For Official Use Only

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OFFICE OF THE
CITY CLERK
CITY OF VALLEJO

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

11/5/13

Statement covers period
from 9/27/13

through 10/19/13

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
- Primarily Formed Ballot Measure Committee
 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
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1360970

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

Vallejo Citizens Deserve Better

Treasurer(s)

NAME OF TREASURER

Richard Grant

MAILING ADDRESS

316 Moorland St.

STREET ADDRESS (NO P.O. BOX)

316 Moorland St

CITY

Vallejo

STATE ZIP CODE

CA 94590

AREA CODE/PHONE

707-980-6624

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE ZIP CODE

AREA CODE/PHONE

STATE ZIP CODE AREA CODE/PHONE

CA 94590 707-980-6624

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

316 Grant@gmail.com

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 10-25-13

Date

Executed on 10-25-13

Date

Executed on _____

Date

Executed on _____

Date

By Richard Grant

Signature of Treasurer or Assistant Treasurer

By Richard Grant

Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____

Signature of Controlling Officerholder, Candidate, State Measure Proponent

By _____

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

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

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? <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 _____

SUPPORT 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 Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE Jess Malgapo	OFFICE SOUGHT OR HELD Vallejo City Council	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE Pippin Dew	OFFICE SOUGHT OR HELD Vallejo City Council	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE Rozanna Verder-Aliga	OFFICE SOUGHT OR HELD Vallejo City Council	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE Anthony Summers	OFFICE SOUGHT OR HELD Vallejo City Council	<input type="checkbox"/> SUPPORT <input checked="" 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
9/27/13

CALIFORNIA
FORM **460**

from
10/19/13
through

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Vallejo Citizens Deserve Better

I.D. NUMBER

1360970

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 2562.00	\$ 2562.00
2. Loans Received Schedule B, Line 3	2562.00	2562.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2		
4. Nonmonetary Contributions Schedule C, Line 3	2562.00	2562.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4		

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

6. Payments Made Schedule E, Line 4	\$ 2153.00	\$ 2153.00
7. Loans Made Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	2153.00	2153.00
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	1500.00	1500.00
10. Nonmonetary Adjustment Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	3653.00	3653.00

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
/ /	\$
/ /	\$

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

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 0
13. Cash Receipts Column A, Line 3 above	2562.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	2153.00
15. Cash Payments Column A, Line 8 above	409.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$

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).

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 \$

**Schedule A
Monetary Contributions Received**

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

Statement covers period
from 9/27/13
through 10/19/13

SEE INSTRUCTIONS ON REVERSE

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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 0
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 2153.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 2153.00

*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

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

Type or print in ink.
Amounts may be rounded
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Statement covers period
from 9/27/13
through 10/19/13

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NAME OF FILER

Vallejo Citizens Deserve Better

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1360970

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)
10/16/13	Jess Malgapo, Rozanna Verder-Aliga, Anthony Summers, Pippin Dew <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		\$1500.00	\$2153.00	
10/20/13	Jess Malgapo, Rozanna Verder-Aliga, Anthony Summers, Pippin Dew <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		\$600.00	\$2153.00	
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$				2100.00		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 2100.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 53.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 2153.00

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

Statement covers period
from 9/27/13
through 10/19/13

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NAME OF FILER
Vallejo Citizens Deserve Better

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	FET	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
IPI Media, 471 Lovell Cir. Sacramento, CA	tel			\$1500.00
Ideaworks Studios, 2574 Kingston Rd., Kingston, RI 02881	tel			\$600.00
SUBTOTAL \$				\$2100.00

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	2100.00
2. Unitemized payments made this period of under \$100	\$	53.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	2153.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	2153.00

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

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Vallejo Citizens Deserve Better

I.D. NUMBER

1360970

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MBR member communications	RAD radio airtime and production costs
MTG meetings and appearances	RFD returned contributions
OFC office expenses	SAL campaign workers' salaries
PET petition circulating	TEL t.v. or cable airtime and production costs
PHO phone banks	TRC candidate travel, lodging, and meals
POL polling and survey research	TRS staff/spouse travel, lodging, and meals
POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
PRO professional services (legal, accounting)	VOT voter registration
PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON LE)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
IPI Media, 471 Lovell Cir. Sacramento, CA	tel	0	\$3000.00	\$1500.00	\$1500.00
SUBTOTALS \$		\$	3000.00 \$	1500.00 \$	1500.00

* 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 \$** 3000.00
- 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 \$** 1500.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 1500.00

May be a negative number