

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp
**RECEIVED
CITY CLERK**

CALIFORNIA
2001/02
FORM **460**

Statement covers period
from Oct 21, 2018
through Dec 31, 2018

Date of election if applicable
(Month, Day, Year) 19 JAN 30 PM 2:35
Nov. 6, 2018

Page 1 of 4
For Official Use Only

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
1344077

Treasurer(s)

NAME OF TREASURER
Ralph W. Taboada

MAILING ADDRESS
1597 Morca Drive

CITY STATE ZIP CODE AREA CODE/PHONE
Costa Mesa CA 92626 714-321-6056

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Costa Mesans for Responsible Government

STREET ADDRESS (NO P.O. BOX)
3000 Ceylon drive

CITY STATE ZIP CODE AREA CODE/PHONE
Costa Mesa CA 92626 714-546-1452

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P O Box 4293

CITY STATE ZIP CODE AREA CODE/PHONE
Costa Mesa CA 92628 714-546-1452

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 Dec 30, 2018 Date By [Signature] Signature of Treasurer or Assistant Treasurer

Executed on _____ Date By _____ Signature of Controlling Officeholder, Candidate, State Measure 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

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

Type or print in ink.

COVER PAGE - PART 2

| | |
|---------------------------|------------|
| CALIFORNIA FORM | 460 |
| Page <u>2</u> of <u>4</u> | |

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. Ballot Measure Committee

NAME OF BALLOT MEASURE _____

| | | |
|-------------------------------|--------------------|---|
| BALLOT NUMBER OR LETTER _____ | JURISDICTION _____ | <input type="checkbox"/> SUPPORT <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 <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 Oct 21 2018 | CALIFORNIA FORM 460 |
| through Dec 31 2018 | |
| Page 3 of 4 | D. NUMBER 1344077 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Costa Mens for Responsible Government

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ <u>00.00</u> | \$ <u>2,647.00</u> |
| 2. Loans Received Schedule B, Line 3 | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ <u>00.00</u> | \$ <u>2,647.00</u> |
| 4. Nonmonetary Contributions Schedule C, Line 3 | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>00.00</u> | \$ <u>2,647.00</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made Schedule E, Line 4 | \$ <u>5.00</u> | \$ <u>2,922.42</u> |
| 7. Loans Made Schedule H, Line 3 | | |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>5.00</u> | \$ <u>2,922.42</u> |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | | |
| 10. Nonmonetary Adjustments Schedule C, Line 3 | | |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>5.00</u> | \$ <u>2,922.42</u> |

**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 | \$ <u>2,187.92</u> |
| 13. Cash Receipts Column A, Line 3 above | <u>2,647.00</u> |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | |
| 15. Cash Payments Column A, Line 8 above | <u>2,922.42</u> |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>1,912.50</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).

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 | \$ _____ |

*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

