

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE
CALIFORNIA 460
FORM

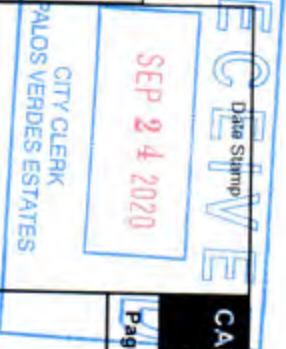
SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officerholder, 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 Candidate/ Officerholder Committee (Also Complete Part 7)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 5)

Statement covers period
from 7/1/2020
through 9/19/2020

Date of election if applicable:
(Month, Day, Year)
11 03 2020



2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

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For Official Use Only

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
COMMITTEE TO ELECT SEN FORD DRUIDSON FOR CITY COUNCIL OF PUE, CA 2020

ID NUMBER 85-2435379

STREET ADDRESS (NO P.O. BOX)
1528 Via Arco
CITY PUE STATE CA ZIP CODE 90274 AREA CODE/PHONE 310 378-6719
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

Treasurer(s)
NAME OF TREASURER Randy J. Price
MAILING ADDRESS 1345 Via Rungya
CITY PUE STATE CA ZIP CODE 90274 AREA CODE/PHONE 310 377-1370
NAME OF ASSISTANT TREASURER, IF ANY N/A
MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
OPTIONAL: FAX / E-MAIL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
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 SEP. 23, 2020
Date

By _____
Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on SEP. 23, 2020
Date

By _____
Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officerholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Santford Davidson
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council PVE, CA
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1525 Va Arco PVE CA 90074

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	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

Amounts may be rounded
to whole dollars.

SUMMARY PAGE
CALIFORNIA
FORM
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Statement covers period
from 7/1/2020
through 9/19/2020

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Randy J. Price, Treasurer For Sanford Davidson

I.D. NUMBER

85-2435379

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>14,599.00</u>	\$ <u>14,599.00</u>
2. Loans Received	Schedule B, Line 3 <u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>14,599.00</u>	\$ <u>14,599.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3 <u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>14,599.00</u>	\$ <u>14,599.00</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>9,664.77</u>	\$ <u>9,664.77</u>
7. Loans Made	Schedule H, Line 3 <u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>9,664.77</u>	\$ <u>9,664.77</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 <u>1,683.81</u>	<u>1,683.81</u>
10. Nonmonetary Adjustment	Schedule G, Line 3 <u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>11,348.58</u>	\$ <u>11,348.58</u>

Expenditure Limit Summary for State Candidates

20. Contributions Received	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ _____	\$ _____
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yyyy)	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	\$ <u>0</u>
13. Cash Receipts	Column A, Line 3 above	<u>14,599.00</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	<u>1,721.42</u>
15. Cash Payments	Column A, Line 8 above	<u>9,664.77</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$ <u>6,655.65</u>

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ <u>0</u>
18. Cash Equivalents	See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>1,683.81</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).

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/2020
through 9/19/2020

SCHEDULE A
CALIFORNIA
FORM
460

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I.D. NUMBER
85-2435379

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Randy J. Price, Treasurer For San Ford Davidson

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTERED NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
9/13/20	Mr and Mrs Carmen 2015 Via Caronel PUE, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professional	\$200.00	\$200.00	
9/13/20	Richard Briggs Cashier's check # 690056	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professional	\$2,400.00	\$2,400.00	
9/13/20	Edward Piker M.D. Inc. 23600 TELLO Ave. #260 Torrance, CA 90505	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
9/13/20	Have at the Beach 3201 Paseo Del Campo PUE, CA 90274	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
9/19/20	Resin Family Trust 400 Yarmouth Rd. PUE, CA 90274	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
SUBTOTAL \$				3,050.00	3050	

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 14,599.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 14,599.00

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/2020
through 9/19/2020

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SCHEDULE A (CONT.)

DATE RECEIVED	NAME OF FILER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/20	Ann Buxton 1420 Paseo LA Cresta PUE, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professional	\$100.00	\$100.00	
9/19/20	Mr. and Mrs. Capozzola 1568 Via Zuriata Pue, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professional	\$500.00	\$500.00	
9/19/20	Can Capozzola Attorney General 609 Deep Valley Drive #310 PHE, CA 90274	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
8/31/20	Mr and Mrs. Wynne 1625 Espinosa Cir. PUE, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professional	\$25.00	\$25.00	
SUBTOTAL				\$1,225.00	\$1,225.00	

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/2020
through 9/19/2020

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I.D. NUMBER
85-2435379

DATE RECEIVED	NAME OF FILER 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/20	Valerie Gorsuch 420 Via Media PUE, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professional	\$25.00	\$25.00	
8/31/20	Mr and Mrs. Knox 1520 Chelsea Rd PUE, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professional	\$50.00	\$50.00	
8/31/20	Governer Family Trust 3633 Via Palomino PUE, CA 90274	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$99.00	\$99.00	
8/31/20	Al and chaye Shabaty PUE, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professional	\$500.00	\$500.00	
8/31/20	Mr. and Mrs. Stearns P.O. Box 238 PUE, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professional	\$200.00	\$200.00	
SUBTOTAL \$				\$74.00	\$74	

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/2020
through 9/19/2020

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NAME OF FILER: Reedy J. Price - Treasurer For Sanford Davidson I.D. NUMBER: 85-2435379

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/20	Mr. and Mrs. Fern 1815 Paseo Del Sol PUE, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professional	\$200.00	\$200.00	
8/31/20	Christopher Cpe Jame Shru 1529 Via Castilla DVA, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professional	\$200.00	\$200.00	
8/18/20	Cepellino Family Living Trust 1108 Stanton Aved #210 Torrance, CA 90501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5000.00	\$5000.00	
8/18/20	Wahidely Khalil 2025 Paseo Del Sol PUE, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professional	\$200.00	\$200.00	
8/18/20	Charles Tang P.O. Box 1816 Redondo Beach CA 90276	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professional	\$500.00	\$500.00	
SUBTOTAL \$				6,100	6,100	

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/2020
through 9/14/2020

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NAME OF FILER
Realty I Price Treasurer For Sanford Davidson

I.D. NUMBER
85-2435379

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE <small>* (IF SELF-EMPLOYED, ENTER NAME)</small>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
8/11/20	Sanford Davidson 528 Via Arco PUE, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professional	\$100.00	\$100.00	
8/10/20	Sanford Davidson 1522 Via Arco PUE, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professional	\$2,500.00	\$2,500.00	
8/24/20	Sanford Davidson 1522 Via Arco PUE, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professional	\$750.00	\$750.00	
SUBTOTAL \$				<u>3350</u>	<u>3350</u>	

*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 B - Part 1 Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/2020 through 9/19/2020

SCHEDULE B - PART 1
CALIFORNIA FORM 460

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I.D. NUMBER 85-2435379

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Randy J. Price Treasurer For Sanford Davidson

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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*		OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
				PAID	FORGIVEN				
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	\$	%	\$	CALENDAR YEAR
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	\$	%	\$	CALENDAR YEAR
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	\$	%	\$	CALENDAR YEAR
SUBTOTALS		\$	\$	\$	\$	\$	%	\$	CALENDAR YEAR

Schedule B Summary

- Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) \$ 0
- Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) \$ 0
(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 \$ 0
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
 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 2 Loan Guarantors

Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/2020
through 9/19/2020

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NAME OF FILER: Randy J. Price, Treasurer For Sanford Davidson I.D. NUMBER: 85-2435379

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

Enter on Summary Page, Line 17 only. 

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/2020
through 9/19/2020

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I.D. NUMBER
85-2435579

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Randy J. Price, Treasurer For Sanford Davidson

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. 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 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					
SUBTOTAL \$							

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 0
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- 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 \$** 0

*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

Amounts may be rounded
to whole dollars.

SCHEDULE D
CALIFORNIA
FORM
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Statement covers period
from 7/1/2020
through 9/19/2020

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER Randy J. Price, Treasurer For Sanford Davidson I.D. NUMBER 85-2435379

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)
9/19/2020	Sanford Davidson City Council, PUE, CA	<input checked="" type="checkbox"/> Nonmonetary Contribution		9,664.77	9,664.77	
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution				
		<input type="checkbox"/> Nonmonetary Contribution				
		<input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution				
		<input type="checkbox"/> Nonmonetary Contribution				
		<input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
SUBTOTAL \$				<u>9,664.77</u>		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 9,664.77
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL.. \$** 9,664.77

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

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SCHEDULE E

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Randy J. Price, Treasurer For Sanford Davidson

Statement covers period
from 7/1/2020
through 9/19/2020

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I.D. NUMBER
85-2435379

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv, or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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
<i>Tetra Graphics 2730 Monterey street Torrance, CA 90503</i>	<i>LIT</i>			<i>3343.22</i>
<i>Hauka Kamiyahue 2008 Via Coronel PVE, CA 90274</i>	<i>WEB</i>			<i>1600.00</i>
<i>L.A. County Reg-Rec / county clerk</i>			<i>LIST OF Registered Voters</i>	<i>54.00</i>
SUBTOTAL \$				<i>4997.22</i>

* 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.) \$ 9,664.77
2. Unitemized payments made this period of under \$100 \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 9,664.77

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/2020
through 9/19/2020

SCHEDULE E (CONT.)
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I.D. NUMBER
85-2435379

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Randy J. Price, Treasurer For San Ford Davidson

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
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- MTG meetings and appearances
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- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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
Mail Masters P.O. BOX 3932 Torrance, CA 90501	LIT			1,129.04
Tetra Graphics 2730 Monterey ST Torrance, CA 90503	LIT			540.00
Mail Masters P.O. BOX 3932 Torrance, CA 90501	LIT			902.68
Tetra Graphics 2730 Monterey ST Torrance, CA 90503	LIT			515.15
Mail Masters P.O. BOX 3932 Torrance, CA 90501	LIT			1,580.68

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

SUBTOTAL \$ 4,667.55

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/2020
through 9/19/2020

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I.D. NUMBER
85-2435379

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Reilly, T Price, Treasurer For San Ford Davidson

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

- GMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD (a)	AMOUNT INCURRED THIS PERIOD (b)	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) (c)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD (d)
<u>CORP Bank 3068 Lomita Blvd. Torrance, CA 90505</u>	<u>217</u>	<u>43.80</u>	<u>43.80</u>	<u>Ø</u>	<u>43.80</u>
<u>Tetra Graphics 2730 Matherney ST. Torrance, CA 90503</u>	<u>217</u>	<u>1,590.01</u>	<u>1,590.01</u>	<u>Ø</u>	<u>1,590.01</u>
<u>California Secretary of State Sacramento, CA</u>	<u>Fee</u>	<u>50.00</u>	<u>50.00</u>	<u>Ø</u>	<u>50.00</u>
SUBTOTALS \$		<u>1,683.81</u>	<u>1,683.81</u>	<u>Ø</u>	<u>1,683.81</u>

* Payments that are contributors 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 \$** 1,683.81
- 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 \$** Ø
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 1,683.81

**Schedule H
Loans Made to Others***

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/2020
through 9/19/2020

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I.D. NUMBER

NAME OF FILER Randy J. Price, Treasurer For San Fernando Davidson

85-2435379

FULL NAME, STREET ADDRESS AND ZIP CODE <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	REPAYMENT OR FORGIVENESS THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CALENDAR YEAR PER ELECTION**	CALENDAR YEAR PER ELECTION**
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	_____ % RATE	\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	_____ % RATE	\$ _____	\$ _____	\$ _____
SUBTOTALS		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

*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.

Schedule H Summary

- Loans made this period..... \$ _____
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans..... \$ _____
(Total Column (c) plus unitemized payments of 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**

Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/2020
through 9/19/2020

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Randy J Price, Treasurer For Sanford Davidson

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/13/2020	William Rea 3363 PV Dr North PVE, CA 90274	Via PayPal	23.97
9/13/2020	Michael Gatto 5419 Hollywood Blvd Suite C-356 L.A. CA 90027	Via PayPal	485.20
9/13/2020	Betty Peterson 800 Gatos Place PVE, CA 90274	Via PayPal	95.83
9/13/2020	STAGE Goddess (Athenia Pennakis) 1557 Via Lopez PVE, CA 90274	Via PayPal	485.20
9/13/2020	Paul Kim 927 Deep Valley Drive RHE, CA 90274	Via PayPal	485.20
SUBTOTAL \$			1,575.40

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

- Itemized increases to cash this period: \$ 575.20 ^{RP} \$ 1721.42 ^{RP}
- Unitemized increases to cash of under \$100 this period: \$ 0
- Total of all interest received this period on loans made to others: (Schedule H, Column (e).) \$ 0
- Total miscellaneous increases to cash this period: (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$ 575.20** ^{RP} \$ **1721.42** ^{RP}

