

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

| | |
|------------|----------------------------|
| Date Stamp | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>8</u> |
| | For Official Use Only |

| | |
|---|---|
| Statement covers period from <u>01/01/2022</u> through <u>06/30/2022</u> | Date of election if applicable: (Month, Day, Year) _____ |
|---|---|

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|--|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall <i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="radio"/> Controlled <input type="radio"/> Sponsored <i>(Also Complete Part 6)</i> |
| <input checked="" type="checkbox"/> General Purpose Committee <input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement <i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) | |

Amending report to include missing information.

3. Committee Information

I.D. NUMBER
1354771

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Gardena Police Officers Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)
1718 W. 162nd Street

| | | | |
|----------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Gardena</u> | <u>CA</u> | <u>90247</u> | <u>(310) 217-6137</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. Box 2252

| | | | |
|----------------|-----------|-------------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Gardena</u> | <u>CA</u> | <u>90247-0116</u> | |

OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

Treasurer(s)

NAME OF TREASURER
Roberto Rosales

MAILING ADDRESS
1718 W. 162nd Street

| | | | |
|----------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Gardena</u> | <u>CA</u> | <u>90247</u> | <u>(310) 938-8682</u> |

NAME OF ASSISTANT TREASURER, IF ANY
Yolanda Miranda

MAILING ADDRESS
728 W. Edna Place

| | | | |
|---------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Covina</u> | <u>CA</u> | <u>91722</u> | <u>(626) 915-7635</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to under penalty of perjury under the laws of the State of California that the foregoing is t

[REDACTED] is true and complete. I certify

Executed on 07/24/2024
Date

By

Executed on _____
Date

By

Executed on _____
Date

By

Executed on _____
Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

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 | <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 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

| | |
|---|--------------------------------|
| Statement covers period from <u>01/01/2022</u> | CALIFORNIA FORM 460 |
| through <u>06/30/2022</u> | |
| Page <u>3</u> of <u>8</u> | I.D. NUMBER <u>1354771</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gardena Police Officers Association Political Action Committee

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>8,000.00</u> | \$ <u>8,000.00</u> |
| 2. Loans Received Schedule B, Line 3 | <u>0.00</u> | <u>0.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ <u>8,000.00</u> | \$ <u>8,000.00</u> |
| 4. Nonmonetary Contributions Schedule C, Line 3 | <u>0.00</u> | <u>0.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>8,000.00</u> | \$ <u>8,000.00</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>49,493.49</u> | \$ <u>49,493.49</u> |
| 7. Loans Made Schedule H, Line 3 | <u>0.00</u> | <u>0.00</u> |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>49,493.49</u> | \$ <u>49,493.49</u> |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | <u>0.00</u> | <u>0.00</u> |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | <u>0.00</u> | <u>0.00</u> |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>49,493.49</u> | \$ <u>49,493.49</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>86,710.86</u> |
| 13. Cash Receipts Column A, Line 3 above | <u>8,000.00</u> |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | <u>0.00</u> |
| 15. Cash Payments Column A, Line 8 above | <u>49,493.49</u> |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>45,217.37</u> |

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

| | |
|---|----------------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ <u>0.00</u> |
|---|----------------|

Cash Equivalents and Outstanding Debts

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

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

| | |
|--|----------------------------|
| Statement covers period from <u>01/01/2022</u> through <u>06/30/2022</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>8</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|---|------------------------|
| NAME OF FILER Gardena Police Officers Association Political Action Committee | I.D. NUMBER 1354771 |
|---|------------------------|

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 04/08/2022 | Gardena Police Officers Association 1246 W. Gardena Blvd Ste. C Gardena, CA 90247 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 8,000.00 | 8,000.00 | |
| | | <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 \$ 8,000.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 8,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 8,000.00

***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 E
Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2022
through 06/30/2022
CALIFORNIA FORM 460
Page 5 of 8
I.D. NUMBER 1354771

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gardena Police Officers Association Political Action Committee

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 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)

Table with 4 columns: NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER), CODE OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. Contains 3 rows of payment data to Grey Pine Group, LLC.

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 12,505.01

Schedule E Summary

Summary table with 2 columns: Description, Amount. Includes itemized payments, unitemized payments, interest, and total payments.

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

Amounts may be rounded
to whole dollars.

| | |
|--|--------------------------------|
| Statement covers period from <u>01/01/2022</u> through <u>06/30/2022</u> | CALIFORNIA FORM 460 |
| | Page <u>6</u> of <u>8</u> |
| | I.D. NUMBER 1354771 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gardena Police Officers Association Political Action Committee

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| Grey Pine Group, LLC 6475 E. Pacific Coast Hwy., #400 Long Beach, CA 90803 | CNS | | 300.00 |
| Grey Pine Group, LLC 6475 E. Pacific Coast Hwy., #400 Long Beach, CA 90803 | CNS | | 6,500.00 |
| Grey Pine Group, LLC 6475 E. Pacific Coast Hwy., #400 Long Beach, CA 90803 | CNS | | 8,500.00 |
| Grey Pine Group, LLC 6475 E. Pacific Coast Hwy., #400 Long Beach, CA 90803 | CNS | | 1,000.00 |
| Grey Pine Group, LLC 6475 E. Pacific Coast Hwy., #400 Long Beach, CA 90803 | CNS | | 5,102.60 |

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

SUBTOTAL \$ 21,402.60

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

Amounts may be rounded
to whole dollars.

| | | |
|--|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2022 | |
| through | 06/30/2022 | Page <u>7</u> of <u>8</u> |
| NAME OF FILER | | I.D. NUMBER |
| Gardena Police Officers Association Political Action Committee | | 1354771 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| Grey Pine Group, LLC 6475 E. Pacific Coast Hwy., #400 Long Beach, CA 90803 | CNS | | 300.00 |
| Grey Pine Group, LLC 6475 E. Pacific Coast Hwy., #400 Long Beach, CA 90803 | CNS | | 3,265.34 |
| Grey Pine Group, LLC 6475 E. Pacific Coast Hwy., #400 Long Beach, CA 90803 | CNS | | 5,068.41 |
| Grey Pine Group, LLC 6475 E. Pacific Coast Hwy., #400 Long Beach, CA 90803 | CNS | | 550.00 |
| Paramount Journal 8007 Somerset Blvd. Paramount, CA 90723 | LIT | | 3,624.00 |

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

SUBTOTAL \$ 12,807.75

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

Amounts may be rounded
to whole dollars.

| | | |
|--|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2022 | |
| through | 06/30/2022 | Page <u>8</u> of <u>8</u> |
| NAME OF FILER | | I.D. NUMBER |
| Gardena Police Officers Association Political Action Committee | | 1354771 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gardena Police Officers Association Political Action Committee

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Paramount Journal 8007 Somerset Blvd. Paramount, CA 90723 | LIT | | 1,400.00 |
| Paramount Journal 8007 Somerset Blvd. Paramount, CA 90723 | LIT | | 1,325.00 |
| | | | |
| | | | |
| | | | |

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

SUBTOTAL \$ 2,725.00