Recipient Committee Campaign Statement Cover Page			Date Stamp '25 JAN30PM12:20	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 7/1/24 through 12/31/24	Date of election if applicable: (Month, Day, Year) 3/4/17	CITY CLERK'S OFC	For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Pri Political Party/Central Committee	imarily Formed Ballot Measure committee Controlled Sponsored Complete Part 6) imarily Formed Candidate/ ficeholder Committee Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	t □ Spec ermination)	terly Statement ial Odd-Year Report
STREET ADDRESS (NO P.O. BOX) CITY STATE CHARLES A CAL 90247 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		Treasurer(s) NAME OF TREASURER BRADICY MAILING ADDRESS 1133 112 W CITY CARDON NAME OF ASSISTANT TREASURE MAILING ADDRESS	GARDENA BLA STATE ZIPCO CAL 90	
OPTIONAL: FAX/E-MAIL ADDRESS	E AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRES	STATE ZIP CO	DE AREA CODE/PHONE
. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Ca Executed on Date Executed on Date Executed on	By	or Assistant T	Freasurer ponent or Responsible Officer of Sponsor	_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period from _ through .___ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1393066 RONALD K. IKEJIRI FOR MAYOR 2017 Calendar Year Summary for Candidates Column B Column A

Monetary Contributions	TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	CALENDAR YEAR TOTAL TO DATE	Running in Both the State Primary and General Elections
 Monetary Contributions Loans Received Schedule B, Line 3 			1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	0	6	20. Contributions Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3	0	0	24. 5
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 0	\$	21. Expenditures Made \$\$
Expenditures Made	C COMMINION BUT-THE EXPENSION OF STATE OF STATE	ACCOUNT CONTRACTOR SUSCENSIONED AND AND AND AND AND AND AND AND AND AN	Expenditure Limit Summary for State
6. Payments Made	\$ 0	\$ 0	Candidates
7. Loans Made	0	0	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7		\$ 0	(if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F. Line 3	1000	1000	Date of Election Total to Date
10. Nonmonetary Adjustment	0	0	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	\$	\$
Current Cash Statement	and the second s	PER PATCHAS PARTING BOARD BOARD AND AND AND AND AND AND AND AND AND AN	\$
12. Beginning Cash Balance		To calculate Column B,	NO CANADA
13. Cash Receipts Column A, Line 3 above	0	add amounts in Column A to the corresponding	A and a set in this anation may be different from amounts
14. Miscellaneous Increases to Cash	0	amounts from Column B 😼	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above	0	of your last report. Some amounts in Column A may	
16. ENDING CASH BALANCE	\$ 250	be negative figures that should be subtracted from	
If this is a termination statement, Line 16 must be zero.	intelligence production in the composition of the c	previous period amounts. If this is the first report being	To the state of th
17. LOAN GUARANTEES RECEIVED		filed for this calendar year. only carry over the amounts	
Cash Equivalents and Outstanding Debts	0	from Lines 2, 7, and 9 (if any).	Wannana and a same and
18. Cash Equivalents See instructions on reverse			Transaction of the Control of the Co
19. Outstanding Debts Add the 2 + Line 9 in Column B above	\$ 1000	The state of the s	FPPC Form 460 (Jan/2016) FPPC Advice: advice@(ppc.ca.gov (866/275 3777

Recipient Committee Campaign Statement Cover Page — Part 2



Officeholder or Candidate Controlled Committee			Primarily Formed Ballot Measure Committee				را در در ۱۹۱۱ می تواند از در
NAME OF OFFICEHOLDER OR CANDIDATE		ì	NAME OF BALLOT MEASURE				
RONALD K IKEJIRI		•	BALLOT NO. OR LETTER	JURISDICTIC	o un marco y como compansamente, a camera mande en marco N	ΓIs	UPPORT
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	ND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OT CLEAT THE				PPOSE
MAYOR CITY OF GARDENA			to an in amount from the comment of the section of	THE RESERVE OF THE PROPERTY OF THE PARTY OF	rigary serious with a section of it is the contract to independent man	an designation of the Association of States of	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND ST			Identify the controlling office	cholder, candid	late, or state m	neasure propon	ent, if any.
1133 1/2 GARDENA BLVD	GARDENA CA 90247		NAME OF OFFICEHOLDER, CA			The second secon	
Related Committees Not Included in not included in this statement that are controlled contributions or make expenditures on behalf of	by you of are primary formed to recent		OFFICE SOUGHT OR HELD	Millian a sia nyaéta mmatakampanya mandapanya hari	n ngagagaranis, sa ka ni ilah kisia sampula bingan	DISTRICT NO. IF	een talanga. Tiplocan is to a dialoga (Ali et al Paradoniale ANY
	The second like the paper shows to get well about the second specific the second state of the second state		NEWS COLUMN TO SERVICE THE SERVICE OF THE SERVICE SERV	T. C.			
COMMITTEE NAME	I.D. NUMBER					•	
	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s) IGI WINGII UNA	(Official Co.)	mmittee List rimarily formed. GHT OR HELD	and the same of the Colonial State of the St
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s) IGI WINGII UNA	(Official Co.)	and the same of th	SUPPOR
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO (NO P.O. BOX)	7.	officeholder(s) or candidate(s	CANDIDATE	OFFICE SOU	and the same of th	SUPPOR SUPPOR SUPPOR OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS CITY STATE	CONTROLLED COMMITTEE? YES NO (NO P.O. BOX)	7.	NAME OF OFFICEHOLDER OR	R CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPOR OPPOSE OPPOSE SUPPOR
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS	CONTROLLED COMMITTEE? YES NO (NO P.O. BOX) ZIP CODE AREA CODE/PHONE	7.	NAME OF OFFICEHOLDER OF	R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPOR

Schedule	e F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period from

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	through	Page of
SEE INSTRUCTIONS ON REVERSE		LD NUMBER
NAME OF FILER		1393066
RONALD K. IKEJIRI FOR MAYOR 2017		1393000
		POT DELCARE CONTROL AND AND STORY OF THE STO

CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* 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	s the payment, you may MBR member communication MTG meetings and appearar OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and n PRO professional services (I	ns aces arch nessenger services	RAD radio artime RFD returned co SAL campaign w TEL tw. or cable TRC candidate to TRS staff/spouse TSF transfer bet VOT voter registi	and production costs itributions orkers' salaries airtime and production cost avel, lodging, and meals travel, lodging, and meals veen committees of the sar	ne candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNIN OF THIS PERIOD	(b) AMOUNT INCURRE THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
JOANNA LORD C/O RON IKEJIRI 1133 1/2 W. GARDENA BLVD	WEB	200	0	0	200

* Payments that are contributions or independent expenditures must also be	SUBTOTALS \$ 200	\$ 0	\$ O	\$ 200	
summarized on Schedule D.					

Schedule	F	Summary
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	onodation watering	
1	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 \$
2	. 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 \$
3	Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$ \frac{200}{May be a negative number}

FPPC Form 460 (Jan/2016))