

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED Date Stamp UPLAND CITY CLERK'S OFFICE 14 JUL 30 PM 3:24

CALIFORNIA FORM 460

Page 1 of 8

For Official Use Only

Statement covers period from Jan. 1, 2014 through June 30, 2014

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.

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1345720

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

Filippi for Upland Mayor 2012

STREET ADDRESS (NO P.O. BOX)

350 S. Euclid Avenue 305 N. 2nd Avenue, #101

CITY Upland STATE CA ZIP CODE 91786 AREA CODE/PHONE 951-897-7212

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

ginoffvine@aol.com

Treasurer(s)

NAME OF TREASURER

Gino L. Filippi

MAILING ADDRESS

350 S. Euclid Avenue

CITY Upland STATE CA ZIP CODE 91786 AREA CODE/PHONE 951-897-7212

NAME OF ASSISTANT TREASURER, IF ANY

MAILING 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 7/30/2014 Date

Executed on 7/30/2014 Date

Executed on Date

Executed on Date

By Signature of Treasurer or Assistant Treasurer

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

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460	
Page <u>2</u> of <u>8</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Gino L. Filippi

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor, City of Upland

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 927. ~~350 S. Euclid Avenue~~ Upland, CA 91786

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 Gino Filippi for Upland City Council 2014	I.D. NUMBER 1329509
---	------------------------

NAME OF TREASURER Gino Filippi	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
-----------------------------------	--

COMMITTEE ADDRESS 917. 305 N. 2nd Avenue, #101 305 N. 2nd Ave. #101	STREET ADDRESS (NO P.O. BOX)
CITY Upland	STATE CA
ZIP CODE 91786	AREA CODE/PHONE 951-897-7212

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**

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

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	Jan. 1, 2014	
through		Page <u>3</u> of <u>8</u>
		I.D. NUMBER 1345720

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Filippi for Upland Mayor 2012

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ 625.00	\$ 625.00
2. Loans Received <i>Schedule B, Line 3</i>	\$ -951.61	\$ -951.61
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ -326.61	\$ -326.61
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ -326.61	\$ -326.61

**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 <i>Schedule E, Line 4</i>	\$ 60.00	\$ 60.00
7. Loans Made <i>Schedule H, Line 3</i>	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ 60.00	\$ 60.00
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ 60.00	\$ 60.00

**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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ 386.61
13. Cash Receipts <i>Column A, Line 3 above</i>	\$ -326.61
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	\$ 0.00
15. Cash Payments <i>Column A, Line 8 above</i>	\$ 60.00
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 0.00

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

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.

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents <i>See instructions on reverse</i>	\$ 0.00
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ 20458.55

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from Jan. 1, 2014
through June 30, 2014

CALIFORNIA
FORM **460**
Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Filippi for Upland Mayor 2012

I.D. NUMBER

1345720

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)
	Filippi for Upland City Council 2014 305 N. 2nd Avenue, #101 Upland CA 91786	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID#1329509	625.00		
		<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 \$				625.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 625.00
- 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 \$** 625.00

*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**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	Jan. 1, 2014	
through	June 30, 2014	Page <u>6</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Filippi for Upland Mayor 2012

I.D. NUMBER

1345720

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

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

SUBTOTAL \$ 0.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	0.00
2. Unitemized payments made this period of under \$100	\$	60.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	60.00

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

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

Statement covers period		CALIFORNIA FORM 460
from	Jan. 1, 2014	
through	June 30, 2014	Page <u>7</u> of <u>8</u>
NAME OF FILER		I.D. NUMBER
Filippi for Upland Mayor 2012		1345720

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 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 E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
TEC Color Craft 1860 Wright Street La Verne CA 91786	CMP	1184.87	0.00	0.00	1184.87	
TEC Color Craft 1860 Wright Street La Verne CA 91786	CMP	677.30	0.00	0.00	677.30	
DCR 5721 W Slauson Avenue, #110 Culver City CA 90230	PHO	1250.00	0.00	0.00	1250.00	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		SUBTOTALS \$	3112.17 \$	0.00 \$	0.00 \$	3112.17

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 \$** 0.00
- 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 \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 0.00
May be a negative number

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

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

SCHEDULE F (CONT.)

Statement covers period from <u>Jan. 1, 2014</u> through <u>June 30, 2014</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>8</u>
	I.D. NUMBER 1345720

NAME OF FILER

Filippi for Upland Mayor 2012

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) |

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

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 E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Betty Presley & Associates, Inc. 30151 Thomas Rancho Santa Margarita CA 92688	PRO	432.50	0.00	0.00	432.50
SUBTOTALS \$		432.50 \$	0.00 \$	0.00 \$	432.50