

**Recipient Committee Campaign Statement**  
(Government Code Sections 84200-84216.5)

**ORIGINAL** Type or print in ink.

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RECD CIV CLERK

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 9

For Official Use Only

Statement covers period  
from 7/1/99  
through 12/31/99

Date of election if applicable:  
(Month, Day, Year)  
4/6/99

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 7.

- Officeholder, Candidate Controlled Committee  
*(Also Complete Part 4.)*
- Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored  
*(Also Complete Part 5.)*
- Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 6.)*
- General Purpose Committee
  - Sponsored
  - Broad Based

**2. Type of Statement:**

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
961776

COMMITTEE NAME

Gomez for City Council

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Glendale CA 91205

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

CITY STATE ZIP CODE AREA CODE/PHONE

Glendale, CA 91226

OPTIONAL: FAX/E-MAIL ADDRESS

**Treasurer(s)**

Glynda B. Gomez

NAME OF TREASURER

MAILING ADDRESS

Glendale, CA 91226

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

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**4. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Gus Gomez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
City Councilmember

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] Glendale CA 91205

**Related Committees Not Included in this Statement:** *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to 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

**5. 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	

**6. 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

Attach continuation sheets if necessary

**7. 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 12/31/99  
DATE

Executed on 1/30/2000  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By [Signature]  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]  
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

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period  
from 7/01/99  
through 12/31/99

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gomez for City Council

I.D. NUMBER

961776

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>300.00</u>	\$ <u>33005</u>	\$ <u>33305</u>
2. Loans Received ..... Schedule B, Line 7	\$ <u>0</u>	\$ <u>1800</u>	\$ <u>(-700)</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>300.00</u>	\$ <u>34805</u>	\$ <u>32605</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>8741</u>	\$ <u>8741</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>300.00</u>	\$ <u>43546</u>	\$ <u>41346</u>

**Expenditures Made**

5. Payments Made ..... Schedule E, Line 4	\$ <u>45.00</u>	\$ <u>40315</u>	\$ <u>40360</u>
7. Loans Made ..... Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>45.00</u>	\$ <u>40315</u>	\$ <u>40360</u>
3. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>45.00</u>	\$ <u>40315</u>	\$ <u>40360</u>

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 18	\$ <u>45.00</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>300.00</u>
4. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>206.84</u>
5. Cash Payments ..... Column A, Line 8 above	\$ <u>45.00</u>
6. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>45.00</u>

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

\* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

7. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 1, Column (b) \$ 0

**Cash Equivalents and Outstanding Debts**

8. Cash Equivalents ..... See instructions on reverse	\$ <u>0</u>
9. Outstanding Debts ..... Add Line 2 + Line 9 in Column C above	\$ <u>1,100.00</u>

**Summary for Candidates in Both June and November Elections**

	7/1 through 6/30	7/1 to Date
20. Contributions Received .....	\$ _____	\$ _____
21. Expenditures Made .....	\$ _____	\$ _____

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>7/1/99</u> through <u>12/31/99</u>	CALIFORNIA FORM <b>460</b>
	Page <u>4</u> of <u>9</u>
I.D. NUMBER <u>961776</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gomez for City Council (Gus Gomez)

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
7/4/99	Natalie Mays ██████████ Glendale, CA 91206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Self-employed Vitamin Store	\$100.00	\$565.00	/
7/6/99	Layne Bettal ██████████ Glendale, CA 91206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Self-employed architect	\$100.00	\$100.00	/
11/17/99	Gail Cornell ██████████ Glendale, CA 91205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Reporter McGraw-Hill	\$50.00	\$150.00	/
9/27/99	Harold Jackson ██████████ Glendale, CA 91202	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$50	\$125.00	/
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

SUBTOTAL \$ 300

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$300.00
- Amount received this period - unitemized 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 \$ 300.00**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other

**Schedule B - Part I  
Loans Received**

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

SCHEDULE B - PART I

Statement covers period  
from 7/1/99  
through 12/31/99

CALIFORNIA  
1994 FORM **490**

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

GUS GOMEZ / Gomez for City Council

ID NUMBER  
961776

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS <small>IF COMMITTEE, ENTER FULL NAME, ADDRESS AND ID NUMBER IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS</small>	LENDER/GUARANTOR'S OCCUPATION AND EMPLOYER IF SELF-EMPLOYED, ENTER BUSINESS NAME	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
<u>3/20/99</u>	<u>Glynda Gomez</u> <u>612 W. ... CA 91224</u>		DUE DATE	<u>1,600</u>	CALENDAR YEAR		CALENDAR YEAR
	<input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor		INTEREST RATE		OTHER		OTHER
			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor		INTEREST RATE		OTHER		OTHER
			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor		INTEREST RATE		OTHER		OTHER

\* See important instructions on reverse.

SUBTOTAL \$ 1,600

Enter on Summary Page Line 10 (a)

**Loans Received - Part I Summary**

- Loans of \$100 or more received this period. (Include all Loans Received - Part I (a) subtotals.) ..... \$ 0
- Loans under \$100 received this period. (Do not itemize.) ..... \$ 0
- Total loans received this period. (Add Lines 1 and 2.) ..... TOTAL \$ 0

**Loans Received - Part II Summary**

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) ..... \$ 700.00
  - Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. .... \$ 0
  - Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) ..... TOTAL \$ (700.00)
  - Net change this period. (Subtract Line 6 from Line 3.) ..... NET \$ 700.00
- Enter the net here and on the Summary Page, Column A, Line 2. .... NET \$ 700.00

May be a negative number

**Schedule B - Part 2**  
**Repayments Made on Loans Received, Loans**  
**Forgiven, and Loans Repaid by a Third Party**

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

SCHEDULE B - PART 2

Statement covers period from <u>7/1/89</u> through <u>12/31/89</u>	CALIFORNIA FORM <b>460</b>
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I.D. NUMBER <u>961776</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gomez for City Council

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INTEREST RATE (IF CHANGED)	(e) AMOUNT REPaid OR FORGIVEN ON PRINCIPAL * (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	(d) INTEREST PAID
<u>7/30/89</u>	<u>3/26</u>	<u>Estynda Gomez</u>	<u>0</u>	<u>400</u>	<u>1400</u>	<u>0</u>
<u>12/28/89</u>	<u>3/26</u>	<u>Estynda Gomez</u>	<u>0</u>	<u>300</u>	<u>1100</u>	<u>0</u>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 700

TOTAL INTEREST PAID THIS PERIOD \$ 2

\* IMPORTANT: If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A, including the name and address of the person forgiving the loan or the third party making the payment, and the amount forgiven or paid.

Enter the amount in column (d) in the Schedule E Summary, Line 3. Do not carry this total to the Schedule B Summary.

**Schedule B - Part 3  
Annual Report of Outstanding Loans Received**

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

SCHEDULE B - PART 3

Statement covers period  
from 7/1/89  
through 12/31/99

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gomez for City Council

I.D. NUMBER

961776

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
Cynthia Gomez	3/26/99	11,600	1,100	0

Attach additional information on appropriately labeled continuation sheets.

TOTAL \$ 1,100.00

NOTE: This total should be  
the same amount as entered  
on the Summary Page,  
Column C, Line 2.

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>7/1/99</u> through <u>12/31/99</u>	CALIFORNIA FORM <b>460</b>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Gomez for City Council

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (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 \$ 45.00

**Schedule E Summary**

- |  |          |                   |
|--|----------|-------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                 | \$       | <u>          </u> |
| 2. Unitemized payments made this period of under \$100   | \$       | <u>45.00</u>      |
| 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)       | \$       | <u>          </u> |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ | <u>45.00</u>      |



**Schedule I  
Miscellaneous Increases to Cash**

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

SCHEDULE I

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Statement covers period from <u>7/1/99</u> through <u>12/31/99</u>	CALIFORNIA FORM <b>460</b>
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I.D. NUMBER <u>961776</u>	

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
0/21/99	US Postal Service Glendale main office [REDACTED] GLENDALE, CA 91201-9998	Refund of postage from account	206.84

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 206.84

**Schedule I Summary**

- Increases to cash of \$100 or more this period. .... \$ 206.84
- Unitemized increases to cash under \$100 this period. .... \$ 0.
- Total of all interest received this period on loans made to others. (Schedule H, Part 2 (b).) ..... \$ 0.
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$** 206.84