Recipient Committee Campaign Statement Cover Page

Date Stamp	CALIFORNIA FORM **460**
Received JUL – 6 2023 ·· Lomita · City Clerk's Office	Page _l_ of _3_ For Official Use Only

Statement covers period
from _01/01/2023_
through _06/30/2023_

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
  (Also Complete Part 5)

☐ General Purpose Committee
  ○ Sponsored
  ○ Small Contributor Committee
  ○ Political Party/Central Committee

☐ Primarily Formed Ballot Measure Committee
  ○ Controlled
  ○ Sponsored
  (Also Complete Part 6)

☒ Primarily Formed Candidate/Officeholder Committee
  (Also Complete Part 7)

2. Type of Statement:

☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement (Also file a Form 410 Termination)
☐ Amendment (Explain below)

☐ Quarterly Statement
☐ Special Odd-Year Report

---

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to elect JAMES GAZELEY for LOMITA CITY COUNCIL

STREET ADDRESS (NO P.O. BOX)
▮▮▮▮▮▮▮▮▮▮

CITY LOMITA   STATE CA   ZIP CODE 90717   AREA CODE/PHONE 310-530-3645

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

CITY   STATE   ZIP CODE   AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
JAMES GAZELEY

MAILING ADDRESS
▮▮▮▮▮▮▮▮   90717   310 530-3645

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

---

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 _7-6-23_ By ▮▮▮▮▮▮▮ Signature of Treasurer or Assistant Treasurer

Executed on _7-6-23_ By ▮▮▮▮▮▮▮ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Recipient Committee
Campaign Statement
Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Committee to Elect Jayne Gazeley for Lomita (councilwoman)

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

Councilmember

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY   STATE   ZIP

▮▮▮▮▮▮▮▮   Lomita   CA 90717

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?
☐ YES   ☐ 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?
☐ YES   ☐ NO

COMMITTEE ADDRESS   STREET ADDRESS (NO. P.O. BOX)

CITY   STATE   ZIP CODE   AREA CODE/PHONE

Attach continuation sheets if necessary

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	
		☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Campaign Disclosure Statement
Summary Page

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: JAMES GAZELEY

Statement covers period
from 01/01/2023
through 06/30/2023

Page _<_ of _2_

I.D. NUMBER 1359457

Amounts may be rounded to whole dollars.

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received			
1. Monetary Contributions	Schedule A, Line 3	$ Ø	$ 0
2. Loans Received	Schedule B, Line 3	$ 0	$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 0	$ 0
4. Nonmonetary Contributions	Schedule C, Line 3	$ 0	$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 0	$ 0
Expenditures Made			
6. Payments Made	Schedule E, Line 4	$ 0	$ 0
7. Loans Made	Schedule H, Line 3	$ 0	$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 0	$ 0
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	$ 0	$ 0
10. Nonmonetary Adjustment	Schedule C, Line 3	$ 0	$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$	$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 4,430
13. Cash Receipts	Column A, Line 3 above	0
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	0
16. **ENDING CASH BALANCE** Add Lines 12 + 13 + 14, then subtract Line 15	$ 4,430

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$

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	$	$

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
$

/ /
$

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

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).