

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

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CALIFORNIA FOR M 460
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SEE INSTRUCTIONS ON REVERSE

Statement covers period from 01/01/2019 through 06/30/2019	Date of election if applicable: (Month, Day, Year) 11/8/2016
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1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Offeeholder, 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 Candidate/Offeeholder Committee (Also Complete Part 7)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

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
1382179

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

THE COMMITTEE TO ELECT JOHN AGUILAR FOR CITY COUNCIL
2016

Treasurer(s)

NAME OF TREASURER
CHRISTOPHER PYLE, CPA, INC.

MAILING ADDRESS
71-687 HIGHWAY 111, STE # 203

CITY STATE ZIP CODE AREA CODE/PHONE
RANCHO MIRAGE CA 92270 760-328-7200

NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

STREET ADDRESS (NO P.O. BOX)
189 ORONTES WAY
CITY STATE ZIP CODE AREA CODE/PHONE
CATHEDRAL CITY CA 92234
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
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 7/23/19 Date
Executed on 7/23/19 Date
Executed on _____ Date
Executed on _____ Date

By _____ Signature of Treasurer or Assistant Treasurer
By _____ Signature of Controlling Officer/Offeeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____ Signature of Controlling Officer/Offeeholder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officer/Offeeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
JOHN AGUILAR

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
CITY COUNCIL OF CATHEDRAL CITY

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
189 ORONTES WAY CATHEDRAL CITY CA 92234

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	
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	
CITY STATE ZIP CODE AREA CODE/PHONE	

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"/> OPOSE
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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"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
JOHN AGUILAR FOR CITY COUNCIL

Statement covers period from <u>01/01/2019</u> through <u>06/30/2019</u>	CALIFORNIA FORM 460
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Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 0	22,660.00
2. Loans Received.....	Schedule B, Line 3 0	3,000
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 0	25,660.00
4. Nonmonetary Contributions.....	Schedule C, Line 3 0	2,854.63
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 0	28,514.63

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

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

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 146.00	23,880.72
7. Loans Made.....	Schedule H, Line 3 0	1,800.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 146.00	25,680.72
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment.....	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 146.00	25,680.72

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 16 279.04	\$ _____
13. Cash Receipts.....	Column A, Line 3 above 0	0
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 146.00	146.00
15. Cash Payments.....	Column A, Line 8 above 133.04	133.04
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	0

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 0	\$ _____
18. Cash Equivalents.....	See instructions on reverse 0	0
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above 0	0

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

**CALIFORNIA
FORM
460**

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

JOHN AGUILAR FOR CITY COUNCIL

Statement covers period from <u>01/01/2019</u> through <u>06/30/2019</u>	Page <u>4</u> of <u> </u>
I.D. NUMBER 1382179	

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 | TSE 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
BANK OF AMERICA (CORP) P.O. BOX 15284 WILMINGTON, DE 19850	OFC		MONTHLY BANK SERVICE CHARGE	16.00
BANK OF AMERICA (CORP) P.O. BOX 15284 WILMINGTON, DE 19850	OFC		MONTHLY BANK SERVICE CHARGE	16.00
BANK OF AMERICA (CORP) P.O. BOX 15284 WILMINGTON, DE 19850	OFC		MONTHLY BANK SERVICE CHARGE	16.00
SUBTOTAL \$				48.00

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 146.00
- Unitemized payments made this period of under \$100 \$
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 146.00

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from 01/01/2019
through 06/30/2019

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FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JOHN AGUILAR FOR CITY COUNCIL

I.D. NUMBER
1382179

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
BANK OF AMERICA (CORP) P.O. BOX 15284 WILMINGTON, DE 19850	OFC		MONTHLY BANK SERVICE CHARGE	16.00
BANK OF AMERICA (CORP) P.O. BOX 15284 WILMINGTON, DE 19850	OFC		MONTHLY BANK SERVICE CHARGE	16.00
BANK OF AMERICA (CORP) P.O. BOX 15284 WILMINGTON, DE 19850	OFC		MONTHLY BANK SERVICE CHARGE	16.00
ACTBLUECC.COM MARIANNE WILLIA P.O. BOX 441146 SOMERVILLE, MA 02144-0031	CVC		CONTRIBUTION FOR ELECTION	25.00
ACTBLUECC.COM PETE BUTTIGIEG P.O. BOX 441146 SOMERVILLE, MA 02144-0031	CVC		CONTRIBUTION FOR ELECTION	25.00

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

SUBTOTAL \$ 98.00