

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
	Page 1 of 7
For Official Use Only	

Statement covers period	Date of Election if applicable
from 01/01/2020	
through 06/30/2020	(Month, Day, Year)

1. Type of Recipient Committee

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

Pre-election Statement
 Semi-Annual Statement
 Termination Statement
 Amendment

Quarterly Statement
 Special Odd-Year Statement
 Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 1409946

COMMITTEE NAME
Melissa Ramoso For City Council 2018

STREET ADDRESS (NO PO BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Encino CA 91436 [REDACTED]

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Jane Leiderman

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Encino CA 91436 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

STREET 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 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 7/29/20 By _____
 Executed on 7/26/20 By _____
 Executed on _____ By _____
 Executed on _____ By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

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

Statement covers period
from 01/01/2020
through 06/30/2020

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Melissa Ramoso

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member Artesia

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] Artesia CA 90701

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 STREET ADDRESS (NO P.O. BOX)	
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 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
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER OR CANDIDATE OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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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

**Campaign Disclosure Statement
Summary Page**

Statement covers period	CALIFORNIA	FORM 460
from 01/01/2020	FORM	
through 06/30/2020	Page 3 of 7	

NAME OF FILER Melissa Ramoso For City Council 2018

I.D. NUMBER
1409946

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

**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		
6. Payments Made Schedule E, Line 4	\$ 616.90	\$ 616.90
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 616.90	\$ 616.90
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 616.90	\$ 616.90

**Expenditure Limit Summary
for State Candidates**

22. Cumulative Expenditures Made *
(If Subject to Voluntary Expenditure Limits)

_____	\$ _____
_____	\$ _____

Current Cash Statement	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 2,027.09
13. Cash Receipts Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	616.90
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,410.19
17. LOAN GUARANTEES RECEIVED. Schedule B, Part 2	\$ 0.00

Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	\$ 0.00
19. Outstanding Debts. Add Lines 2 + Line 9 in Column B above	\$ 0.00

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

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Statement covers period		CALIFORNIA FORM 460
from	01/01/2020	
through	06/30/2020	Page 4 of 7

NAME OF FILER Melissa Ramoso For City Council 2018 I.D. NUMBER 1409946

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
02/18/2020	Artesians for Measure AA & BB 2020	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	250.00	
	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE					
02/18/2020	Tammy Kim City Council Member	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		100.00	100.00	100.00 (P20)
	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE					
02/18/2020	Henry Lo City Council Member	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		100.00	100.00	100.00 (P20)
	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE					
SUBTOTAL \$				450.00		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$ 550.00
2. Unitemized contributions and independent expenditures made this period of under \$100.	\$ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) .TOTAL	\$ 550.00

**Schedule D (Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Statement covers period	CALIFORNIA FORM 460
from 01/01/2020	
through 06/30/2020	Page 5 of 7

NAME OF FILER Melissa Ramoso For City Council 2018	I.D. NUMBER 1409946
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
02/18/2020	Kim Nguyen Board of Supervisors	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		100.00	100.00	100.00 (P20)
		<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE				

SUBTOTAL \$	100.00
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**Schedule E
Payments Made**

Statement covers period		CALIFORNIA FORM 460
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through	06/30/2020	Page 6 of 7
NAME OF FILER Melissa Ramoso For City Council 2018		I.D. NUMBER 1409946

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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	CODE or DESCRIPTION OF PAYMENT	AMOUNT PAID
Artesians for Measure AA & BB 2020 12245 Meadow Dr. Artesia, CA 90701 ID No: 1424903	CTB	250.00
Tammy Kim for Irvine City Council 2020 235 E. Broadway #624 Long Beach, CA 90802 ID No: 1419832	CTB	100.00
Henry Lo for Monterey Park City Council 2020 417 Mooney Dr. Unit D Monterey Park, CA 91755 ID No: 1419529	CTB	100.00
SUBTOTAL \$		450.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 550.00
2. Unitemized payments made this period of under \$100	\$ 66.90
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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 616.90

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

Statement covers period		CALIFORNIA FORM 460
from	01/01/2020	
through	06/30/2020	Page 7 of 7
NAME OF FILER Melissa Ramoso For City Council 2018		I.D. NUMBER 1409946

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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	CODE or DESCRIPTION OF PAYMENT	AMOUNT PAID
Kim Nguyen for Supervisor 2020 235 E. Broadway #624 Long Beach, CA 90802 ID No: 1422661	CTB	100.00

SUBTOTAL \$ 100.00