

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

CALIFORNIA FORM **460**

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For Official Use Only

Date Stamp

RECEIVED
~~JAN 30 2023~~
10/31/22
CITY OF ARTESIA

Statement covers period
from 09/25/2022
through 10/22/2022

Date of Election if applicable
11/08/2022
(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 2022

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 10/29/22

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/26/22

By [Signature] 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

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

Statement covers period
from 09/25/2022
through 10/22/2022

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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 from <u>09/25/2022</u> through <u>10/22/2022</u>	CALIFORNIA FORM 460
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NAME OF FILER Melissa Ramoso For City Council 2022

I.D. NUMBER
1409946

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ 8,000.00	\$ 21,119.00
2. Loans Received <i>Schedule B, Line 3</i>	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1+2</i>	\$ 8,000.00	\$ 21,119.00
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	0.00	97.63
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3+4</i>	\$ 8,000.00	\$ 21,216.63

**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 <i>Schedule E, Line 4</i>	\$ 5,052.83	\$ 10,215.76
7. Loans Made <i>Schedule H, Line 3</i>	0.00	0.00
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6+7</i>	\$ 5,052.83	\$ 10,215.76
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	97.63
11. TOTAL EXPENDITURES MADE <i>Add Lines 8+9+10</i>	\$ 5,052.83	\$ 10,313.39

**Expenditure Limit Summary
for State Candidates**

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

_____ \$ _____
_____ \$ _____

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

Current Cash Statement	
12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ 8,827.91
13. Cash Receipts <i>Column A, Line 3 above</i>	8,000.00
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	0.00
15. Cash Payments <i>Column A, Line 8 above</i>	5,052.83
16. ENDING CASH BALANCE <i>Add Lines 12+13+14, then subtract Line 15</i>	\$ 11,775.08
17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ 0.00

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

**Schedule A
Monetary Contributions Received**

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>	CALIFORNIA FORM 460
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NAME OF FILER Melissa Ramoso For City Council 2022

I.D. NUMBER
1409946

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2022	Audrey Banez-Beltran [REDACTED]	IND	Customer Service Poster My Wall	100.00	100.00	
10/16/2022	Luisa Blue [REDACTED] Hayward, CA 94544	IND	Retired n/a	100.00	100.00	
10/19/2022	Mark Caminong [REDACTED] Irvine, CA 92618	IND	Business System Analyst RGP	100.00	100.00	
09/25/2022	Robert Dhondrup [REDACTED] Torrance, CA 90505	IND	Public Information Director NLAC Regional Center	100.00	100.00	

SUBTOTAL \$ 400.00

Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$ 7,850.00
2. Amount received this period - unitemized	\$ 150.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1)	TOTAL \$ 8,000.00

** Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Statement covers period		CALIFORNIA FORM 460
from	09/25/2022	
through	10/22/2022	Page 5 of 11

NAME OF FILER Melissa Ramoso For City Council 2022

I.D. NUMBER
1409946

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/2022	Venice Europa [REDACTED] Sunland, CA 91040	IND	Physical Therapist Children's Hospital of Los Angeles	100.00	100.00	
10/05/2022	L.A. County Firefighters Local 1014 3460 Fletcher Ave. El Monte, CA 91731	COM	ID No. 742008	500.00	500.00	
09/25/2022	Mark Masaoka [REDACTED] Los Angeles, CA 90027	IND	Retired n/a	100.00	100.00	
10/03/2022	Muratsuchi for Assembly 2022 1787 Tribute Rd # K Sacramento, CA 95815	COM	ID No. 1435331	500.00	500.00	

SUBTOTAL \$ 1,200.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>	CALIFORNIA FORM 460 Page 6 of 11
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NAME OF FILER Melissa Ramoso For City Council 2022

I.D. NUMBER
1409946

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/28/2022	Lindsey Nitta [REDACTED] Sacramento, CA 95816	IND	Executive Director CA Women Lead	100.00	100.00	
10/15/2022	Gabriel Quinto for El Cerrito City Council 2014 6438 Conlon Ave El Cerrito, CA 94530	COM	ID No. 1370365	100.00	250.00	
10/16/2022	Gabriel Quinto for El Cerrito City Council 2014 6438 Conlon Ave El Cerrito, CA 94530	COM	ID No. 1370365	150.00	250.00	
10/15/2022	Emily Ramos [REDACTED] Mountain View, CA 94041	IND	Protection Associate Silicon Valley at Home	100.00	100.00	

SUBTOTAL \$ 450.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Statement covers period		CALIFORNIA FORM 460
from	09/25/2022	
through	10/22/2022	Page 7 of 11

NAME OF FILER Melissa Ramoso For City Council 2022

I.D. NUMBER
1409946

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/27/2022	Celis Robles [REDACTED] Grover Beach, CA 93433	IND	Nurse Practitioner Dignity Health	100.00	100.00	
10/19/2022	Charleen Teodoro [REDACTED] Walnut, CA 91789	IND	Lead SFA Kaiser Permanente	500.00	500.00	
10/05/2022	Dulce M Villacorta [REDACTED] Anaheim, CA 92808	IND	Retired na	200.00	200.00	
10/18/2022	Gilbert Wong [REDACTED] Cupertino, CA 95014	IND	Trustee Foothill De Anza Community College Tru	100.00	100.00	

SUBTOTAL \$ 900.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>	CALIFORNIA FORM 460
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NAME OF FILER Melissa Ramoso For City Council 2022

I.D. NUMBER
1409946

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/13/2022	Raynold Yi [REDACTED] Fullerton, CA 92835	IND	President YF Synergy Inc	4,900.00	4,900.00	

SUBTOTAL \$ 4,900.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

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

Statement covers period	CALIFORNIA FORM 460
from <u>09/25/2022</u>	
through <u>10/22/2022</u>	Page 9 of 11
NAME OF FILER <u>Melissa Ramoso For City Council 2022</u>	
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)
10/18/2022	Gabriel Quinto City Council Member	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	250.00	250.00 (G22)
	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE					

SUBTOTAL \$ 250.00

Schedule D Summary

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) | \$ 250.00 |
| 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 \$ | 250.00 |

**Schedule E
Payments Made**

Statement covers period		CALIFORNIA FORM 460
from	09/25/2022	
through	10/22/2022	Page 10 of 11
NAME OF FILER Melissa Ramoso For City Council 2022		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
Budget Watchdogs Newsletter 22410 Hawthorne #5 Torrance, CA 90505 ID No: 1345115	LIT		267.00
Election Digest 22410 Hawthorne #5 Torrance, CA 90505 ID No: 1345303	LIT		173.00
Political Data Inc. 3780 Kilroy Airport Way #200 PMB #992 Long Beach, CA 90806	LIT		300.00
SUBTOTAL \$			740.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 5,052.83
2. Unitemized payments made this period of under \$100	\$ 0.00
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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 5,052.83

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

Statement covers period		CALIFORNIA FORM 460
from	09/25/2022	
through	10/22/2022	Page 11 of 11
NAME OF FILER Melissa Ramoso For City Council 2022		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
Gabriel Quinto for El Cerrito City Council 2022 6438 Conlon Ave. El Cerrito, CA 94530 ID No: 1450224	CTB		250.00
Senior Advocate 22410 Hawthorne #5 Torrance, CA 90505 ID No: 1439476	LIT		141.00
Universal Mailworks 212 Santa Ana Ave. Long Beach, CA 90803	LIT		2,483.66
Universal Mailworks 212 Santa Ana Ave. Long Beach, CA 90803	LIT		315.00
Universal Mailworks 212 Santa Ana Ave. Long Beach, CA 90803	LIT		1,123.17

SUBTOTAL \$ 4,312.83