

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

|                                                                 |                                                    |
|-----------------------------------------------------------------|----------------------------------------------------|
| Date Stamp<br><b>RECEIVED</b><br>JAN 29 2024<br>CITY OF ARTESIA | <b>CALIFORNIA FORM 460</b>                         |
|                                                                 | Page <u>1</u> of <u>6</u><br>For Official Use Only |

|                                                                                |                                                                     |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Statement covers period<br>from <u>07/01/2023</u><br>through <u>12/31/2023</u> | Date of election if applicable:<br>(Month, Day, Year)<br><u>N/A</u> |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------|

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
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1358275

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
TAJ FOR CITY COUNCIL

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
ARTESIA CA 90701

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  
ALI SAJJAD TAJ

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
ARTESIA CA 90701

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

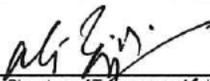
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/29/23  
Date

Executed on 1/29/23  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By   
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
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<br>from 07/01/2023<br>through 12/31/2023 | <b>CALIFORNIA<br/>FORM 460</b> |
|                                                                  | Page <u>2</u> of <u>6</u>      |
|                                                                  | I.D. NUMBER<br>1358275         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
TAJ FOR CITY COUNCIL

**Contributions Received**

|                                                       | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|-------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ 7,800                                                   | \$ 13,300                                  |
| 2. Loans Received ..... Schedule B, Line 3            |                                                            | 0                                          |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ 7,800                                                   | \$ 13,300                                  |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | 0                                                          | 0                                          |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ 7,800                                                   | \$ 13,300                                  |

**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**

|                                                             | Column A  | Column B  |
|-------------------------------------------------------------|-----------|-----------|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ 19,475 | \$ 47,700 |
| 7. Loans Made ..... Schedule H, Line 3                      | 0         | 0         |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ 19,475 | \$ 47,700 |
| 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      | \$ 19,475 | \$ 47,700 |

**Expenditure Limit Summary for State  
Candidates**

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|                                                                             |           |
|-----------------------------------------------------------------------------|-----------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ 43,503 |
| 13. Cash Receipts ..... Column A, Line 3 above                              | 7,800     |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | 0         |
| 15. Cash Payments ..... Column A, Line 8 above                              | 19,475    |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 31,828 |

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

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).

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

**Cash Equivalents and Outstanding Debts**

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

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from 07/01/2023  
through 12/31/2023

**CALIFORNIA  
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**TAJ FOR CITY COUNCIL**

I.D. NUMBER  
**1358275**

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------|------------------------------------|
| 09/04/23           | Asaad Y. Alnajaar<br>[REDACTED]<br>Porter Ranch, CA. 91326                                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Prog. Manager<br>City of Los Angeles                                                       | 500                         |                                                     |                                    |
| 11/21/23           | Kuldip Thusu<br>[REDACTED]<br>Dianuba, CA. 93618                                             | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Health Care Consultant<br>Self Employed                                                    | 2000                        |                                                     |                                    |
| 9/11/23            | Hillcroft Sololutions<br>1436 W Glenoaks Blvd,<br>Glendale, CA 91201                         | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                            | 300                         |                                                     |                                    |
| 9/19/23            | Karthik Gomulapuram<br>[REDACTED]<br>Irvine, CA. 92614                                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President at<br>SWIFT Sololution Inc.                                                      | 1000                        |                                                     |                                    |
| 9/27/23            | OM Foods Pioneer Inc<br>16907 Pioneer Blvd<br>Artesia, CA. 90701                             | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                            | 1000                        |                                                     |                                    |
| <b>SUBTOTAL \$</b> |                                                                                              |                                                                                                                                                                         |                                                                                            | <b>4,800</b>                |                                                     |                                    |

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from 07/01/2023  
through 12/31/2023

**CALIFORNIA  
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**TAJ FOR CITY COUNCIL**

I.D. NUMBER  
**1358275**

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------|------------------------------------|
| 09/27/23           | Syed Family Trust<br>██████████<br>Fullerton, CA. 92835                                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physian at Self Employed                                                                   | 500                         |                                                     |                                    |
| 12/20/23           | Eagle Bird LLC<br>183rd Road<br>Artesia, CA. 90701                                           | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                            | 1000                        |                                                     |                                    |
| 9/27/23            | Gurwinder Sigh<br>██████████<br>Artesia, CA. 90701                                           | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CEO/ Owner at Liquor Store                                                                 | 500                         |                                                     |                                    |
| 12/27/23           | 1ST CAL STAR Security<br>11331 183rd<br>Cerritos, CA. 90701                                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                            | 1000                        |                                                     |                                    |
|                    |                                                                                              | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                            |                             |                                                     |                                    |
| <b>SUBTOTAL \$</b> |                                                                                              |                                                                                                                                                                         |                                                                                            | <b>3,000</b>                |                                                     |                                    |

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 7,800

2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 7,800

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

# Schedule E Payments Made

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

Statement covers period  
from 07/01/2023  
through 12/31/2023

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**TAJ FOR CITY COUNCIL**

I.D. NUMBER  
**1358275**

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                                                | CODE OR | DESCRIPTION OF PAYMENT             | AMOUNT PAID |
|--------------------------------------------------------------------------------------------------------------------|---------|------------------------------------|-------------|
| Murtaza Sajjad<br>151 S. Highland Ave<br>Fullerton, CA. 92832                                                      | CNS     |                                    | 13,500      |
| Robert Torres for State Assembly Dist # 53<br>Malhia Williamson for Water Board, Riverside<br>LACDP for membership | CTB     |                                    | 425         |
| Secretary of State<br>1500 11th Street, 5th Floor<br>Sacramento, CA 95814                                          |         | Campaign Committe State anual fees | 50          |

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

**SUBTOTAL \$ 13,975**

## Schedule E Summary

|                                                                                                                    |                 |              |
|--------------------------------------------------------------------------------------------------------------------|-----------------|--------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)                                         | \$              | 19,475       |
| 2. Unitemized payments made this period of under \$100                                                             | \$              | 0            |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$              | 0            |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$</b> | <b>19475</b> |

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

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

|                                                                                |                            |
|--------------------------------------------------------------------------------|----------------------------|
| Statement covers period<br>from <u>07/01/2023</u><br>through <u>12/31/2023</u> | <b>CALIFORNIA FORM 460</b> |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAJ FOR CITY COUNCIL

I.D. NUMBER

1358275

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---------------------------------------------------------------------|---------|------------------------|-------------|
| INFORMATION & TECHNOLOGY                                            | WEB     | CREDIT CARD            | 1,950       |
| Candidate Meals & Tavel                                             | TRC     | CREDIT CARD            | 3,550       |
|                                                                     |         |                        |             |
|                                                                     |         |                        |             |
|                                                                     |         |                        |             |

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

**SUBTOTAL \$ 5,500**