

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

Date Stamp	<b>CALIFORNIA FORM 460</b>
CITY OF SAN GABRIEL CITY CLERK'S OFFICE	Page <u>1</u> of <u>5</u>
'21 FEB -1 P4:56	For Official Use Only

**Statement covers period**  
from 7/1/2020  
  
through 12/31/2020

**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.**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee  |
| <input type="checkbox"/> State Candidate Election Committee                      | <input type="checkbox"/> Controlled   |
| <input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i>                 | <input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i>   |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i> |
| <input type="checkbox"/> Sponsored   |   |
| <input type="checkbox"/> Small Contributor Committee                             |   |
| <input type="checkbox"/> Political Party/Central Committee                       |   |

**2. Type of Statement:**

- |  |  |
|--|--|
| <input type="checkbox"/> Preelection Statement                                       | <input type="checkbox"/> Quarterly Statement     |
| <input checked="" type="checkbox"/> Semi-annual Statement                            | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) |  |
| <input type="checkbox"/> Amendment (Explain below)                                   |  |

**3. Committee Information**

I.D. NUMBER  
1424698

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

Paul Cole Padilla for City Council 2020

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

San Gabriel CA 91775

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

Fred Padilla

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

San Gabriel CA 91775

NAME OF ASSISTANT TREASURER, IF ANY

Paul Cole Padilla

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

San Gabriel CA 91775

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 2/1/2021  
Date

Executed on 2/1/2021  
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

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Paul Cole Padilla

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] San Gabriel CA 91775

**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	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 ADDRESS	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, 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"/> 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

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>7/1/20</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/20</u>	
Page <u>3</u> of <u>5</u>	
I.D. NUMBER 1424698	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Paul Cole Padilla for City Council 2020

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions ..... Schedule A, Line 3	\$ <u>0</u>	\$ <u>3,399.97</u>
Loans Received ..... Schedule B, Line 3	<u>0</u>	<u>7,000</u>
<b>SUBTOTAL CASH CONTRIBUTIONS</b> ..... Add Lines 1 + 2	\$ <u>0</u>	\$ <u>10,399.97</u>
Nonmonetary Contributions ..... Schedule C, Line 3	<u>0</u>	<u>0</u>
<b>TOTAL CONTRIBUTIONS RECEIVED</b> ..... Add Lines 3 + 4	\$ <u>0</u>	\$ <u>10,399.97</u>

**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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Payments Made ..... Schedule E, Line 4	\$ <u>775.24</u>	\$ <u>6,689.37</u>
Loans Made ..... Schedule H, Line 3	<u>0</u>	<u>0</u>
<b>SUBTOTAL CASH PAYMENTS</b> ..... Add Lines 6 + 7	\$ <u>775.24</u>	\$ <u>6,689.37</u>
Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>0</u>	<u>0</u>
0. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>0</u>	<u>0</u>
<b>1. TOTAL EXPENDITURES MADE</b> ..... Add Lines 8 + 9 + 10	\$ <u>775.24</u>	\$ <u>6,689.37</u>

**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**

2. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>4,485.84</u>
3. Cash Receipts ..... Column A, Line 3 above	<u>0</u>
4. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>0</u>
5. Cash Payments ..... Column A, Line 8 above	<u>775.24</u>
<b>6. ENDING CASH BALANCE</b> ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>3710.60</u>

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

7. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ \_\_\_\_\_

**Cash Equivalents and Outstanding Debts**

8. Cash Equivalents ..... See instructions on reverse	\$ _____
9. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>7,000</u>

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.

**Schedule B - Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

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NAME OF FILER

Fred Cole Padilla for City Council 2020

I.D. NUMBER

1424698

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Fred Padilla <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Teacher	\$ 7000	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 7000 None DATE DUE	0 % RATE \$ 0	\$ 7000 1/24/20 DATE INCURRED	CALENDAR YEAR \$ 7,999.99 PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<b>SUBTOTALS</b>		\$ 0	\$ 0	\$ 0	\$ 7000	\$ 0		

**Schedule B Summary**

Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)  
Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)  
Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ 0**  
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on Schedule E, Line 3)

†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

(May be a negative number)

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	<b>CALIFORNIA FORM 460</b>
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Paul Cole Padilla for City Council 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |  |   |   |
|--|---|---|
| MP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| NS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| TB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| VC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| IL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| ND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| ID independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| EG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| IT 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
City of San Gabriel 125 S. Mission Dr. San Gabriel, CA, 91776	FIL		775.24

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

**SUBTOTAL \$ 775.24**

**Schedule E Summary**

Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 775.24
Unitemized payments made this period of under \$100	\$ 0
Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 775.24</b>