

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from JANUARY 1, 2018
through JUNE 30, 2018

Date of election if applicable:
(Month, Day, Year)
NOVEMBER 6, 2018

Date Stamp	FILED 2018 JUL 26 AM 11:45 CITY OF ALHAMBRA CITY CLERK'S OFFICE
CALIFORNIA FORM 460	Page <u>1</u> of <u>8</u> For Official Use Only

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Offholder, 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/Offholder 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
1402047

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
LAURA TELLEZ-GAGLIANO FOR ALHAMBRA CITY COUNCIL 2018

Treasurer(s)

NAME OF TREASURER
MARC TELLEZ

MAILING ADDRESS
145 HURLBUT ST. #307

STREET ADDRESS (NO P.O. BOX)
1301 HOEFFER DRIVE

CITY ALHAMBRA STATE CA ZIP CODE 91801 AREA CODE/PHONE (626) 483-2066

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

LGAGLIANO75@GMAIL.COM

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 7/25/2018 Date

Executed on 7/25/2018 Date

Executed on _____ Date

Executed on _____ Date

By [Signature] Signature of Treasurer or Assistant Treasurer

By [Signature] Signature of Controlling Officer/Candidate, State Measure Proprietor or Responsible Officer of Sponsor

By _____ Signature of Controlling Officer/Candidate, State Measure Proprietor

By _____ Signature of Controlling Officer/Candidate, State Measure Proprietor

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
LAURA TELLEZ - GAGLIANO

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
ALHAMBRA CITY COUNCILMEMBER, DISTRICT 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1301 HOFFER DRIVE ALHAMBRA CA 91801

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	CONTROLLED COMMITTEE?
LAURA TELLEZ-GAGLIANO FOR ALHAMBRA CITY COUNCIL 2018	1402047	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
NAME OF TREASURER MARC TELLEZ		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) 145 HURLBUT ST. #307 CA 91105		
CITY STATE ZIP CODE AREA CODE/PHONE PASADENA CA 91105 (213) 632-9772		
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		
CITY STATE ZIP CODE AREA CODE/PHONE		

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT
 OPPOSE

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	SUPPORT 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 JANUARY 1, 2018 through JUNE 30, 2018

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
LAURA TELLEZ - GAGLIANO

I.D. NUMBER
1402047

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 2,497	
2. Loans Received.....	Schedule B, Line 3 3,497	1,000
SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 500	
4. Nonmonetary Contributions.....	Schedule C, Line 3 3,997	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 3,997	

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 4 522.53	\$ _____
7. Loans Made.....	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 522.53	\$ _____
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 500.00	0
10. Nonmonetary Adjustment.....	Schedule G, Line 3 1,022.53	
11. TOTAL EXPENDITURES MADE	Add Lines 6 + 9 + 10 \$ 1,022.53	\$ _____

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
✓ / /	_____	\$ _____
✓ / /	_____	\$ _____

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

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 0	\$ _____
13. Cash Receipts.....	Column A, Line 3 above 3,497	3,497
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 N/A	N/A
15. Cash Payments.....	Column A, Line 8 above 522.53	522.53
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 2,974.47	\$ 2,974.47

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

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 0	\$ _____
18. Cash Equivalents.....	See instructions on reverse 1,000	\$ 1,000
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above 0	\$ _____

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).

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from JANUARY 1, 2018
through JUNE 30, 2018

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FORM
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SCHEDULE A

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
LAURA TELLEZ - GAGLIANO

I.D. NUMBER
1402047

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
5/24/2018	ROBERT GIN 1400 PEBBLEHURST ST. MONTEREY PARK, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED/CURRENT ALHAMBRA SCHOOL DISTRICT BOARDMEMBER	\$200	\$200	
5/24/2018	SPARKACADEMY CORP. 2168 ATLANTIC BLVD. UNIT 222 MONTEREY PARK, CA 91754	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$250	
5/24/2018	DAVID MEJIA 1617 S. PALM AVE ALHAMBRA, CA 91803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LAPD OFFICER	\$150	\$150	
5/24/2018	MICHAEL ENG 1055 W. 7TH ST. SUITE 1780 LOS ANGELES, CA 90017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED/ L.A. COMMUNITY COLLEGE TRUSTEE	\$100	\$100	
24/2018	REPUBLIC SERVICES 18500 N. ALLIED WAY PHOENIX, AZ 85054	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500	\$500	
SUBTOTAL \$				1,200		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1,950
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 547
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 2,497

*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 (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from JANUARY 1, 2018
through JUNE 30, 2018

SCHEDULE A (CONT.)
**CALIFORNIA
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I.D. NUMBER
1402047

NAME OF FILER
LAURA TELLEZ - GAGLIANO

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER ID. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
5/24/2018	TRI-STAR VENDING 507 S. PALM AVE ALHAMBRA, CA 91803	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$250	
6/18/2018	STEPHEN SHAM 126 E. VALLEY BLVD ALHAMBRA, CA 91801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER PLAZA PRINTING	\$500	\$500	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				750		

*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 B - Part 1 Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from JANUARY 1, 2018 through JUNE 30, 2018

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SCHEDULE B - PART 1

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
LAURA TELLEZ - GAGLIANO

I.D. NUMBER
1402047

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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD (a)	AMOUNT RECEIVED THIS PERIOD (b)	AMOUNT PAID OR FORGIVEN THIS PERIOD (c)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD (d)	INTEREST PAID THIS PERIOD (e)	ORIGINAL AMOUNT OF LOAN (f)	CALENDAR YEAR CONTRIBUTIONS TO DATE (g)	CALENDAR YEAR	
									PER ELECTION**	PER ELECTION**
LAURA TELLEZ - GAGLIANO 1301 HOEFFER DRIVE ALHAMBRA, CA 91801	RETIRED/ EDUCATIONAL CONSULTANT CA LABOR MGMT. INITIATIVE	\$ 0	\$ 1,000	<input type="checkbox"/> PAID 0 <input type="checkbox"/> FORGIVEN 0	\$ 1,000	0 % N/A	\$ 1,000	\$ 1,000	N/A	
<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** _____	
SUBTOTALS		\$ 1000	\$ 0	\$ 1000	DATE DUE _____	_____% RATE	DATE INCURRED _____	CALENDAR YEAR _____	PER ELECTION** _____	

Schedule B Summary

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

- Loans received this period \$ 1,000
(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 \$ 1000
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

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

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

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

LAURA TELLEZ - GAGLIANO

Statement covers period
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through JUNE 30, 2018

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SCHEDULE C

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/24/18	ACI 17662 IRVINE BLVD SUITE 4 TUSTIN, CA 92780	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Banquet facilities	\$500.00	\$500.00	N/A
SUBTOTAL \$					\$500.00		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 500.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** \$500.00

*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

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

LAURA TELLEZ - GAGLIANO

Statement covers period
from **JANUARY 1, 2018**
through **JUNE 30, 2018**

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SCHEDULE E

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

CMP campaign paraphernalia/misc.
 CNS campaign consultants
 CTS contribution (explain nonmonetary)*
 CVC civic donations
 FIL candidate filing/ballot fees
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LIT campaign literature and mailings

MBR member communications
 MTG meetings and appearances
 OFC office expenses
 PET petition circulating
 PHO phone banks
 POL polling and survey research
 POS postage, delivery and messenger services
 PRO professional services (legal, accounting)
 PRT print ads

RAD radio airtime and production costs
 RFD returned contributions
 SAL campaign workers' salaries
 TEL tv, or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/spouse travel, lodging, and meals
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 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
PLAZA PRINTING 126 E. VALLEY BLVD ALHAMBRA, CA 91801	CMP		CAMPAIGN KICKOFF INVITATIONS	\$312.50
PLAZA PRINTING 126 E. VALLEY BLVD ALHAMBRA, CA 91801	CMP		DONATION ENVELOPES	\$104.03
BANK OF AMERICA NA P.O. BOX 25118 TAMPA, FL 336-5118	PRO		CHECKS AND 2 MONTHS SERVICE FEES	\$108
SUBTOTAL \$				522.53

* 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.) \$ 522.53
- 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.) **TOTAL \$** 522.53