

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE		Statement covers period from 1/1/15 through 12/31/15	Date of election if applicable: (Month, Day, Year) JAN 12 2016	Date Stamp RECEIVED JAN 12 2016
CITY OF VILLA PARK			Page 1 of 4 For Official Use Only	CALIFORNIA FORM 460

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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Rosini for Villa Park City Council 2016

I.D. NUMBER
1380617

Treasurer(s)

NAME OF TREASURER
Mary-Beth A. Felcyn

MAILING ADDRESS
[Redacted]

STREET ADDRESS (NO P.O. BOX)
[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE
Villa Park CA 92861 [Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE
Villa Park CA 92861 [Redacted]

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
rossini4council@gmail.com

OPTIONAL: FAX / E-MAIL ADDRESS
marybethfe@roadrunner.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 1/11/14 Date
By [Redacted] Signature of Treasurer or Assistant Treasurer

Executed on 1/11/16 Date
By [Redacted] Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date
By _____ Signature of Controlling Officer, Candidate, State Measure Proponent

Executed on _____ Date
By _____ Signature of Controlling Officer, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 1/1/15 through 12/31/15	CALIFORNIA FORM 460
Page 3 of 4	I.D. NUMBER 1380617

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Vincent J. Rossini

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 1396	1396
2. Loans Received.....	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 1396	1396
4. Nonmonetary Contributions.....	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 1396	1396

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 0	0
7. Loans Made.....	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 0	0
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment.....	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 0	0

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 0	\$	0
13. Cash Receipts.....	Column A, Line 3 above 1396	\$	1396
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 0	\$	0
15. Cash Payments.....	Column A, Line 8 above 1396	\$	1396
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 0	\$	0

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	\$	0
18. Cash Equivalents.....	See instructions on reverse 0	\$	0
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above 0	\$	0

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.....	\$	\$

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.

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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Vincent J. Rossini

Statement covers period
from 1/1/15
through 12/31/15

CALIFORNIA
FORM
460

SCHEDULE 1

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I.D. NUMBER
1380617

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)
9/22/2015	Michael F. Buxton and Donna M. Buxton Villa Park, CA 92861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President, Press Forge Co.	\$1000	\$1000	
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				\$1000		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1000
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 396
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1396

*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