

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>7/1/2016</u> through <u>9/24/2016</u>	Date of election if applicable: (Month, Day, Year) <u>11/8/2016</u>	PRELIMINARY SEP 28 2016 CITY OF VILLA PARK Page <u>1</u> of <u>7</u> For Official Use Only
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1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officerholder, 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/Officerholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
- Quarterly Statement
 Special Odd-Year Report
 Amendment (Explain below)

3. Committee Information

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

ROSSINI FOR VILLA PARK CITY COUNCIL 2016

I.D. NUMBER 138 0617

Treasurer(s)

NAME OF TREASURER

MARY-BETH A. BELCYN

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

VILLA PARK

STATE

CA

ZIP CODE

92861

AREA CODE/PHONE

[REDACTED]

CITY VILLA PARK

STATE CA

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

AREA CODE/PHONE

[REDACTED]

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

ROSSINI4 COUNCIL@gmail.com

OPTIONAL: FAX / E-MAIL ADDRESS

MARYBETH@RODRUNNER.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 7/28/2016

By [REDACTED]

Signature of Treasurer or Assistant Treasurer

Executed on 7/28/2016

By [REDACTED]

Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____

By _____

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on _____

By _____

Signature of Controlling Officerholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
VINCENT J. ROSSINI

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
CITY COUNCIL, VILLA PARK, CA 92861

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] VILLA PARK CA 92861

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

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	<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 7/1/2016
through 8/24/2016

CALIFORNIA
FORM **460**

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I.D. NUMBER
138 0617

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 \$ <u>3602.41</u>	\$ <u>3602.41</u>
2. Loans Received.....	Schedule B, Line 3 <u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ <u>3602.41</u>	\$ <u>3602.41</u>
4. Nonmonetary Contributions.....	Schedule C, Line 3 <u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ <u>3602.41</u>	\$ <u>3602.41</u>

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ <u>2474.58</u>	\$ <u>2474.58</u>
7. Loans Made.....	Schedule H, Line 3 <u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ <u>2474.58</u>	\$ <u>2474.58</u>
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 <u>0</u>	<u>0</u>
10. Nonmonetary Adjustment.....	Schedule G, Line 3 <u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ <u>2474.58</u>	\$ <u>2474.58</u>

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ <u>1046.00</u>	
13. Cash Receipts.....	Column A, Line 3 above <u>3602.41</u>	
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 <u>0</u>	
15. Cash Payments.....	Column A, Line 8 above <u>2474.58</u>	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>2173.83</u>	

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse \$ 0

19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above \$ 0

Expenditure Limit Summary for State Candidates

20. Contributions Received	1/1 through 8/30	7/1 to Date
\$ _____		\$ _____
21. Expenditures Made	1/1 through 8/30	7/1 to Date
\$ _____		\$ _____

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

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 A
Monetary Contributions Received

Am. to whole dollars.

Statement covers period from 7/1/2014 through 9/24/2014

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I.D. NUMBER 138 0617

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Vincent J. Rossini

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)
7/25/14	Vincent J. Rossini VILLA PARK CA 92861	IND COM OTH PTY SCC	LA POLICE OFFICER, OFFICER, OTH FORTYTHIRTH AVENUE PATROL	\$1829.41	\$1829.41	\$1829.41
8/16/14	Tim Cronin VILLA PARK CA 92861	IND COM OTH PTY SCC	CEO, TLE EQUITIES	\$300.00	\$300.00	\$399.00
8/16/14	Kyue Borklund VILLA PARK CA 92861	IND COM OTH PTY SCC	HOMEOWNERS	\$100.00	\$100.00	\$100.00
7/27/14	RON FEORDER ORANGE CA 92867	IND COM OTH PTY SCC	REALTOR, OC SIGNATURE PROPERTIES	\$100.00	\$100.00	\$100.00
9/9/14	KARLE TREIBER VILLA PARK CA 92861	IND COM OTH PTY SCC	OWNERS, ORANGE PARK MANSION	\$500.00	\$500.00	\$500.00
SUBTOTAL				\$2829.41	\$2829.41	\$2828.41

Schedule A Summary

- Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals) \$ 3329.41
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 278.00
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 3602.41

*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.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/2016
through 9/24/2016

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NAME OF FILER
VINCENT J. ROSSINI

I.D. NUMBER
138 0617

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)
9/23/16	Arts Johnson [REDACTED] ORANGE, CA 92869	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$500	\$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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				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 D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____

Statement covers period from _____ through _____	CALIFORNIA FORM 460
Page _____ of _____	SCHEDULE D
I.D. NUMBER _____	

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)
7/20/16 to 9/24/16	VINCENT J. ROSSINI CITY COUNCIL, Villa Park, CA	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	CHINA BIRD SIGNS AND PROM CARDS	\$2255.99	\$2605.58	\$2605.58
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
SUBTOTAL \$				2255.99		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 2255.99
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 218.59
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL .. \$ 2474.58

**Schedule E
Payments Made**

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 7/1/16 through 9/24/16
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 I.D. NUMBER 138 0617

NAME OF FILER
Vincent J. Rossini

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
- CTB 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 t.v. 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
<u>BOSKY ARTS</u>	<u>CMP</u>		<u>CAMPBEN SIGNS AND PHAMCND</u>	<u>\$1829.41</u>
<u>BOUSKY@EARTHLINK.NET</u>				
<u>STAPLES</u>	<u>CMP</u>		<u>CAMPBEN SIGNS</u>	<u>426.58</u>
<u>2050 N. TUSTIN, ORANGE, CA 92865</u>				
SUBTOTAL \$				

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals)..... \$ 2255.99
2. Unitemized payments made this period of under \$100..... \$ 218.59
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.)..... **TOTAL \$** 2474.58