

**Recipient Committee
Campaign Statement
Cover Page**

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="radio"/> State Candidate Election Committee | <input type="radio"/> Controlled Sponsored |
| <input type="radio"/> Recall (Also Complete Part 5) | <small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="radio"/> Sponsored | <small>(Also Complete Part 7)</small> |
| Small Contributor Committee | |
| Political Party/Central Committee | |

3. Committee Information

I.D. NUMBER
1443162

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

RICHARD DASKAM FOR SIGNAL HILL CITY COUNCIL 2022

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

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

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

DASKAM4CITYCOUNCIL2022@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

Executed on 10/25/22
Date

By _____

Executed on 10/25/22
Date

By _____

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

Executed on _____
Date

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Date Stamp
CITY OF SIGNAL HILL
OCT 26 2022 PM4

CALIFORNIA FORM 460
Page 1 of 17
For Official Use Only

Quarterly Statement
 Special Odd-Year Report

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
 Amendment (Explain below)

Treasurer(s)

NAME OF TREASURER

RICHARD DASKAM

MAILING ADDRESS

[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

OPTIONAL: FAX / E-MAIL ADDRESS

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

COVER PAGE - PART 2

CALIFORNIA **460**
FORM

Page 2 of 17

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

RICHARD DASKAM

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL MEMBER CITY OF SIGNAL HILL

STATEMENT OF CANDIDACY

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 |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

| | |
|-----------------------|---------------------|
| 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 9/25/22
through 10/22/22

CALIFORNIA **460**
FORM
Page 3 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RICHARD DASKAM FOR SIGNAL HILL CITY COUNCIL 2022 ID1443162

I.D. NUMBER
1443162

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|---------------------------|---|---|
| 1. Monetary Contributions..... | <i>Schedule A, Line 3</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 2. Loans Received..... | <i>Schedule B, Line 3</i> | \$ <u>2225.00</u> | \$ <u>2225.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | <i>Add Lines 1 + 2</i> | \$ <u>2225.00</u> | \$ <u>0.00</u> |
| 4. Nonmonetary Contributions..... | <i>Schedule C, Line 3</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | <i>Add Lines 3 + 4</i> | \$ <u>2225.00</u> | \$ <u>2225.00</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 | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 21. Expenditures Made | \$ <u>0.00</u> | \$ <u>1018.31</u> |

Expenditures Made

| | | | |
|---|-----------------------------|------------------|-------------------|
| 6. Payments Made..... | <i>Schedule E, Line 4</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 7. Loans Made..... | <i>Schedule H, Line 3</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8. SUBTOTAL CASH PAYMENTS..... | <i>Add Lines 6 + 7</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 9. Accrued Expenses (Unpaid Bills)..... | <i>Schedule F, Line 3</i> | \$ <u>143.31</u> | \$ <u>1018.31</u> |
| 10. Nonmonetary Adjustment..... | <i>Schedule C, Line 3</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 11. TOTAL EXPENDITURES MADE..... | <i>Add Lines 8 + 9 + 10</i> | \$ <u>143.31</u> | \$ <u>1018.31</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

| | | |
|---|--|-------------------|
| 12. Beginning Cash Balance | <i>Previous Summary Page, Line 16</i> | \$ <u>0.00</u> |
| 13. Cash Receipts | <i>Column A, Line 3 above</i> | \$ <u>2225.00</u> |
| 14. Miscellaneous Increases to Cash | <i>Schedule I, Line 4</i> | \$ <u>0.00</u> |
| 15. Cash Payments | <i>Column A, Line 8 above</i> | \$ <u>0.00</u> |
| 16. ENDING CASH BALANCE | <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>2225.00</u> |

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

| | | |
|------------------------------------|---------------------------|----------------|
| 17. LOAN GUARANTEES RECEIVED | <i>Schedule B, Part 2</i> | \$ <u>0.00</u> |
|------------------------------------|---------------------------|----------------|

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|--|-------------------|
| 18. Cash Equivalents | <i>See instructions on reverse</i> | \$ <u>0.00</u> |
| 19. Outstanding Debts | <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>1018.31</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 A
Monetary Contributions Received

 Amounts may be rounded
 to whole dollars.

 Statement covers period
 from 9/25/22
CALIFORNIA FORM 460
 Page 4 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RICHARD DASKAM FOR SIGNAL HILL CITY COUNCIL 2022

I.D. NUMBER
1443162

| 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) |
|---------------|---|--|---|-----------------------------|---|------------------------------------|
| | | <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 | | | | |
| | | <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 \$ 0 | | |

Schedule A Summary

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

 *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.)

CALIFORNIA FORM 460

460

Statement covers period
from 9/25/22

through 10/22/22

Page 5 of 17

I.D. NUMBER

NAME OF FILER

RICHARD DASKAM FOR SIGNAL HILL CITY COUNCIL 2022

***Contributor Codes**

IND – Individual

**COM – Recipient Committee
(other than PTY or SC)**

OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule B – Part 1
Loans Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RICHARD DASKAM FOR SIGNAL HILL CITY COUNCIL 2022

Amounts may be rounded
to whole dollars.

Statement covers period

from 9/25/22through 10/22/22CALIFORNIA **460**
FORMPage 6 of 17

I.D. NUMBER

1443162

| 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 |
|---|---|---|--|--|---|--|---|---|
| Richard Daskam [REDACTED] | RMD Real Estate Inc Broker | 0 \$ _____ | 2225.00 \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | 2225.00 \$ _____ 12/31/22 DATE DUE | 0 % RATE 0 DATE INCURRED | 2225.00 \$ _____ 10/7/2022 DATE INCURRED | 2225.00 \$ 2225.00 PER ELECTION** \$ 2225.00 |
| † <input checked="" 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 \$ _____ | | | | 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 \$ _____ | | | | 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 \$ _____ | | | | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| SUBTOTALS \$ 2225.00 \$ 0 \$ 2225.00 \$ 0 | | | | | | | | |

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

Schedule B Summary

1. Loans received this period \$ 2225.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. 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.)
3. Net change this period. (Subtract Line 2 from Line 1.) **NET** \$ 2225.00
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

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

** If required.

†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 2
Loan Guarantors

 Amounts may be rounded
 to whole dollars.

 Statement covers period
 from 9/25/22

 through 10/22/22
CALIFORNIA 460
FORM

 Page 7 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RICHARD DASKAM FOR SIGNAL HILL CITY COUNCIL 2022

| 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) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|---|--|---|-----------------|--|--|-----------------------------|
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ | | CALENDAR YEAR \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | DATE _____ | | PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ | | CALENDAR YEAR \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | DATE _____ | | PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ | | CALENDAR YEAR \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | DATE _____ | | PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ | | CALENDAR YEAR \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | DATE _____ | | PER ELECTION (IF REQUIRED) \$ _____ | |
| SUBTOTAL \$ 0 | | | | Enter on Summary Page, Line 17 only. | | |

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|----------------------------------|
| Statement covers period from <u>9/25/22</u> | CALIFORNIA FORM 460 |
| through <u>10/22/22</u> | Page <u>8</u> of <u>17</u> |
| I.D. NUMBER <u>1443162</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RICHARD DASKAM FOR SIGNAL HILL CITY COUNCIL 2022

| 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) |
|---------------|---|--|---|----------------------------------|--------------------------|---|------------------------------------|
| | | <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 | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.).....\$ 0
- 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 \$ 0**

*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**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RICHARD DASKAM FOR SIGNAL HILL CITY COUNCIL 2022

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period

from 9/25/22through 10/22/22CALIFORNIA **460**
FORMPage 9 of 17

I.D. NUMBER

1443162

| 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) |
|----------------------|---|--|------------------------------|-----------------------|---|--|
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | | <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 | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | |
| SUBTOTAL \$ 0 | | | | | | |

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 0
2. Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL.. \$ 0**

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded to whole dollars.

SCHEDULE D (CONT.)

Statement covers period
from 9/25/22
through 10/22/22

CALIFORNIA FORM 460

Page 10 of 17

ID NUMBER

1443162

NAME OF FILER

RICHARD DASKAM FOR SIGNAL HILL CITY COUNCIL 2022

SUBTOTAL \$ 0

Schedule E

Payments Made

Amounts may be rounded
to whole dollars.

| | |
|--|-------------------------------|
| Statement covers period from <u>9/25/22</u> | CALIFORNIA FORM 460 |
| through <u>10/22/22</u> | Page <u>11</u> of <u>17</u> |
| | I.D. NUMBER <u>1443162</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RICHARD DASKAM FOR SIGNAL HILL CITY COUNCIL 2022

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 0

Schedule E Summary

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

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule F

Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

| | |
|--|--|
| Statement covers period from <u>9/25/22</u> | CALIFORNIA FORM |
| through <u>10/22/22</u> | Page <u>13</u> of <u>17</u> I.D. NUMBER <u>1443162</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
RICHARD DASKAM FOR SIGNAL HILL CITY COUNCIL 2022

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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Richard Daskam | FIL | 775.00 | | 0 | 775.00 |
| Richard Daskam | CMP | 100.00 | 100.00 | 0 | 100.00 |
| Richard Daskam | CMP | 43.31 | 43.31 | 0 | 43.31 |

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

SUBTOTALS \$ 1018.31 \$ 143.31 \$ 0 \$ 1018.31

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 1018.31**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 0**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 1018.31**
May be a negative number

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

| | |
|--|----------------------------------|
| Statement covers period from <u>9/25/22</u> | CALIFORNIA FORM 460 |
| through <u>10/22/22</u> | Page <u>14</u> of <u>17</u> |

NAME OF FILER

RICHARD DASKAM FOR SIGNAL HILL CITY COUNCIL 2022

I.D. NUMBER

1443162

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) |

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

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| SUBTOTALS | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

Schedule H
Loans Made to Others*

 Amounts may be rounded
 to whole dollars.

 Statement covers period
 from 9/25/22

 CALIFORNIA **460**
 FORM

 through 10/22/22

 Page 16 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RICHARD DASKAM FOR SIGNAL HILL CITY COUNCIL 2022

| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|--|---|---|--|--|---|-----------------------------|--------------------------------------|---|
| | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____ % RATE | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____ % RATE | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E. | | | | | | | | |
| SUBTOTALS | | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | |
| | | | | | | | (Enter (e) on Schedule I, Line 3) | |

Schedule H Summary

1. Loans made this period.....\$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
2. Payments received on loans.....\$ 0
(Total Column (c) plus unitemized payments of less than \$100.)
3. Net change this period. (Subtract Line 2 from Line 1.).....NET \$ 0
(Enter the net here and on the Summary Page, Column A, Line 7.)

**If Required

(May be a negative number)

Schedule I Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

SCHEDULE I

CALIFORNIA FORM 460

Page 17 of 17

I.D. NUMBER

1443162

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RICHARD DASKAM FOR SIGNAL HILL CITY COUNCIL 2022

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

1. Itemized increases to cash this period. \$ 0
2. Unitemized increases to cash of under \$100 this period. \$ 0
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the
Summary Page, Line 14.) **TOTAL \$ 0**