

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 09/20/2020
through 12/31/2020

Date of election if applicable:
(Month, Day, Year)
11/03/2020

Date Stamp
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CITY CLERK
DEPARTMENT

CALIFORNIA
FORM 460

Page 1 of 8
For Official Use Only

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
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
David Pattezzon for City Council 2015

I.D. NUMBER
1378890

Treasurer(s)

NAME OF TREASURER
Gary Crummitt

MAILING ADDRESS
[REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]

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

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]

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

NAME OF ASSISTANT TREASURER, IF ANY
David Pattezzon

MAILING ADDRESS
[REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

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 01/30/2021 Date

Executed on 01/30/2021 Date

Executed on _____ Date

Executed on _____ Date

By _____ Signature of Controlling Officer/Officeholder, Candidate, State Measure Proponent

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

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

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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

David Patterson
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member City of Hawthorne

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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 ID. NUMBER
David Patterson for Treasurer 2013 1359739

NAME OF TREASURER CONTROLLED COMMITTEE?
Gary Crummitt YES NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME ID. NUMBER
David Patterson for City Treasurer 2018 1411761

NAME OF TREASURER CONTROLLED COMMITTEE?
Gary Crummitt YES 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

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 09/20/2020 through 12/31/2020

CALIFORNIA FORM 460

SUMMARY PAGE

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I.D. NUMBER
1378890

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
David Patterson for City Council 2015

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 0.00	\$ 0.00
2. Loans Received	Schedule B, Line 3 0.00	11,350.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 0.00	\$ 11,350.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 0.00	\$ 11,350.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 0.00	\$ 0.00
7. Loans Made	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 0.00	\$ 0.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0.00	6,431.34
10. Nonmonetary Adjustment	Schedule G, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 0.00	\$ 6,431.34

Current Cash Statement

	Previous Summary Page, Line 16	Column A, Line 3 above	Column A, Line 4 above	Column A, Line 8 above
12. Beginning Cash Balance	\$ 17.25	0.00	0.00	0.00
13. Cash Receipts	0.00	0.00	0.00	0.00
14. Miscellaneous Increases to Cash	0.00	0.00	0.00	0.00
15. Cash Payments	0.00	0.00	0.00	0.00
16. ENDING CASH BALANCE	\$ 17.25	0.00	0.00	0.00

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

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0.00	\$ 0.00
18. Cash Equivalents	See instructions on reverse \$ 0.00	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 17,781.34	\$ 17,781.34

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

20. Contributions Received	1/1 through 6/30 \$ _____	7/1 to Date \$ _____
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 B -- Part 1 Loans Received

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period from 09/20/2020 through 12/31/2020

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I.D. NUMBER
13788930

David Patterson for City Council 2015

FULL NAME, STREET ADDRESS AND ZIP CODE (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
T. David Patterson [REDACTED]	City Treasurer City of Hawthorne	\$ 2,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN	\$ 2,000.00 DATE DUE	0.00% RATE	\$ 2,000.00 10/14/2015 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION **
T. David Patterson [REDACTED]	City Treasurer City of Hawthorne	\$ 1,200.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN	\$ 1,200.00 DATE DUE	0.00% RATE	\$ 1,200.00 10/15/2015 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION **
T. David Patterson [REDACTED]	City Treasurer City of Hawthorne	\$ 500.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN	\$ 500.00 DATE DUE	0.00% RATE	\$ 500.00 10/22/2015 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION **
SUBTOTALS \$		0.00 \$	0.00 \$	0.00 \$	3,700.00 \$	0.00		

Schedule B Summary

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(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 \$ 0.00**
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
OTH - Other (than PTY or SCC)
PTY - Political Party
SCC - Small Contributor Committee

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

Schedule B - Part 1 (Continuation Sheet)

Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 09/20/2020 through 12/31/2020

SCHEDULE B - PART 1 (CONT.)
CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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I.D. NUMBER
1378890

David Patterson for City Council 2015

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	Contributor Codes	
									IND	COM
J. David Patterson [REDACTED]	City Treasurer City of Hawthorne	\$ 950.00	\$ 0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 950.00	0.00% RATE	\$ 950.00	\$ 0.00	11/04/2015	CALENDAR YEAR PER ELECTION**
J. David Patterson [REDACTED]	City Treasurer City of Hawthorne	\$ 1,600.00	\$ 0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 1,600.00	0.00% RATE	\$ 1,600.00	\$ 0.00	11/13/2015	CALENDAR YEAR PER ELECTION**
J. David Patterson [REDACTED]	City Treasurer City of Hawthorne	\$ 100.00	\$ 0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 100.00	0.00% RATE	\$ 100.00	\$ 0.00	12/14/2015	CALENDAR YEAR PER ELECTION**
J. David Patterson [REDACTED]	City Treasurer City of Hawthorne	\$ 250.00	\$ 0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 250.00	0.00% RATE	\$ 250.00	\$ 0.00	02/08/2016	CALENDAR YEAR PER ELECTION**
SUBTOTALS \$		0.00 \$	0.00 \$	0.00 \$	2,900.00 \$	0.00				

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

IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule B - Part 1 (Continuation Sheet)

Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 09/20/2020 through 12/31/2020

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SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

David Patterson for City Council 2015

1378890

I. David Patterson	FULL NAME STREET ADDRESS AND ZIP CODE (IF COMMITTEE ALSO ENTER ID. 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
	[REDACTED]	City Treasurer City of Hawthorne	\$ 250.00	\$ 0.00	\$ 0.00	\$ 250.00	0.00%	\$ 250.00	0.00
		City Treasurer City of Hawthorne	\$ 500.00	\$ 0.00	\$ 0.00	\$ 500.00	0.00%	\$ 500.00	0.00
		City Treasurer City of Hawthorne	\$ 4,000.00	\$ 0.00	\$ 0.00	\$ 4,000.00	0.00%	\$ 4,000.00	0.00
SUBTOTALS \$			0.00 \$	0.00 \$	0.00 \$	4,750.00 \$	0.00		

* 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 F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

David Patterson for City Council 2015

Statement covers period
from 09/20/2020
through 12/31/2020

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ID. NUMBER
1378890

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
FL	candidate filing/paid 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
LT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER ID. 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
Alternative Source L.A. [REDACTED]	LIT	457.00	0.00	0.00	457.00
Executive Communication Services, Inc. [REDACTED]	LIT	1,124.50	0.00	0.00	1,124.50
Committee & Associates [REDACTED]	PRO	250.00	0.00	0.00	250.00
SUBTOTALS \$		1,831.50\$	0.00\$	0.00\$	1,831.50

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

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 \$ 0.00**
- 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 \$ 0.00**
- Net change this period. (Subtract line 2 from line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 0.00**
May be a negative number

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

Amounts may be rounded
to whole dollars.

Statement covers period
from 09/20/2020
through 12/31/2020

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NAME OF FILER

David Patterson for City Council 2015

LD NUMBER
1378890

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- RND fundraising events
- ND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MER 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)

* 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
Viral Communications Group	CNS	2,500.00	0.00	0.00	2,500.00
L. David Patterson	FIL	2,000.00	0.00	0.00	2,000.00
SUBTOTALS \$		4,500.00 \$	0.00 \$	0.00 \$	4,500.00