

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

Date Stamp	<b>CALIFORNIA FORM 460</b>
<b>RECEIVED</b>	Page 1 of 6
<b>2022 OCT 28 P 12:17</b>	For Official Use Only

<b>Statement covers period</b>	<b>Date of Election if applicable</b>
from <u>09/25/2022</u>	<u>11/08/2022</u>
through <u>10/22/2022</u>	(Month, Day, Year)

**1. Type of Recipient Committee**

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

**2. Type of Statement**

- Pre-election Statement
- Semi-Annual Statement
- Termination Statement
- Amendment
- Quarterly Statement
- Special Odd-Year Statement
- Supplemental Pre-election Statement - Attach Form 495

CITY CLERK DEPARTMENT

**3. Committee Information**

I.D. Number 1449529

COMMITTEE NAME  
Amie Shepard for Hawthorne City Council 2022

STREET ADDRESS (NO PO BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
Encino CA 91436 [REDACTED]

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Jane Leiderman

STREET ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
Encino CA 91436 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**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 is true and complete. I certify under penalty of perjury under the laws of the State of California that the information is true and correct.

Executed on 10/26/22 By \_\_\_\_\_ TREASURER

Executed on 10/23/2022 By \_\_\_\_\_ SIGNATURE OF TREASURER OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

Statement covers period  
from 09/25/2022  
through 10/22/2022

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Amie Lynn Shepard

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] Hawthorne CA 90250

**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 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 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 OR 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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

**Campaign Disclosure Statement  
Summary Page**

SUMMARY PAGE

Statement covers period from <u>09/25/2022</u>	<b>CALIFORNIA FORM 460</b>
through <u>10/22/2022</u>	
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NAME OF FILER Amie Shepard for Hawthorne City Council 2022

I.D. NUMBER  
1449529

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>		
1. Monetary Contributions ..... <i>Schedule A, Line 3</i>	\$ 510.00	\$ 510.00
2. Loans Received ..... <i>Schedule B, Line 3</i>	22,000.00	25,603.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1+2</i>	\$ 22,510.00	\$ 26,113.00
4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i>	0.00	1,950.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ 22,510.00	\$ 28,063.00

**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	\$ _____	\$ _____

	Column A	Column B
<b>Expenditures Made</b>		
6. Payments Made ..... <i>Schedule E, Line 4</i>	\$ 16,614.65	\$ 20,217.65
7. Loans Made ..... <i>Schedule H, Line 3</i>	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ 16,614.65	\$ 20,217.65
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	0.00	0.00
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	0.00	1,950.00
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ 16,614.65	\$ 22,167.65

**Expenditure Limit Summary  
for State Candidates**

22. Cumulative Expenditures Made \*  
(If Subject to Voluntary Expenditure Limits)

_____	\$ _____
_____	\$ _____

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

<b>Current Cash Statement</b>	
12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>	\$ 0.00
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	22,510.00
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	0.00
15. Cash Payments ..... <i>Column A, Line 8 above</i>	16,614.65
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 5,895.35
17. LOAN GUARANTEES RECEIVED. .... <i>Schedule B, Part 2</i>	\$ 0.00

<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents .....	\$ 0.00
19. Outstanding Debts. .... <i>Add Lines 2 + Line 9 in Column B above</i>	\$ 25,603.00

**Schedule A  
Monetary Contributions Received**

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2022	
through	10/22/2022	Page 4 of 8

NAME OF FILER Amie Shepard for Hawthorne City Council 2022

I.D. NUMBER  
1449529

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/28/2022	Michele P Graveline [REDACTED] Hawthorne, CA 90250	IND	Retired  na	200.00	200.00	
09/28/2022	Michelle Rocca [REDACTED] Hawthorne, CA 90250	IND	Homemaker  n/a	200.00	200.00	

**SUBTOTAL \$** 400.00

**Schedule A Summary**

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals) .....	\$	400.00
2. Amount received this period - unitemized .....	\$	110.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1) .....	<b>TOTAL \$</b>	<b>510.00</b>

\*\* Contributor Codes  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule B - Part 1  
Loans Received**

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Amie Shepard for Hawthorne City Council 2022

I.D. NUMBER  
1449529

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(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
Amie Lynn Shepard [REDACTED] Hawthorne, CA 90250		2,000.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	2000.00	0.00	2,000.00	CALENDAR YEAR 25,603 PER ELECTION **
Contributor Code: IND					DUE DATE 07/18/2023	INTEREST RATE 0.00 %	DATE INCURRED 07/18/2022	
Amie Lynn Shepard [REDACTED] Hawthorne, CA 90250		1,603.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	1603.00	0.00	1,603.00	CALENDAR YEAR 25,603 PER ELECTION **
Contributor Code: IND					DUE DATE 09/23/2024	INTEREST RATE 0.00 %	DATE INCURRED 09/23/2022	
Amie Lynn Shepard [REDACTED] Hawthorne, CA 90250			15000.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	15000.00	0.00	15,000.00	CALENDAR YEAR 25,603 PER ELECTION **
Contributor Code: IND					DUE DATE 10/04/2023	INTEREST RATE 0.00 %	DATE INCURRED 10/04/2022	

	(b)	(c)	(d)	(e)
<b>SUBTOTALS \$</b>	15,000.00	0.00	18,603.00	0.00

**Schedule B Summary**

- Loans received this period  
(Total Column (b) plus unitemized loans of less than \$100.) ..... \$ 22,000.00
- 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 \$** 22,000.00  
Enter the net here and on the Summary Page, Column A, Line 2.

\*\* Contributor Codes  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

Schedule B - Part 1 (Continued)  
Loans Received

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Amie Shepard for Hawthorne City Council 2022

I.D. NUMBER  
1449529

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(a)	(b)	(c)	(d)	(e)	(f)	(g)
		OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Amie Lynn Shepard [REDACTED] Hawthorne, CA 90250 Contributor Code: IND			7000.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	7000.00		7,000.00	CALENDAR YEAR 25,603 PER ELECTION **
					DUE DATE 10/14/2023	INTEREST RATE 0.00 %	DATE INCURRED 10/14/2022	

<b>SUBTOTALS \$</b>	(b) 7,000.00	(c) 0.00	(d) 7,000.00	(e) 0.00	
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\*\* Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule E  
Payments Made**

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2022	
through	10/22/2022	Page 7 of 8
NAME OF FILER Amie Shepard for Hawthorne City Council 2022		I.D. NUMBER 1449529

**CODES:** If one of the following 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 production costs                            |
| FIL candidate filing / ballot fees                      | PHO phone banks                               | TRC candidate travel, lodging and meals                       |
| FND fundraising expenses                                | POL polling and survey research               | TRS staff/spouse travel, lodging and meals                    |
| IND independent expenditures supporting/opposing others | 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	CODE or DESCRIPTION OF PAYMENT	AMOUNT PAID
Americam Technology Consulting [REDACTED] Fairfax Station, VA 22039	WEB	1,600.00
Coast Color Printing Inc. [REDACTED] Gardena, CA 90248	LIT	13,314.65
Insite Grafix [REDACTED] Hawthorne, CA 90250	LIT	700.00
<b>SUBTOTAL \$</b>		<b>15,614.65</b>

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 16,614.65
2. Unitemized payments made this period of under \$100	\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 16,614.65</b>

**Schedule E (Continuation Sheet)  
Payments Made**

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2022	
through	10/22/2022	Page 8 of 8
NAME OF FILER Amie Shepard for Hawthorne City Council 2022		I.D. NUMBER 1449529

**CODES:** If one of the following 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 production costs                            |
| FIL candidate filing / ballot fees                      | PHO phone banks                               | TRC candidate travel, lodging and meals                       |
| FND fundraising expenses                                | POL polling and survey research               | TRS staff/spouse travel, lodging and meals                    |
| IND independent expenditures supporting/opposing others | 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	CODE or DESCRIPTION OF PAYMENT	AMOUNT PAID
VoterlistPro [REDACTED] Riverside, CA 92507	WEB	1,000.00

**SUBTOTAL \$ 1,000.00**