

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

**CALIFORNIA  
FORM 460**

Date Stamp

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Page 1 of 5

For Official Use Only

Statement covers period  
from 01/01/2020  
through 06/30/2020

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

SEE INSTRUCTIONS ON REVERSE

**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:** CITY CLERK DEPARTMENT

- 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**

I.D. NUMBER  
1427923

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Amie Shepard for Hawthorne City Council 2020

STREET ADDRESS (NO P.O. BOX)  
249 E OCEAN BLVD STE 685

|                   |           |              |                       |
|-------------------|-----------|--------------|-----------------------|
| CITY              | STATE     | ZIP CODE     | AREA CODE/PHONE       |
| <u>LONG BEACH</u> | <u>CA</u> | <u>90802</u> | <u>(213) 489-4792</u> |

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

|                 |       |          |                 |
|-----------------|-------|----------|-----------------|
| <u>nmodesto</u> |       |          |                 |
| CITY            | STATE | ZIP CODE | AREA CODE/PHONE |

OPTIONAL: FAX / E-MAIL ADDRESS

(213) 489-4818 / DLGOULD@GOULDORELLANA.COM

**Treasurer(s)**

NAME OF TREASURER

DAVID L. GOULD

MAILING ADDRESS

249 E OCEAN BLVD STE 685

|                   |           |              |                       |
|-------------------|-----------|--------------|-----------------------|
| CITY              | STATE     | ZIP CODE     | AREA CODE/PHONE       |
| <u>LONG BEACH</u> | <u>CA</u> | <u>90802</u> | <u>(213) 489-4792</u> |

NAME OF ASSISTANT TREASURER, IF ANY

INGRID ORELLANA

MAILING ADDRESS

249 E OCEAN BLVD STE 685

|                   |           |              |                       |
|-------------------|-----------|--------------|-----------------------|
| CITY              | STATE     | ZIP CODE     | AREA CODE/PHONE       |
| <u>LONG BEACH</u> | <u>CA</u> | <u>90802</u> | <u>(213) 489-4792</u> |

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 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 07/16/2020  
Date

Executed on 07/16/2020  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

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

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
 AMIE SHEPARD  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
 City Council Member Local Hawthorne  
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
 249 E. OCEAN BLVD STE 685 LONG BEACH CA 90802

**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?<br><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?<br><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<br><input type="checkbox"/> 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<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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                      |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from   | 01/01/2020 |                                |
| through                                      | 06/30/2020 | Page <u>3</u> of <u>5</u>      |
| NAME OF FILER                                |            | I.D. NUMBER                    |
| Amie Shepard for Hawthorne City Council 2020 |            | 1427923                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amie Shepard for Hawthorne City Council 2020

**Contributions Received**

|                                 |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------|--------------------|--|--|
| 1. Monetary Contributions       | Schedule A, Line 3 | \$ 0.00  | \$ 0.00                                    |
| 2. Loans Received               | Schedule B, Line 3 | 600.00   | 600.00                                     |
| 3. SUBTOTAL CASH CONTRIBUTIONS  | Add Lines 1 + 2    | \$ 600.00  | \$ 600.00                                  |
| 4. Nonmonetary Contributions    | Schedule C, Line 3 | 0.00   | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4    | \$ 600.00  | \$ 600.00                                  |

**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      | \$ _____         | \$ _____    |

**Expenditures Made**

|                                    |                      | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|------------------------------------|----------------------|--|--|
| 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   | 500.00   | 500.00                                     |
| 10. Nonmonetary Adjustment         | Schedule C, Line 3   | 0.00   | 0.00                                       |
| 11. TOTAL EXPENDITURES MADE        | Add Lines 8 + 9 + 10 | \$ 500.00  | \$ 500.00                                  |

**Expenditure Limit Summary for State  
Candidates**

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|                                     |   |           |
|-------------------------------------|---|-----------|
| 12. Beginning Cash Balance          | Previous Summary Page, Line 16                | \$ 0.00   |
| 13. Cash Receipts                   | Column A, Line 3 above                        | 600.00    |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4                            | 0.00      |
| 15. Cash Payments                   | Column A, Line 8 above                        | 0.00      |
| 16. ENDING CASH BALANCE             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 600.00 |

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

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.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00

**Cash Equivalents and Outstanding Debts**

|                       |                                       |             |
|-----------------------|---------------------------------------|-------------|
| 18. Cash Equivalents  | See instructions on reverse           | \$ 0.00     |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ 1,100.00 |

**Schedule B - Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>01/01/2020</u><br>through <u>06/30/2020</u> | <b>CALIFORNIA FORM 460</b> |
| Page <u>4</u> of <u>5</u>  | I.D. NUMBER<br><br>1427923 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amie Shepard for Hawthorne City Council 2020

| 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               |
|---|--|---|---------------------------------|--|---|-------------------------------|--|--|
| Amie L. Shepard<br>14002 Doty Ave. Apt 108<br>Hawthorne, CA 90250   | Real Estate Advisor  | \$ 0.00                                       | \$ 600.00                       | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 600.00<br>01/01/0001<br>DATE DUE             | 0.00 %<br>RATE<br>\$ 0.00     | \$ 600.00<br>06/30/2020<br>DATE INCURRED | CALENDAR YEAR<br>\$ 600.00<br>PER ELECTION**<br>\$ |
| † <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<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$           | DATE DUE  | %<br>RATE<br>\$               | DATE INCURRED                            | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$        |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |  |   |                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$           | DATE DUE  | %<br>RATE<br>\$               | DATE INCURRED                            | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$        |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |  |   |                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$           | DATE DUE  | %<br>RATE<br>\$               | DATE INCURRED                            | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$        |
| <b>SUBTOTALS \$</b>   |  |   | 600.00\$                        | 0.00\$   | 600.00\$  | 0.00                          |  |  |

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

**Schedule B Summary**

- Loans received this period ..... \$ 600.00  
(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 \$ 600.00**  
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  
 (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

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

