Desirient Committee		_			COVER PAGE
Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)		C	KEC Date Stamp TY OLERK	CALIFO FOR	
SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2021 through06/30/2021	Date of election if applicable: (Month, Day, Year)	AUG -3 PM 4:	For (	of 5Official Use Only
<ul> <li>State Candidate Election Committee</li> <li>Recall</li> <li>(Also Complete Part 5)</li> <li>General Purpose Committee</li> <li>Sponsored</li> <li>Small Contributor Committee</li> </ul>	mplete Parts 1, 2, 3, and 4.  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 Ter  Amendment (Explain be		Quarterly Stateme Special Odd-Year Supplemental Pre Statement - Attact	Report election
3. Committee information		Treasurer(s)  NAME OF TREASURER  Jen Slater  MAILING ADDRESS  CITY  Irvine  NAME OF ASSISTANT TREASURE	CA	ZIP CODE 92618	AREA CODE/PHONE (949)858-7448
COSTA MESA CA 9262  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B  CITY STATE ZIP CO  COSTA MESA CA 9262  OPTIONAL: FAX / E-MAIL ADDRESS	OX DE AREA CODE/PHONE	MAILING ADDRESS		ZIP CODE	AREA CODE/PHONE
loren4costamesa@gmail.com, info@campaign-com  Verification		OPTIONAL: FAX / E-MAIL ADDRE			
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California  Executed on		Signature of Treasurer or Assistant Treasurer of Controlling Officeholder, State Measure Proportion of Controlling Officeholder, Candidate, State Measure of Controlling Officeholder, Candidate, State Measure of Controlling Officeholder, Candidate, State Measure of Controlling Officeholder, Candidate, State Measurer or Assistant Treasurer or A	easurer onent or Responsible Officer of S te Measure Proponent		1 complete. I certify
Date Date		Signature of Controlling Officeholder, Candidate, Stat	te Measure Proponent		

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
CALIF FC	ORNIA ORM	460					
Page _	2 (	of5					

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Loren Gameros							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	N AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
City Council Member Costa Mesa Dis	strict 2						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	STREET) CITY STATE ZIP						
	Costa Mesa CA 92626		Identify the controlling off	iceholder, ca	ndidate, or state	e measure p	roponent, if ar
	COSCA MESA CA 72020		NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PE	ROPONENT		
	in this Statement: List any committees olled by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DI	ISTRICT NO. IF	ANY
contributions or make expenditures on beha							
COMMITTEE NAME	I.D. NUMBER				L		
SOMMITTEENAME	I.D. NOMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s				
	☐ YES ☐ NO	7.		s) for which th		rimarily forme	d.
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRE		7.	officeholder(s) or candidate(s	s) for which th	is committee is pi	rimarily forme	
COMMITTEE ADDRESS STREET ADDRE	YES NO SS (NO P.O. BOX)	7.	officeholder(s) or candidate(s	candidate	OFFICE SOUGH	rimarily forme	d.
COMMITTEE ADDRESS STREET ADDRE	YES NO SS (NO P.O. BOX)	7.	officeholder(s) or candidate(s	candidate	is committee is pi	rimarily forme	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRE	YES NO SS (NO P.O. BOX)	7.	officeholder(s) or candidate(s	candidate	OFFICE SOUGH	rimarily forme	d.
COMMITTEE ADDRESS STREET ADDRE	YES NO SS (NO P.O. BOX)	7.	NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGH	rimarily forme	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRE	YES NO SS (NO P.O. BOX) TE ZIP CODE AREA CODE/PHONE	7.	officeholder(s) or candidate(s	CANDIDATE	OFFICE SOUGH	rimarily forme	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRE  CITY STA  COMMITTEE NAME	YES NO SS (NO P.O. BOX)  TE ZIP CODE AREA CODE/PHONE  I.D. NUMBER	7.	NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGH	rimarily forme	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRE	YES NO  SS (NO P.O. BOX)  TE ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?	7.	NAME OF OFFICEHOLDER OR O	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGH	rimarily forme	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRE	YES NO SS (NO P.O. BOX)  TE ZIP CODE AREA CODE/PHONE  I.D. NUMBER	7.	NAME OF OFFICEHOLDER OR O	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGH  OFFICE SOUGH	rimarily forme	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRE  CITY STA  COMMITTEE NAME  NAME OF TREASURER	YES NO  SS (NO P.O. BOX)  TE ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?	7.	NAME OF OFFICEHOLDER OR O	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGH  OFFICE SOUGH	rimarily forme	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRE  CITY STA  COMMITTEE NAME  NAME OF TREASURER	YES NO  SS (NO P.O. BOX)  TE ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	7.	NAME OF OFFICEHOLDER OR O	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGH  OFFICE SOUGH	rimarily forme	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

## Campaign Disclosure Statement Summary Page

**Cash Equivalents and Outstanding Debts** 

Amounts may be rounded to whole dollars.

<b>SUMMARY PAG</b>
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CALIFORNIA /

Statement covers period

				fror	m	01/01/2021	FORM	TOU	
SEE INSTRUCTIONS ON REVERSE				thro	ough _	06/30/2021	Page3 of _	5	
NAME OF FILER							I.D. NUMBER		
Gameros for Costa Mesa Council District 2 in 2020	-						1426477		
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)			Column B CALENDAR YEAR TOTAL TO DATE		Calendar Year Summary for Candidates Running in Both the State Primary and General Elections			
1. Monetary Contributions Schedule A, Line 3	\$	0.00	\$	0.	.00				
2. Loans Received Schedule B, Line 3		0.00		0.	.00		hrough 6/30 7/1 t	o Date	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	0.	.00	20. Contributions Received \$	\$		
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.	.00	21 Expenditures			
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0.00	\$	0.	.00	Made \$	<b></b> \$		
Expenditures Made						Expenditure Limit \$	Summary for Sta	te	
6. Payments Made Schedule E, Line 4	\$	563.96	\$	563.	<u>.96</u>	Candidates	-		
7. Loans Made Schedule H, Line 3		0.00		0.	.00	22 Cumulativ	e Expenditures Ma	do*	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	563.96	\$	563.	<u>.96</u>		Voluntary Expenditure Limit		
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		0.	.00	Date of Election	Total t	o Date	
10. Nonmonetary Adjustment		0.00		0.	.00	(mm/dd/yy)			
11. TOTAL EXPENDITURES MADE	\$	563.96	\$	563.	.96		\$		
Current Cash Statement							_ \$		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	1,151.65	То	calculate Column B.	. add				
13. Cash Receipts Column A, Line 3 above		0.00	am	nounts in Column A to	to the				
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	rresponding amounts om Column B of your	r last	*Amounts in this section n reported in Column B.	nay be different from ar	nounts	
15. Cash Payments		563.96	0.000	port. Some amounts plumn A may be nega	S 200 S 200 S				
16. ENDING CASH BALANCE	\$	587.69	fig	ures that should be	7				
If this is a termination statement, Line 16 must be zero.			pe	btracted from previous riod amounts. If this	sis				
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	e first report being file this calendar year, over the amounts	only				

from Lines 2, 7, and 9 (if

any).

0.00

0.00

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

## Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

	SCHEDULE L
Statement covers period	CALIFORNIA 160
from01/01/2021	FORM 400
through06/30/2021	Page4 of _5
	I.D. NUMBER

NAME OF FILER Gameros for Costa Mesa Council District 2 in 2020 1426477 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE 01/20/2021 100.00 100.00 Andrew Roble X Monetary City Council Member Contribution City of Whittier District 1 ■ Nonmonetary Contribution ☐ Independent Expenditure X Support □ Oppose ☐ Monetary Contribution □ Nonmonetary Contribution Independent Expenditure ☐ Support Oppose ■ Monetary Contribution ■ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support Oppose SUBTOTAL \$ 100.00

## **Schedule D Summary**

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	100.00
2. Unitemized contributions and independent expenditures made this period of under \$100	0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	100.00

									SCHEDULE I
Schedule E Payments Made	Amounts may be rounded to whole dollars.					stateme	ent covers per	CALIF	ORNIA 460
•					fro	from01/01/2021			
SEE INSTRUCTIONS ON REVERSE					thr	ough _	06/30/2021	Page _	5 of5
NAME OF FILER								I.D. NU	
Gameros for Costa Mesa Council District 2 in 2020								14264	77
CODES: If one of the following codes accurately describes  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 com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and	nmunication d appearan nses ulating s survey rese livery and n	s nces earch nessei	nger services	RAD RFD SAL TEL	radio return camp t.v. or candid staff/s transf voter	airtime and proceed contributions aign workers' sa cable airtime ardate travel, lodgi pouse travel, lo er between comregistration	duction costs s alaries nd production cos ing, and meals dging, and meals	me candidate/sponsor
								y coole (internet,	I
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR		DESCRIPTION	N OF PA	YMENT		AMOUNT PAID
Andrew Roble for Whittier City Council 2020 (ID# 1418213	)	СТВ							100.00
Ontario, CA 91701									
Campaign Compliance Group 9070 Irvine Center Drive, #150 Irvine, CA 92618		PRO		-					290.00
* Payments that are contributions or independent expenditures n	nust also be summ	arized on	Sche	dule D.				SUBTOTAL	390.0
Schedule E Summary				A					
Itemized payments made this period. (Include all Schedule	E subtotals.)			····			• • • • • • • • • • • • • • • • • • • •	\$	390.00
Uniternized payments made this period of under \$100	•								
3. Total interest paid this period on loans. (Enter amount from									
4. Total payments made this period. (Add Lines 1, 2, and 3. Er	•	•	, ,	•					
					,	,			