Recipient Committee  
Campaign Statement  
Cover Page  
(Government Code Sections 84200-84216.5)

**Type or print in ink.**

**Date Stamp**

**CALIFORNIA FORM**

**COVER PAGE**

<table>
<thead>
<tr>
<th>Statement covers period from</th>
<th>Date of election if applicable (Month, Day, Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/20/13</td>
<td>13 FEB 21 AH 10:09</td>
</tr>
<tr>
<td>through 2/16/13</td>
<td>3/5/13</td>
</tr>
</tbody>
</table>

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
     (Also Complete Part 6)
   - [ ] Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)
   - [ ] Quarterly Statement
   - [ ] Semi-annual Statement
   - [ ] Annual Statement
   - [ ] Special Odd-Year Report
   - [ ] Supplemental Preelection Statement - Attach Form 495

2. **Type of Statement:**
   - [ ] Preelection Statement
   - [ ] Amendment (Explain below)

3. **Committee Information**
   - **I.D. NUMBER**
     - 135 4408
   - **COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)**
     - Nick Garzilli for West Hollywood City Council
   - **STREET ADDRESS (NO P.O. BOX)**
     - 134 Alta Loma Rd #205
   - **CITY**
     - West Hollywood
   - **STATE**
     - CA
   - **ZIP CODE**
     - 90069
   - **AREA CODE/PHONE**
     - (310) 724-6985
   - **MAILING ADDRESS (IF DIFFERENT)**
     - 134 Alta Loma Rd #205
     - West Hollywood, CA 90069
     - (310) 724-6985
   - **CITY**
     - West Hollywood
   - **STATE**
     - CA
   - **ZIP CODE**
     - 90069
   - **AREA CODE/PHONE**
     - (310) 724-6985

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** 2/21/13
   **Date**

   **Executed on** 2/21/13
   **Date**

   **Executed on**
   **Date**

   **Executed on**
   **Date**

   **By**
   [Signature of Treasurer or Authorized Treasurer]

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

   **By**
   [Signature of Controlling Officerholder, Candidate, State Measure Proponent]

   **By**
   [Signature of Controlling Officerholder, Candidate, State Measure Proponent]

   **FPPC Form 460 (January 05)**
   **FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)**
   **State of California**
5. Officeholder or Candidate Controlled Committee

| NAME OF OFFICER OR CANDIDATE | Nick Cazzilli |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | West Hollywood Council Member |
| 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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO. P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

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 OFFICER, 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.

<table>
<thead>
<tr>
<th>NAME OF OFFICER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
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<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
**Contributions Received**

1. Monetary Contributions .................................. Schedule A, Line 3 $ 200 $ 600
2. Loans Received .............................................. Schedule B, Line 3
3. SUBTOTAL CASH CONTRIBUTIONS .......................... Add Lines 1 + 2
4. Nonmonetary Contributions .................................. Schedule C, Line 3
5. TOTAL CONTRIBUTIONS RECEIVED .......................... Add Lines 3 + 4 $ 220

**Expenditures Made**

6. Payments Made .............................................. Schedule E, Line 4 $ 191
7. Loans Made .................................................. Schedule H, Line 3
8. SUBTOTAL CASH PAYMENTS ................................. Add Lines 6 + 7 $ 191
9. Accrued Expenses (Unpaid Bills) .......................... Schedule F, Line 3
10. Nonmonetary Adjustment ..................................... Schedule C, Line 3
11. TOTAL EXPENDITURES MADE ............................... Add Lines 8 + 9 + 10 $ 191

**Current Cash Statement**

12. Beginning Cash Balance .................................. Previous Summary Page, Line 16 $ 316
13. Cash Receipts .............................................. Column A, Line 3 above $ 200
14. Miscellaneous Increases to Cash .......................... Schedule J, Line 4 $ 191
15. Cash Payments .............................................. Column A, Line 8 above
16. ENDING CASH BALANCE ................................. Add Lines 12 + 13 + 14, then subtract Line 15 $ 525

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

**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made*  
   (If Subject to Voluntary Expenditure Limit)  
   Date of Election (mm/dd/yyyy) Total to Date  
   $  
   $  

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

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ........................................ See instructions on reverse
19. Outstanding Debts ........................................ Add Line 2 + Line 9 in Column B above

**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 $ $  

## Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) .................................................. $ 200

2. Amount received this period – unitemized monetary contributions of less than $100  $ 0

3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................. TOTAL $ 200

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### Note

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

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**Schedule A**

**Monetary Contributions Received**

**NAME OF FILER**

Nick Garzilli for Welco City Council 2013

**I.D. NUMBER**

1354406

**DATE RECEIVED**

2/15/13

**FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR**

Nick Garzilli 1414 Alto Ln. Rd. #205 Welco CA 92089

**CONTRIBUTOR CODE**

☐ IND  ☐ COM  ☐ OTH  ☐ PTY  ☐ SCC

**IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER**

American’s Institution Coach

**AMOUNT RECEIVED THIS PERIOD**

200

**CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)**

500

**PER ELECTION TO DATE (IF REQUIRED)**

900

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**SUBTOTAL $**

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**FPPC Form 460 (January/05)**

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**Schedule E**

**Payments Made**

**Type or print in ink.**

Amounts may be rounded to whole dollars.

**Statement covers period**

from 1/20/13 through 2/26/13

**Page 5 of 5**

**NAME OF FILER**

Nick Coviello For WeHo City Council 2013

**I.D. NUMBER**

1354408

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

- 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 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
- RDF: returned contributions
- SAL: campaign workers’ salaries
- TEL: t.v. 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)

**NAME AND ADDRESS OF PAYEE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description of Payment</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIL</td>
<td>Political Reform Division fees</td>
<td>$50</td>
</tr>
<tr>
<td>LIT</td>
<td>Copies of Nick Coviello for WeHo campaign handout</td>
<td>$111.18</td>
</tr>
<tr>
<td>OFC</td>
<td>Staples</td>
<td>$29.87</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL** $191

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) $191
2. Unitemized payments made this period of under $100
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $191
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) $191

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