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

Statement covers period from 2/17/13 through 6/30/13
Date of election if applicable (Month, Day, Year) 3/5/13

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
   (Also Complete Part 5)
   □ Ballot Measure Committee
   □ Primarily Formed
   □ Controlled
   (Also Complete Part 6)
   □ Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:
   □ Preliminary Statement
   □ Semi-annual Statement
   □ Termination Statement
   □ Amendment (Explain below)
   □ Quarterly Statement
   □ Special Odd-Year Report
   □ Supplemental Preliminary Statement - Attach Form 495

3. Committee Information
   T.D. NUMBER 1135-4408
   Nick Gaviria for West Hollywood City Council 2013
   Mailing Address: 1134 Alta Loma Rd #205, West Hollywood, CA 90069
   Optional Fax/Email 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 7/11/13
   Date
   By (Signature of Assistant Treasurer)

   Executed on 7/11/13
   Date
   By (Signature of Candidate, Officeholder, Candidate, State Measure Proponent, or Primary Officer of Sponsor)

   Executed on
   Date
   By (Signature of Candidate, Officeholder, Candidate, State Measure Proponent)

   Executed on
   Date
   By (Signature of Candidate, Officeholder, Candidate, State Measure Proponent)

   FPCC Form 460 (June 01)
   FPCC Toll-Free Hotline: 888/ADK-FPCC
   State of California
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Nick Caruana


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

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE? ☑ YES ☐ NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX):

CITY

STATE

ZIP CODE

AREA CODE

PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☑ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or slate measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPHET

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed 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

FPCC Form 460 (June 01)
FPCC Toll-Free Helpline: 888-ASK-FPCC
State of California
## Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$100</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
<td></td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td></td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td></td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$100</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Schedule E, Line 4</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td></td>
<td>$425</td>
</tr>
<tr>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
<td></td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td></td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule I, Line 3</td>
<td></td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td></td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 9 + 10</td>
<td></td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Line 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEGINNING CASH BALANCE</td>
<td>$325</td>
</tr>
<tr>
<td>CASH RECEIPTS</td>
<td>Column A, Line 3 above</td>
</tr>
<tr>
<td>MISCELLANEOUS INCREASES TO CASH</td>
<td>Schedule I, Line 4</td>
</tr>
<tr>
<td>CASH PAYMENTS</td>
<td>Column A, Line 8 above</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
</tr>
</tbody>
</table>

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

## Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Line 8 + Line 9 in Column B above</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASH EQUIVALENTS</td>
<td>See instructions on reverse</td>
</tr>
<tr>
<td>OUTSTANDING DEBTS</td>
<td>$0</td>
</tr>
</tbody>
</table>

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

1. **Contribution Received:**
   - 1/1 through 6/30: $0
   - 7/1 to Date: $0

2. **Expenditure Made:**
   - $425

## Expenditure Limit Summary for State Candidates

22. **Cumulative Expenditures Made:**

   - Date of Election: / / 
   - Total to Date: $0

*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).
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER NAME OF BUSINESS</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1-DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/21</td>
<td>Robert Perry</td>
<td></td>
<td></td>
<td>Stock Broker</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td></td>
<td>216 S. Maussfield Ave</td>
<td></td>
<td></td>
<td>Perry Institute</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Los Angeles, CA 90036</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) .................................................. $ 100

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 $ 100

*Contributor Codes*

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

FPPC Form 460 (January 95)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ............................................................................................................................................................................................................... $ 425.00

2. Untemized payments made this period of under $100 .............................................................................................................................................................................................................. $ 

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .............................................................................................................................................................................................................. $ 

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ............................................................................................................................................................................................................... TOTAL $ 425.00

---

**Schedule E Payments Made**

**Type or print in ink. Amounts may be rounded to whole dollars.**

**Statement covers period**

- **from:** 2/17/13
- **through:** 4/30/13

**California Form 460**

**Page:** 5 of 7

**I.D. Number:** 1354468

**NAME OF FILER:** Nick Gaza

**City:** West Hollywood

**ZIP Code:** 90069

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

- **CNP:** campaign paraphernalia/misc.
- **CNS:** campaign consultants
- **CTB:** contribution (explain nonmonetary)*
- **CVC:** civic donations
- **CIF:** candidate filing/ballot fees
- **FDN:** fundraising events
- **IND:** independent expenditure supporting/opposing others (explain)*
- **LEG:** legal defense
- **LT:** campaign literature and mailings
- **MBR:** member communications
- **MTG:** meetings and appearances
- **OPC:** office expenses
- **PET:** petition circulating
- **PHI:** phone banks
- **POL:** polling and survey research
- **POS:** postage, delivery and messenger services
- **PRO:** professional services (legal, accounting)
- **PRM:** print aids
- **RAD:** radio and production costs
- **RFD:** returned contributions
- **BAL:** campaign workers’ salaries
- **TEL:** t.v. or cable airline and production costs
- **TRC:** candidate travel, lodging, and meals
- **TRG:** staff/spouse travel, lodging, and meals
- **TSF:** transfers between committees of the same candidate/sponsor
- **VOT:** voter registration
- **WEB:** information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Hollywood Print</td>
<td>cmp</td>
<td>$16</td>
<td></td>
</tr>
<tr>
<td>Liqueur Time West Hollywood Fairfax Santa Monica Blvd.</td>
<td>cmp</td>
<td>$38</td>
<td></td>
</tr>
<tr>
<td>Arbut Deli West Hollywood Fairfax Santa Monica</td>
<td>cmp</td>
<td>$18</td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $ 425.00**

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**FPPC Form 460 (January 05)**

**FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)**
<table>
<thead>
<tr>
<th>Name and Address of Payee</th>
<th>Code</th>
<th>Or</th>
<th>Description of Payment</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Russian Translation of Campaign Flyer</td>
<td>CMP</td>
<td></td>
<td>Russian Translation of Campaign Flyer</td>
<td>$50</td>
</tr>
<tr>
<td>Park LaBrea News</td>
<td>PRT</td>
<td></td>
<td>Print Ad</td>
<td>$160</td>
</tr>
<tr>
<td>4 Color Printing</td>
<td>CMP</td>
<td></td>
<td>1 Large Yard Sign</td>
<td>$159</td>
</tr>
<tr>
<td>West Hollywood Printing</td>
<td>CMP</td>
<td></td>
<td>Campaign Flyer Priority</td>
<td>$38</td>
</tr>
<tr>
<td>Facebook Ads</td>
<td>WEB</td>
<td></td>
<td>Online Ads</td>
<td>$121</td>
</tr>
</tbody>
</table>

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

SUBTOTAL: $336
<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYER</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chase Bank</td>
<td>OFC</td>
<td>Bank fees</td>
<td>$15</td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 15