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

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - Offi ceholder, 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/Offi ceholder Committee
   (Also Complete Part 7)

2. Type of Statement:
   - 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 127288
   1241 N. FEDERAL ST.
   CITY HOLLYWOOD STATE CA ZIP CODE 90069 AREA CODE/PHONE 323-
   MAILING ADDRESS (NO P.O. BOX)
   CITY STATE ZIP CODE AREA CODE/PHONE
   Mailing Address (if different) no. and street or p.o. box
   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 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 8 JULY 2014
   Executed on
   Executed on
   Executed on

   By
   Signature of Treasurer or Assistant Treasurer

   By
   Signature of Controlling Offi ceholder, Candidate, State Measure Proponent, or Responsible Officer of Sponsor

   By
   Signature of Controlling Offi ceholder, Candidate, State Measure Proponent

   By
   Signature of Controlling Offi ceholder, 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 OFFICEHOLDER OR CANDIDATE
GEORGE V. CRESPY, III

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO, AND STREET) CITY STATE ZIP
1211 W. FLORIDA ST. U. SALT LAKE CITY, UT 84101

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

NAME OF TREASURER

CONTROLLED COMMITTEE?

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

SUPPORT

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

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
Contributions Received
1. Monetary Contributions .................................. Schedule A, Line 3 $.................. $............................
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 $.................. $............................

Expenditures Made
6. Payments Made ............................................. Schedule E, Line 4 $.................. $............................
7. Loans Made .................................................. Schedule H, Line 3 $.................. $............................
8. SUBTOTAL CASH PAYMENTS ............................ Add Lines 6 + 7 $.................. $............................
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 $.................. $............................

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

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
20. Contributions Received $.......................... $............................
21. Expenditures Made $.......................... $............................

Expenditure Limit Summary for State Candidates
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
Date of Election (mm/dd/yy) $.......................... $............................

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.

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