1. Type of Recipient Committee:  
- [ ] Officeholder, Candidate Controlled Committee
- [ ] State Candidate Election Committee
- [ ] Recall  
  (Also Complete Part 5)
- [ ] General Purpose Committee
- [ ] Sponsored
- [ ] Small Contributor Committee
- [ ] Political Party/Central Committee

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: 1272880  
  COMMITTEE NAME (OR CANDIDATES NAME IF NO COMMITTED)  
  CANDY PEREZ C.C.  
  1211 N. ROOSEvelt CT #9  
  STREET ADDRESS (NO P.O. BOX)  
  W. HOLLYWOOD CA 90016 628-8407  
  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  
  NAME OF TREASURER  
  MAILING ADDRESS  
  CITY STATE ZIP CODE AREA CODE/PHONE  
  NAME OF ASSISTANT TREASURER, IF ANY  
  MAILING ADDRESS  
  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 15 Feb 2012  
By  
Signature of Treasurer or Assistant Treasurer

Executed on  
By  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on  
By  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on  
By  
Signature of Controlling Officeholder, Candidate, State Measure Proponent
5. Officeholder or Candidate Controlled Committee

**NAME OF OFFICERHOLDER OR CANDIDATE**

**GEORGE V. ERMEE**

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

**N/A**

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)**

**1211 N. FLORES ST. #9, W. HOLLYWOOD, CA. 90069**

**CITY**

**STATE**

**ZIP**

**90069**

**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>
<th>CONTROLLED COMMITTEE?</th>
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<tr>
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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 OFFICERHOLDER, 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 OFFICERHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
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**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

### 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 $ ____________ $ ____________

### Expenditure Limit Summary for State Candidates

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

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
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<tbody>
<tr>
<td></td>
<td>$ ____________</td>
</tr>
<tr>
<td></td>
<td>$ ____________</td>
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*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).