Scotto (Mayor 2010)
Form 460 – Semi Annual Statement
7/01/09 – 12/31/09
January 31, 2010

City of Torrance

FPPC CAMPAIGN DISCLOSURE STATEMENT

Frank Scotto
1750 W. 223rd Street
Torrance, CA 90501
310 212.6751
[redacted]

Office Sought: **Mayor**, Torrance **2010**
Committee ID #: **1322418**
Name of Committee:
Re-Elect Frank Scotto for Mayor
Treasurer: Cindy Scotto

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DISCLAIMER: The information contained in these pages is information as submitted by the candidates to the City Clerk as required by the Political Reform Act of 1974 (amended). The City Clerk does not certify the accuracy of any information contained in these pages.

The City Clerk reserves the right to modify, update, change or make improvements at any time, without notice, and assumes no liability for damages incurred directly or indirectly as a result of errors, omissions or discrepancies.

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FORM	PERIOD COVERED	DATE DUE	DATE FILED
Form 501 Candidate Intention Statement Mayor 2010	2010 General Municipal Election	N/A	10/21/2009
Form 410 Copy Statement of Organization	2010 Municipal Election	N/A	10/21/2009
Form 410 (Copy) Copy - Initial Statement of Organization from Secretary of State	2010 Municipal Election	N/A	11/23/2009
Form 460 Semi Annual Campaign Statement	2010 Municipal Election	1/31/2010	1/26/2010

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM **460**

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For Official Use Only

Date Stamp

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SEE INSTRUCTIONS ON REVERSE

Statement covers period
from January 1, 2009
through December 31, 2009

Date of election if applicable: (Month, Day, Year)
June 8, 2010

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] 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
  - ◯ 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 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1322415

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Re-elect Frank Scotto Mayor 2010

STREET ADDRESS (NO P.O. BOX): 1750 W. 223rd Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90501	(310)212-6751

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS [redacted]

Treasurer(s)

NAME OF TREASURER: Cindy Scotto

MAILING ADDRESS: 1750 W. 223rd Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90501	(310)212-6751

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 corre[redacted]

Executed on 1-26-10 (Date) By [redacted]

Executed on 1-26-10 (Date) By [redacted] (Signature [redacted] esponsible Officer of Sponsor)

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

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

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Frank Scotto

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

Mayor, City of Torrance

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
1750 W. 223rd Street	Torrance	CA	90501

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	

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. 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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM 460

Statement covers period from January 1, 2009 through December 31, 2009

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Re-elect Frank Scotto Mayor 2010

I.D. NUMBER: 1322415

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ N/A	$ N/A
2. Loans Received	Schedule B, Line 3	N/A	N/A
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ N/A	$ N/A
4. Nonmonetary Contributions	Schedule C, Line 3	N/A	N/A
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ N/A	$ N/A

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	$ N/A	$ N/A
21. Expenditures Made	$ N/A	$ N/A

Expenditures Made

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

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
__/__/__	$
__/__/__	$

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

Current Cash Statement

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

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$ N/A

Cash Equivalents and Outstanding Debts

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

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).