

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

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CALIFORNIA
FORM

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CITY OF SAN FERNANDO
CITY CLERK

For Official Use Only

Statement covers period

from Jan 1, 2023
through June 30, 2023

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

N/A

SEE INSTRUCTIONS ON REVERSE

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
☐ 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

3. Committee Information

I.D. NUMBER

1391598

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Re-Elect Mayor Gonzalez for City Council
STREET ADDRESS (AND P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

San Fernando CA 91340
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

Robert 4 San Fernando@gmail.com

Treasurer(s)

Maria R. Canillo

NAME OF TREASURER

MAILING ADDRESS

San Fernando, CA 91340
CITY STATE ZIP CODE AREA CODE/PHONE

Robert C. Gonzalez
NAME OF ASSISTANT TREASURER, IF ANY

Robert C. Gonzalez
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

San Fernando, CA 91340

OPTIONAL FAX / E-MAIL ADDRESS

Robert 4 San Fernando@gmail.com

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 7-30-23
Date

Executed on 7-30-23
Date

Executed on
Date

By Maria R. Canillo
Signature of Treasurer or Assistant Treasurer

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

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Committee
Statement
Part 2

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or Candidate Controlled Committee

OFFICEHOLDER OR CANDIDATE

Robert C Gonzales
OFFICE HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Committees Not Included in this Statement: List any committees
in this statement that are controlled by you or are primarily formed to receive
or make expenditures on behalf of your candidacy.

NAME I.D. NUMBER

N/A

ASSURER CONTROLLED COMMITTEE?

☐ YES ☐ NO

ADDRESS STREET ADDRESS (NO P.O. BOX)

STATE ZIP CODE AREA CODE/PHONE

NAME I.D. NUMBER

ASSURER CONTROLLED COMMITTEE?

N/A
☐ YES ☐ NO

ADDRESS STREET ADDRESS (NO P.O. BOX)

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

N/A

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

N/A
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

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert C. Gonzales

Statement covers period

from *Jan 1, 2023*
through *July 31, 2023*

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I.D. NUMBER

1391598

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3	\$ <i>0</i>	\$ <i>0</i>
2. Loans Received.....	Schedule B, Line 3	\$ <i>0</i>	\$ <i>0</i>
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ <i>0</i>	\$ <i>0</i>
4. Nonmonetary Contributions.....	Schedule C, Line 3	\$ <i>0</i>	\$ <i>0</i>
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ <i>0</i>	\$ <i>0</i>

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	\$ _____	\$ _____

Expenditures Made

6. Payments Made.....	Schedule E, Line 4	\$ <i>1049</i>	\$ <i>1049</i>
7. Loans Made.....	Schedule H, Line 3	\$ <i>0</i>	\$ <i>0</i>
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ <i>1049</i>	\$ <i>1049</i>
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	\$ <i>0</i>	\$ <i>0</i>
10. Nonmonetary Adjustment.....	Schedule C, Line 3	\$ <i>0</i>	\$ <i>0</i>
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ <i>1049</i>	\$ <i>1049</i>

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
<i>1/1</i>	\$ _____
<i>1/1</i>	\$ _____

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$ <i>1266</i>
13. Cash Receipts.....	Column A, Line 3 above	\$ <i>0</i>
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	\$ <i>0</i>
15. Cash Payments.....	Column A, Line 8 above	\$ <i>1049</i>
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <i>217</i>

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

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ <i>0</i>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See Instructions on reverse	\$ <i>0</i>
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ <i>0</i>

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.

**Schedule E
Payments Made**Amounts may be rounded
to whole dollars.

SCHEDULE E

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert C Gonzales

Statement covers period

*Jan 1, 2023**July 31, 2023*Page *4* of *4*

I.D. NUMBER

*1391598***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

RFD 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>Bank of America 120 S. Brand Blvd San Fernando, CA 91340</i>	<i>CMP</i>	<i>6 mo charges at \$16.00 mo</i>	<i>96</i>
<i>NALEO Conference New York City July 11-13 2023</i>	<i>MTG</i>		<i>500</i>
<i>Southwest Airlines out of Burbank for NALEO Conference New York City July 11-13-2023</i>	<i>TRC</i>		<i>453</i>

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

SUBTOTAL \$**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ *1049*
- Unitemized payments made this period of under \$100 \$ *0*
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ *0*
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** *1049*

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov