

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from January 1, 09
through January 17, 09

Date of election if applicable:
(Month, Day, Year)
MARCH 3, 2009

Date Stamp	RECEIVED
JAN 21 2009	CALIFORNIA FORM 460
	Page <u>1</u> of <u>3</u>
	For Official Use Only

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 Candidate/Officeholder Committee (Also Complete Part 7)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

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

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

Gomez For City Council
Vincent P. Gomez

I.D. NUMBER

STREET ADDRESS (NO P.O. BOX)

928 West Rd

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

La Habra Heights CA 90631
562 6906083

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 1-21-09

By

Executed on 1-21-09

By

Executed on _____

By

Executed on _____

By

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Vincent P Gomez
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council LA Harbor Heights
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
928 West Rd. LA Harbor Heights CA 90631

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GOMEZ FOR CITY COUNCIL

Statement covers period
from January 1, 09
through January 17, 09

CALIFORNIA
FORM **460**

Page 3 of 3

I.D. NUMBER
Not yet received

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
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 G, Line 2 _____	_____
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ _____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Payroll 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 \$ _____	\$ _____

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

LOAN GUARANTEES RECEIVED

Schedule B, Part 2 \$ _____

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	\$ _____	1/1 through 6/30	7/1 to Date
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)	Total to Date
_____	\$ _____
_____	\$ _____

*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).