

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

CALIFORNIA 460
FORM

Page _____ of _____

1443162

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RICHARD DASKAM FOR SIGNAL HILL CITY COUNCIL 2022

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ _____**

***Contributor Codes**
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 1/1/2022
through 6/30/2022

CALIFORNIA **460**
FORM

Page of
I.D. NUMBER
1443162

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RICHARD DASKAM FOR SIGNAL HILL CITY COUNCIL 2022 ID1443162

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	<u>Schedule A, Line 3</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
2. Loans Received	<u>Schedule B, Line 3</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	<u>Add Lines 1 + 2</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
4. Nonmonetary Contributions	<u>Schedule C, Line 3</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	<u>Add Lines 3 + 4</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

Expenditures Made

6. Payments Made	<u>Schedule E, Line 4</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
7. Loans Made	<u>Schedule H, Line 3</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS	<u>Add Lines 6 + 7</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
9. Accrued Expenses (Unpaid Bills)	<u>Schedule F, Line 3</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment	<u>Schedule C, Line 3</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE	<u>Add Lines 8 + 9 + 10</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

Current Cash Statement

12. Beginning Cash Balance	<u>Previous Summary Page, Line 16</u>	\$ <u>0.00</u>
13. Cash Receipts	<u>Column A, Line 3 above</u>	\$ <u>0.00</u>
14. Miscellaneous Increases to Cash	<u>Schedule I, Line 4</u>	\$ <u>0.00</u>
15. Cash Payments	<u>Column A, Line 8 above</u>	\$ <u>0.00</u>
16. ENDING CASH BALANCE	<u>Add Lines 12 + 13 + 14, then subtract Line 15</u>	\$ <u>0.00</u>

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

17. LOAN GUARANTEES RECEIVED	<u>Schedule B, Part 2</u>	\$ <u>0.00</u>
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18. Cash Equivalents	<u>See instructions on reverse</u>	\$ <u>0.00</u>
19. Outstanding Debts	<u>Add Line 2 + Line 9 in Column B above</u>	\$ <u>0.00</u>

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).

**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	\$ <u>0.00</u>	\$ <u>0.00</u>
21. Expenditures Made	\$ <u>0.00</u>	\$ <u>0.00</u>

**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
/ /	\$ <u> </u>

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

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

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

RICHARD DASKAM

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

CITY COUNCIL MEMBER CITY OF SIGNAL HILL

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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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