

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

CITY OF SIGNAL HILL 496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER CITIZENS SUPPORTING CHRIS WILSON FOR CITY COUNCIL 2019		Date of This Filing 02/26/2019	Date Stamp 2019 FEB 28 AM 9:0	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (310) 817-6679	I.D. NUMBER (if applicable) 1415848	Report No. 22619-1	ADMINISTRATION	
STREET ADDRESS 111 N La Brea Avenue, Suite 408		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Inglewood	STATE CA	ZIP CODE 90301		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Chris Wilson				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City Council Member: City of Signal Hill	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
02/26/2019	Mailer Cumulative to date total \$3221.90	600.00
02/26/2019	Mailer Postage Cumulative to date total \$3221.90	587.40

Reason for Amendment: _____

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CALIFORNIA FORM 496

NAME OF FILER
CITIZENS SUPPORTING CHRIS WILSON FOR CITY COUNCIL 2019

I.D. NUMBER (if applicable)
1415848

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
02/21/2019	Repossess 11916 Prairie Avenue Hawthorne, CA 90250-3116	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	If loan, enter interest rate, if any _____%
02/26/2019	Hotel CHC, Inc., dba Holiday Inn Express. 11444 Acacia Avenue Hawthorne, CA 90250	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

****Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)
Report #22619-1
SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>02/26/2019</u> through <u>02/26/2019</u>	CITY OF SIGNAL HILL 2019 FEB 26 AM 9:09 ADMINISTRATION	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>03/05/2019</u>		
Page <u>1</u> of <u>2</u>		For Official Use Only

Amendment (Explain Below)

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1415848

COMMITTEE/FILER'S NAME
CITIZENS SUPPORTING CHRIS WILSON FOR CITY COUNCIL 2019

STREET ADDRESS (NO P.O. BOX)
111 N La Brea Avenue, Suite 408

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Inglewood</u>	<u>CA</u>	<u>90301</u>	<u>(310) 817-6679</u>

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER
Michelle Moore Sanders

MAILING ADDRESS
111 N La Brea Ave., Suite 408

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Inglewood</u>	<u>CA</u>	<u>90301</u>	<u>(310) 817-6679</u>

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE <u>Chris Wilson</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>City Council Member: City of Signal Hill</u>	CHECK ONE	
		SUPPORT <input checked="" type="checkbox"/>	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
02/26/2019	XBC Mailing 7256 Case Avenue Sun Valley, CA 91352	Mailer	600.00	3,221.90
02/26/2019	US Postmaster 7100 S Central Avenue Los Angeles, CA 90001	Mailer Postage	587.40	3,221.90

Supplemental Independent Expenditure Report

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	02/26/2019	
through	02/26/2019	Page <u>2</u> of <u>2</u>
		I.D. NUMBER (If recipient com.) 1415848

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CITIZENS SUPPORTING CHRIS WILSON FOR CITY COUNCIL 2019

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	1,187.40
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL	\$ 1,187.40

5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER
Signal Hill City Clerk
ADDRESS (NO. AND STREET)
2175 Cherry Avenue
CITY STATE ZIP CODE
Signal Hill CA 90755

3) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE

2) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE

4) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE

6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein 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 2/26/2019
DATE

By [Signature]
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE 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