Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 10

For Official Use Only

Date Stamp

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SEE INSTRUCTIONS ON REVERSE

Statement covers period
from January 1, 2016
through June 30, 2016

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

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
- [x] 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: 1245246

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Karen Spiegel for Corona City Council

STREET ADDRESS (NO P.O. BOX)
1800 South Main Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Corona	CA	92882	951-833-8136

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. Box 1837

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Corona	CA	92878	951-833-8136

OPTIONAL: FAX / E-MAIL ADDRESS
spiegel18@aol.com

Treasurer(s)

NAME OF TREASURER

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

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 correct.

Executed on _____ (Date) By Karen S. Spiegel (Signature of Treasurer or Assistant Treasurer)

Executed on July 31, 2016 (Date) By Karen S. Spiegel (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)

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Karen Spiegel

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

Corona City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
1800 South Main Street	Corona	CA	92882

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
Karen Spiegel for Supervisor 2018	1381828
NAME OF TREASURER	CONTROLLED COMMITTEE?
Richard Tarman	☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Riverside	CA	92501	

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

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from January 1, 2016 through June 30, 2016

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Karen Spiegel for Corona City Council

I.D. NUMBER: 1245246

Contributions Received

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

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 6,305.27	$ 6,305.27
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 6,305.27	$ 6,305.27
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 6,305.27	$ 6,305.27

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 20,354.20
13. Cash Receipts	Column A, Line 3 above	0
14. Miscellaneous Increases to Cash	Schedule I, Line 4	
15. Cash Payments	Column A, Line 8 above	6,305.27
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 14,048.93

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 0

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	$	$
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.

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from January 1, 2016
through June 30, 2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Karen Spiegel for Corona City Council

I.D. NUMBER
1245246

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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
Greater Hispanic Chamber of Commerce 119 E 4th St. Corona, CA 92879	MTG		150.00
Secretary of State Sacramento, CA	CVC	Donation	50.00
Fire & Burn Foundation/CFA 815 W Sixth Street Corona, CA 92882	CVC	Donation	236.00

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

SUBTOTAL $ 436.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 6,215.83
2. Unitemized payments made this period of under $100 ..... $ 89.44
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 6,305.27

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from January 1, 2016 through June 30, 2016

CALIFORNIA FORM 460

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
The Michael Williams Company 3711-A Arlington Avenue Riverside, CA 92506	FND	Fundraising Commission	1,398.17
Office Depot 1160 El Camino Ave Corona, CA 92879	OFC	Office Supplies/Copies	74.08
Woman's Improvement Club 1101 S Main St. Corona, CA 92882	CVC	Donation, Member Dues	162.00
RCCD Foundation 4800 Magnolia Ave. Riverside, CA 92506	CVC	Donation	160.00
Meals on Wheels 4845 Brockton Ave. Riverside, CA 92506	CVC	Donation	160.00

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SUBTOTAL $ 1,954.25

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service 414 W Grand Blvd, Corona, CA 92878	FND	Postage	31.95
Corona Public Library Foundation 650 S Main Street Corona, CA 92882	CVC	Donation	400.00
99 Cent Store 725 S Main Street Corona, CA 92879	CVC	Corona Senior Center - Lunch & Learn	45.44
Costco 480 N McKinley St. Corona, CA 92879	CVC	Office Supplies, Computer, Printer, Ink	678.98
Kiwanis Club of Corona P.O. Box 7490 Norco, CA 92860	CVC	Donation	50.00

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SUBTOTAL $ 1,206.37

Schedule E (Continuation Sheet) Payments Made

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Registrar of Voters 2724 Gateway Dr. Riverside, CA 92507	LIT	Copies	37.80
AYHD Foundation Corona, CA	CVC	Donation	100.00
Eastvale Community Foundation 12363 Limonite Avenue, Suite 910 Eastvale, CA 91752	CVC	Donation	100.00
Day of the Child P.O. Box 281 Corona, CA 92878	CVC	Donation	250.00
Corona Fire Safety Foundation 735 Public Safety Way Corona, CA 92880	CVC	Donations	310.00

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SUBTOTAL $ 797.80

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Norco Area Chamber of Commerce 3954 Old Hamner Ave Norco, CA 92860	MTG	Meeting	70.00
United States Postmaster 420 E Grand Blvd. Corona, CA 92878	OFC	Post Office Box	134.00
Dollar Storage 205 N Lincoln Corona, CA 92882	OFC	Storage	643.10
Kids Rock Free 815 W Sixth Street Corona, CA 92882	CVC	Donation	100.00
Circle City Kiwanis P.O. Box 78146 Corona, CA 92877	CVC	Donations	100.00

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SUBTOTAL $ 1,047.10

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Soroptimist International of Corona P.O. Box 381 Corona, CA 92828	CVC	Donation, Dues	192.50
American Cancer Society 6355 Riverside Ave. Riverside, CA	CVC	Donation	230.00
American Diabetes Association 2060 Chicago Ave Riverside, CA 92507	CVC	Donation	50.00
Corona Rotary Corona, CA	CVC	Donation	120.00
Vons 369 Magnolia Ave Corona, CA 92879	CVC	Food Donation - 100 Women Who Care	107.28

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SUBTOTAL $ 699.78

Schedule E (Continuation Sheet) Payments Made

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Kings Fish House	MTG	Meteing with SACK Foundation Board	74.53

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SUBTOTAL $ 74.53