

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 64200-64216.5)

COVER PAGE

CALIFORNIA  
FORM  
**460**

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Date of election if applicable:  
(Month, Day, Year)  
**2021 AUG 18 PM 2:17:55** 1 of 16  
For Official Use Only  
**CAMPAIGN FINANCE**

Statement covers period  
from **10/18/2020**  
through **12/31/2020**

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Off-holder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall (Also Complete Part 6)
  - 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/Off-holder Committee (Also Complete Part 7)

- 2. Type of Statement:**
- Preliminary Statement
  - Semi-annual Statement
  - Termination Statement (Also file a Form 410 Termination)
  - Amendment (Explain below)
  - Quarterly Statement
  - Special One-Year Report
  - Supplemental Preliminary Statement - Attach Form 495

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Inglewood Residents for Yes on Measure I

I.D. NUMBER  
**3432226**

**Treasurer(s)**

NAME OF TREASURER  
**Roy Rivera**  
MAILING ADDRESS  
**812 Acacia St.**

STREET ADDRESS (NO P.O. BOX)  
**249 E. Ocean Blvd., Ste. 685**  
CITY STATE ZIP CODE AREA CODE/PHONE  
**Long Beach CA 90802 (213) 489-4792**  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE  
**Inglewood CA 90302 (661) 605-8410**

NAME OF ASSISTANT TREASURER, IF ANY  
**David L. Gould**  
MAILING ADDRESS  
**249 S. Ocean Blvd., Ste. 685**  
CITY STATE ZIP CODE AREA CODE/PHONE  
**Long Beach CA 90802 (213) 489-4792**

OPTIONAL: FAX / E-MAIL ADDRESS  
**(213) 489-4818 / dlgould@ingledorellians.com**

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: **11-25-2021** Date  
By: \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

Executed on: \_\_\_\_\_ Date  
By: \_\_\_\_\_  
Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on: \_\_\_\_\_ Date  
By: \_\_\_\_\_  
Signature of Controlling Officer, Candidate, State Measure Proponent

Executed on: \_\_\_\_\_ Date  
By: \_\_\_\_\_  
Signature of Controlling Officer, Candidate, State Measure Proponent



# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from 10/18/2020  
through 12/31/2020

Page 3 of 16  
I.D. NUMBER  
1432226

CALIFORNIA  
FORM  
460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Inglewood Residents for Yes on Measure I

## Contributions Received

	Column A TOTAL RECEIVED FROM ATTACHED SCHEDULES	Column B CALENDAR YEAR TOTAL FOR DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 64,500.00	\$ 71,000.00
2. Loans Received	Schedule B, Line 3 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 64,500.00	\$ 71,000.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 64,500.00	\$ 71,000.00

## Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 71,000.00	\$ 71,000.00
7. Loans Made	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 71,000.00	\$ 71,000.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 -1,250.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 69,750.00	\$ 71,000.00

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 6,500.00
13. Cash Receipts	Column A, Line 3 above 64,500.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0.00
15. Cash Payments	Column A, Line 8 above 71,000.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 0.00

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0.00

## 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*	\$
Date of Election (mm/dd/yyyy)	/ /

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 A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10/18/2020  
through 12/31/2020

Page 4 of 16  
I.D. NUMBER  
1422226

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Inglewood Residents for Yes on Measure 1

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/2020	Corcoba Corporation 1401 N. Broadway Los Angeles, CA 90012	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		15,000.00	15,000.00	
10/22/2020	Lichakis 4800 MacArthur Blvd. Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
10/27/2020	DLR Group 6457 Frances St., Ste. 200 Omaha, NE 68105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		6,000.00	6,000.00	
10/30/2020	Atkinson, Anderson, Loya, Rued & Romo 12800 Center Court Dr. Carritos, CA 90701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		15,000.00	15,000.00	
10/30/2020	Harley Ellis Devereaux 26913 Northwestern Highway, Suite 200 Southfield, MI 48033	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Received through Intermediary: Fundraising Consultants 2831 G St., Ste. 130 Sacramento, CA 95816	10,000.00	10,000.00	
<b>SUBTOTAL \$</b>				<b>47,000.00</b>		

## Schedule A Summary

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 64,500.00
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 0.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 64,500.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period

from 10/18/2020

through 12/31/2020

Page 5 of 16

NAME OF FILER

Inglewood Residents for Yes on Measure I

ID NUMBER

1432226

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/02/2020	BCA Architects 111 N. Market St., Ste. 710 San Jose, CA 95113	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00	10,000.00	
11/02/2020	Dennis Molliver Kelley 275 Battery St., Ste. 1150 San Francisco, CA 94111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,000.00	4,000.00	
11/10/2020	Cannon Design 50 Fountain Plaza Buffalo, NY 14202	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
11/10/2020	Prefast Concrete Wall Systems Inc. 264 Michelle Ct. South San Francisco, CA 94080	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	
11/17/2020	D'Artsagnan Scorza for Inglewood Unified School Board 2020 (ID# 1414159) 249 E. Ocean Blvd., Ste. 605 Long Beach, CA 90802	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-500.00	3,000.00	

**SUBTOTAL \$ 17,500.00**

\*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

# Schedule E Payments Made

Statement covers period

from 10/19/2020

through 12/31/2020

CALIFORNIA  
FORM 460

Page 6 of 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Inglewood Residents for Yes on Measure I

ID NUMBER

1432225

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

- MBR member communications
- MTG meetings and appearances
- CFC office expenses
- RET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- MBR member communications
- MTG meetings and appearances
- CFC office expenses
- RET 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 tv 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 ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
David L. Gould Company Merchant Account 249 S. Ocean Blvd., Ste. 685 Long Beach, CA 90802	PMD		Credit Card Merchant Fee & Expenses	751.00
Gould & Ozellana, LLC 249 S. Ocean Blvd., Ste. 685 Long Beach, CA 90802	PRO			250.00
Gould & Ozellana, LLC 249 S. Ocean Blvd., Ste. 685 Long Beach, CA 90802	PRO			500.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 1,501.00**

## Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 70,933.52
- Unitemized payments made this period of under \$100 \$ 66.08
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 71,000.00**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded to whole dollars.

Statement covers period from 3/9/19/2020 through 12/31/2020  
Page 7 of 16

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER  
1432226

Inglewood Residents for Yes on Measure I

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

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CAP | 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                |
| FL  | candidate filing/balot 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                              | PRF | 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
Gould & Orellana, LLC 249 E. Ocean Blvd., Ste. 685 Long Beach, CA 90802	PRO			500.00
Fundraising Connections 2831 G St., Ste. 120 Sacramento, CA 95816	OMP		Credit Card Processing Fee	45.50
Fundraising Connections 2831 G St., Ste. 120 Sacramento, CA 95816	OMP		Credit Card Processing Fee	450.50
American Americans Vote (ID# 1305729) 249 E. Ocean Blvd., Ste. 685 Long Beach, CA 90802	LIT		State Mailer	500.00
CA Senior Voter Guide (ID# 1268256) 249 E. Ocean Blvd., Ste. 685 Long Beach, CA 90802	LIT		State Mailer	500.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 1,996.00**

