

Recipient Committee Campaign Statement Cover Page

RECEIVED

OCT 07 2022

CITY OF BEAUMONT
CITY CLERK

Page 4 of 5
For Official Use Only

Statement covers period
from 9/25/2022
through 10/3/2022

Date of election if applicable
(Month, Day, Year)
11/8/2022

SEE INSTRUCTIONS ON REVERSE

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

- 2. Type of Statement:**
- Preelection Statement
 - Semi-annual Statement
 - Termination Statement
 - Amendment (Explain below) Passed 2000 threshold
 - Quarterly Statement
 - Special Odd-Year Report

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
COMMITTEE TO ELECT DAVID CASTALDO TO BEAUMONT CITY COUNCIL 2022

I.D. NUMBER
1452534

STREET ADDRESS (NO P.O. BOX)
49 CALIFORNIA AVE

CITY BEAUMONT STATE CA ZIP CODE 92223 AREA CODE/PHONE 951-333-1465

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO BOX 129

CITY BEAUMONT STATE CA ZIP CODE 92223 AREA CODE/PHONE 951-333-1465

OPTIONAL: FAX / E-MAIL ADDRESS
davidcastaldo@msnl.com

Treasurer(s)

NAME OF TREASURER
DAVID CASTALDO

MAILING ADDRESS
PO BOX 129

CITY BEAUMONT STATE CA ZIP CODE 92223 AREA CODE/PHONE 951-333-1465

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 10/3/2022 Date
Executed on 10/3/2022 Date
Executed on _____ Date
Executed on _____ Date

By [Signature] Signature of Treasurer or Assistant Treasurer
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
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
 DAVID CASTALDO
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 BEAUMONT CITY COUNCIL
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 49 CALIFORNIA AVE. BEAUMON CA 92223

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
----------------------	--------------	---

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

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM **460**

Statement covers period

from 9/25/2022

through 10/3/2022

Page 3 of 5

SEE INSTRUCTIONS ON REVERSE

I.D. NUMBER

COMMITTEE TO ELECT DAVID CASTALDO TO BEAUMONT CITY COUNCIL 2022

1452534

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	1/1 through 6/30	7/1 to Date
1. Monetary Contributions.....	Schedule A, Line 3 \$ <u>2027.85</u>	\$ <u>2887.63</u>		
2. Loans Received.....	Schedule B, Line 3 <u>0</u>	<u>0</u>		
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ <u>2027.85</u>	\$ <u>2887.63</u>		
4. Nonmonetary Contributions.....	Schedule C, Line 3 <u>0</u>	<u>0</u>		
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ <u>2027.85</u>	\$ <u>2887.63</u>		

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ <u>1683.85</u>	\$ <u>2543.63</u>		
7. Loans Made.....	Schedule H, Line 3 <u>0</u>	<u>0</u>		
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ <u>1683.85</u>	\$ <u>2543.63</u>		
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 <u>0</u>	<u>0</u>		
10. Nonmonetary Adjustment.....	Schedule C, Line 3 <u>0</u>	<u>0</u>		
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ <u>1683.85</u>	\$ <u>2543.63</u>		

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 <u>0</u>	\$ <u>2027.85</u>
13. Cash Receipts.....	Column A, Line 3 above <u>2027.85</u>	\$ <u>2027.85</u>
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 <u>0</u>	\$ <u>0</u>
15. Cash Payments.....	Column A, Line 8 above <u>1683.85</u>	\$ <u>1683.85</u>
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>344.00</u>

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

17. LOAN GUARANTEES RECEIVED.....

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

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Total to Date
Date of Election (mm/dd/yy) <u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </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).

*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.

SCHEDULE A

CALIFORNIA
FORM
460

Page 47 of 5

Statement covers period
from 9/25/2022
through 10/3/2022

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT DAVID CASTALDO TO BEAUMONT CITY COUNCIL 2022

I.D. NUMBER

1452534

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/22	David Castaldo 49 California Ave Beaumont CA 92223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager A.C. Propare Co	2000 ⁰⁰	2859.78	
10/3/22	David Castaldo 49 California Ave Beaumont CA 92223	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager A.C. Propare	27.85	2887.63 2887.63	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period - itemized monetary contributions.

(Include all Schedule A subtotals.) \$ 2027.85

2. Amount received this period - unitemized monetary contributions of less than \$100

..... \$ 0

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 2027.85

*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

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE TO ELECT DAVID CASTALDO TO BEAUMONT CITY COUNCIL 2022

Statement covers period
from 9/25/22
through 10/3/2022

Page 5 of 5

I.D. NUMBER
1452534

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
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

RAD	radio airtime and production costs
REF	returned contributions
SAL	campaign workers' salaries
TEL	t.v. 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 I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Record Gazette 218 N Munray St Banning CA 92230	PRT		B/H Ck #1	1656.00
US Post Office 950 Beaumont Ave Beaumont CA 92223	POS		Cash - Overnight Mail	27.85

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

SUBTOTAL \$ 1683.85

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1683.85
- Unitemized payments made this period of under \$100 \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 1683.85**