

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

RECEIVED Date Stamp <b>JUL 29 2015</b> (Month, Day, Year) CITY CLERK'S OFFICE CITY OF WEST COVINA	<b>CALIFORNIA FORM 460</b>
	Page 1 of 6 For Official Use Only

Statement covers period from 01/01/2015 through 06/30/2015	Date of Election if applicable _____ (Month, Day, Year)
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**1. Type of Recipient Committee**

<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> State Candidate Election Committee	<input type="checkbox"/> Controlled
<input type="checkbox"/> Recall	<input type="checkbox"/> Sponsored
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<input type="checkbox"/> Sponsored	
<input type="checkbox"/> Small Contributor Committee	
<input type="checkbox"/> Political Party/Central Committee	

**2. Type of Statement**

<input type="checkbox"/> Pre-election Statement	<input type="checkbox"/> Quarterly Statement
<input checked="" type="checkbox"/> Semi-Annual Statement	<input type="checkbox"/> Special Odd-Year Statement
<input type="checkbox"/> Termination Statement	<input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495
<input type="checkbox"/> Amendment	

<b>3. Committee Information</b>	I.D. Number 940483
COMMITTEE NAME Citizens to Elect Michael Touhey for Council 2009	
STREET ADDRESS (NO PO BOX) 1124 S Donna Beth Ave	
CITY West Covina	STATE ZIP CODE AREA CODE/PHONE CA 91791 626/917-6549
MAILING ADDRESS (IF DIFFERENT)	
CITY STATE ZIP CODE	
OPTIONAL: FAX / E-MAIL ADDRESS (626) 919-2842 / mtouhey@charter.net	
<b>Treasurer(s)</b> NAME OF TREASURER Debbie Touhey	
STREET ADDRESS 1124 S Donna Beth Ave	
CITY STATE ZIP CODE AREA CODE/PHONE West Covina CA 91791 626/917-6549	NAME OF ASSISTANT TREASURER, IF ANY
STREET ADDRESS	
CITY STATE ZIP CODE AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS (626 ) 919-2842 / dtouhey@charter.net	

**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 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 07/28/2015	By <u>Debbie Touhey</u>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 07/28/2015	By <u>Michael Touhey</u>	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee  
Campaign Statement  
Cover Page - Part 2

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JUL 29 2015

CITY CLERK'S OFFICE  
CITY OF WEST COVINA

COVER PAGE - PART 2

CALIFORNIA FORM 460

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Statement covers period  
from 01/01/2015  
through 06/30/2015

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Hon. Michael R Touhey

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

City Council Member West Covina

RESIDENTIAL/BUSINESS ADDRESS ( NO. AND STREET) CITY STATE ZIP  
1124 S Donna Beth Ave West Covina CA 91791

**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 Touhey for Upper San Gabriel Valley MWD- (Div. 4) 2012	I.D. NUMBER 1349532
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NAME OF TREASURER Debbie J. Touhey	CONTROLLED COMMITTEE ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
---------------------------------------	---

COMMITTEE STREET ADDRESS ( NO P.O. BOX)  
1124 S. Donna Beth Avenue

CITY STATE ZIP CODE AREA CODE/PHONE  
West Covina CA 91791 (626) 917-6549

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE 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
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SUPPORT  
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER OR 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

Campaign Disclosure Statement  
Summary Page

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

JUL 29 2015

SUMMARY PAGE

Statement covers period  
from 01/01/2015  
through 06/30/2015

CALIFORNIA  
FORM 460

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SEE INSTRUCTIONS ON REVERSE

CITY CLERK'S OFFICE  
CITY OF WEST COVINA

NAME OF FILER

Citizens to Elect Michael Touhey for Council 2009

I.D. NUMBER  
940483

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received ..... Schedule B, Line 3	\$ 0.00	\$ 27,600.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 0.00	\$ 27,600.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 0.00	\$ 27,600.00

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	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ 36.00	\$ 36.00
7. Loans Made ..... Schedule H, Line 3	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 36.00	\$ 36.00
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 36.00	\$ 36.00

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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ -922.56
13. Cash Receipts ..... Column A, Line 3 above	\$ 0.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ 0.00
15. Cash Payments ..... Column A, Line 8 above	\$ 36.00
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ -886.56

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

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.

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	\$ 27,600.00

**Schedule B - Part 1  
Loans Received**

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**JUL 29 2015**

SCHEDULE B - PART 1

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2015	
through	06/30/2015	Page 4 of 6
NAME OF FILER Citizens to Elect Michael Touhey for Council 2009		I.D. NUMBER 940483

**CITY CLERK'S OFFICE  
CITY OF WEST COVINA**

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
XX Michael Touhey 1124 S Donna Beth Ave West Covina, CA 91791 Contributor Code: IND	President/CEO	5,500.00		<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	5500.00	0.00	20,000.00	CALENDAR YEAR 0
	The Michael Touhey Co.							PER ELECTION ** 0 ( )
					DUE DATE 09/02/2009	INTEREST RATE 0.00 %	DATE INCURRED 09/02/2005	
XX Michael Touhey 1124 S Donna Beth Ave West Covina, CA 91791 Contributor Code: IND	President/CEO	20,000.00		<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	20000.00	0.00	20,000.00	CALENDAR YEAR 0
	The Michael Touhey Co.							PER ELECTION ** 0 ( )
					DUE DATE 09/26/2009	INTEREST RATE 0.00 %	DATE INCURRED 09/24/2005	
XX Michael Touhey 1124 S Donna Beth Ave West Covina, CA 91791 Contributor Code: IND	President/CEO	1,000.00		<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	1000.00	0.00	1,000.00	CALENDAR YEAR 0
	The Michael Touhey Co.							PER ELECTION ** 0 ( )
					DUE DATE 02/10/2012	INTEREST RATE 0.00 %	DATE INCURRED 02/03/2012	

<b>SUBTOTALS \$</b>	(b) 0.00	(c) 0.00	(d) 26,500.00	(e) 0.00	
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**Schedule B Summary**

- Loans received this period  
(Total Column (b) plus unitemized loans of less than \$100.) ..... \$ 0.00
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 0.00  
Enter the net here and on the Summary Page, Column A, Line 2.

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

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Schedule B - Part 1 (Continued)  
Loans Received

JUL 29 2015

CITY CLERK'S OFFICE  
CITY OF WEST COVINA

SCHEDULE B - PART 1

Statement covers period from 01/01/2015 through 06/30/2015	<b>CALIFORNIA FORM 460</b>
	Page 5 of 6
	I.D. NUMBER 940483

NAME OF FILER Citizens to Elect Michael Touhey for Council 2009

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				CALENDAR YEAR	PER ELECTION **
XX Michael Touhey 1124 S Donna Beth Ave West Covina, CA 91791 Contributor Code: IND	President/CEO  The Michael Touhey Co.	1,000.00		<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	1000.00		1,000.00	03/08/2013	0 ( )
						DUE DATE 03/08/2015	INTEREST RATE 0.00 %			
Touhey for Upper San Gabriel Valley MWD-(Div. 4) 2012 Gabr 1124 S Donna Beth Ave West Covina, CA 91791 Contributor Code: COM	<del>1349532</del> 1349532	100.00		<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	100.00		100.00	11/14/2014	0 ( )
						DUE DATE 11/14/2015	INTEREST RATE 0.00 %			

	(b)	(c)	(d)	(e)	
<b>SUBTOTALS \$</b>	0.00	0.00	1,100.00	0.00	

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

**Schedule E  
Payments Made**

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**JUL 29 2015**

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2015	
through	06/30/2015	Page 6 of 6
NAME OF FILER Citizens to Elect Michael Touhey for Council, 2009		I.D. NUMBER 940483

CITY CLERK'S OFFICE  
CITY OF WEST COVINA

**CODES:** If one of the following 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 production costs                            |
| FIL candidate filing / ballot fees                      | PHO phone banks                               | TRC candidate travel, lodging and meals                       |
| FND fundraising expenses                                | POL polling and survey research               | TRS staff/spouse travel, lodging and meals                    |
| IND independent expenditures supporting/opposing others | 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	CODE or DESCRIPTION OF PAYMENT	AMOUNT PAID

**SUBTOTAL \$ 0.00**

**Schedule E Summary**

- |   |                       |
|---|-----------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)  | \$ 0.00               |
| 2. Unitemized payments made this period of under \$100  | \$ 36.00              |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                  | \$ 0.00               |
| 4. Total payments made this period. (Add Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$ 36.00</b> |