Campaign Statement Cover Page				
	Statement covers period from 07-01-2017	Date of election if applicable: 2018 JAN 31	AM II: 25	Page1 of19For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12-31-2017	San Francisco	TY OF WEST COVING	
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall [Also Complete Part 5]	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 8)	☐ Preelection Statement ☑ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination)		Quarterly Statement Special Odd-Year Report
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Amendment (Explain below)	W)	
Ξ.	I.D. NUMBER 1357500	Treasurer(s)		
James Toma for City Council 2018		NAME OF TREASURER Minerva Avila		
		MAILING ADDRESS		
SIREEI ADDRESS (NO P.O. BOX)		CITY West Covina	STATE ZIP CODE	ÁREA CÓDE/PHONE
CITY STATE ZIP CODE	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		
West Covina CA 91791	1	James Toma		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		THE PROPERTY OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY OF THE PROPERT
CITY STATE ZIP CODE	DE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
West Covina CA 91791		West Covina	CA 91791	
OPTIONAL: FAX / E-MAIL ADDRESS		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 Executed on 1/30/18 By	ng this statement and to the best of my k California that the foregoing	nowledge the information contained he	rein and in the attached schedu	lles is true and complete.
Executed on 1 3 Date	BySi		onsible Officer of Sponsor	I I
Executed on	BySi	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Measure Proponent	

Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Executed on ...

Recipient Committee Campaign Statement Cover Page — Part 2



Page __

of I

19

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CITY STATE ZIP CODE	NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	CONTRIBUTION IN THE PROPERTY OF THE PROPERTY O	COMMITTEE NAME ZIP CODE	MITTEE ADDRESS STREET ADDRESS (NO	NAME OF TREASURER	COMMITTEE NAME	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.	Related Committees Not Included in this Statement: List any committees	ID STREET)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council, City of West Covina	NAME OF OFFICEHOLDER OR CANDIDATE James Toma	Officeholder or Candidate Controlled Committee
ODE.	CONTROL YES OX)	Ċ	ODE		CONTROL	I.D. NUMBER	are prim lidacy.	tement	Covina	T NUMBE		ittee
ARR	ES SOLLED C	E .	AR		SOLLED C	MBER	arily forn	t: Lista		R IF APPL		
AREA CODE/PHONE	CONTROLLED COMMITTEE? YES NO NO		AREA CODE/PHONE		CONTROLLED COMMITTEE?		ned to rec	v commi	STATE CA	ICABLE)		
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Atta	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	ldentify the controlling officeholder, candidate, or state measure proponent, if any.	BALLOT NO. OR LETTER	NAME OF BALLOT MEASURE	Primarily Formed Ballo
ıch contin	ANDIDATE	ANDIDATE	ANDIDATE	ANDIDATE	didate/O			DIDATE, OF	holder, ca	JURISDICTION		t Measu
Attach continuation sheets if necessary					fficeholde			R PROPONEN	andidate, or	ICTION		d Ballot Measure Committee
xs if nece	XE SOUGH	E SOUGH	E SOUGH.	XE SOUGH	er Comi tee is prin		Ë	ម៉ា	state me			ittee
ssary	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	mittee List narily formed.		DISTRICT NO. IF ANY		asure propor			
	SUPPORT OPPOSE	SUPPORT OPPOSE	SUPPORT OPPOSE	SUPPORT OPPOSE	names of		ANY		nent, if any.	SUPPORT OPPOSE		

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE
CALIFORNIA 460

www.fppc.ca.gov (مهر/ح/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	# FPPC Advice: ad	_		
FPPC Form 460 (Jan/2016)			\$ manual converses of manual converses of the converses of the converse of the	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
		any).	\$	sh Equivalentss
		only carry over the amounts from Lines 2, 7, and 9 (if	\$	Cash Equivalents and Outstanding Dehts
	•	this is the first report being filed for this calendar year,	9	
		should be subtracted from previous period amounts. If		(D)
		amounts in Column A may be negative figures that	\$ 31752.31	16. ENDING CASH BALANCE
•	reported in Column B.	amounts from Column B of your last report. Some	1778.00	creases to Cash
*Amounts in this section may be different from amounts	*Amounts in this section	add amounts in Column A to the corresponding	0	13. Cash Receipts Column A, Line 3 above
		To calculate Column B,	\$ 16328.50	12. Beginning Cash Balance Previous Summary Page, Line 16
⇔				Current Cash Statement
€9		\$ 2149.39	\$1931.07	11. TOTAL EXPENDITURES MADE
	(mm/dd/yy)	371.39	153.07	10. Nonmonetary Adjustmentschedule C, Line 3
Total to Date	Date of Election	0	0	9. Accrued Expenses (Unpaid Bills)Schedule F. Line 3
Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	22. Cumulati (If Subject to	\$ 1778,00	\$ 1778.00	
		0	0	
Expenditure Limit Summary for State Candidates	Expenditure Limit	\$1778.00	\$ 1778.00	Expenditures Made 6. Payments Made Schedule E, Line 4
₩	Made \$	\$	\$ 1/354.88	TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4
•	ditures		153.07	4. Nonmonetary Contributions Schedule C, Line 3
\$	20. Contributions Received \$	\$ 17201.81	\$ 17201.81	SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+
1/1 through 6/30 7/1 to Date		0	0	2. Loans Received
	General Elections	§ 17201.81	17201.81	Manatan
Calendar Year Summary for Candidates Running in Both the State Primary and	Calendar Year Sum Running in Both th	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Contributions Received
1357500				NAME OF FILER James Toma for City Council 2018
Page3 of19	12-31-2017	through_		SEE INSTRUCTIONS ON REVERSE
A A	07-01-2017	from		Summary Page

Schedule A

Amounts may be rounded

SCHEDULE A

			t o	to whole dollars.	24-4		
di N	Monetary	Monetary Contributions Received		医骨骨 计记录 可以使用 医骨骨骨 医二甲二二甲甲二二甲甲二二甲甲二二甲甲二二甲甲二二甲甲二二甲甲二二甲甲二二甲甲	07-01-2017	ဂ	ALIFORNIA 460
	1 111 1					2-31-2017	4 19
	NAME OF FILER	SEE INSTRUCTIONS ON REVERSE 1				I.D. NUMBER	MBER
	James Tor	James Toma for City Council 2018				1357500	00
	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 RÉCEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	8/4/17	Brian Alverson	□ COM □ OTH □ SCC	Doctor Physician Lifespan Group	250	250	
	8/4/17	Stacie Cheng	ZIND COM OTH SCC	Consultant (self) Stacie Cheng	. 100	100	
	8/4/17	Bill Wong	☑ IND □ COM □ OTH □ PTY □ SCC	Consultant Bill Wong LLC	250	250	
	8/5/17	John Konrad	☑ IND □ COM □ PTY □ SCC	Retired	250	250	
	8/7/17	Ken Kasamatsu	SCC OTH SCC	Banker E Central Credit Union	250	250	
				\$UBTOTAL\$	1100		
		•					

Schedule A Summary

17201.81	 Total monetary contributions received this period. Add I ines 1 and 2 Enter here and on the Summary Page Column A. Line 1.)	
5151.81	2. Amount received this period – unitemized monetary contributions of less than \$100\$	
12050.00	1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)\$\$	

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

*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

FPPC Form 460 (Jan/2016)

Monetary Contributions Received Schedule A (Continuation Sheet)

James Toma for City Council 2018

Amounts may be rounded to whole dollars.

Statement covers period

SCHEDULE A (CONT.)

through____ from 07-01-2017 12-31-2017 Page 5 1357500 I.D. NUMBER <u>유</u> 19

AND COMMENTAL PROPERTY OF THE	8/14/17	8/11/17	8/7/17	8/5/17	8/4/17	DATE RECEIVED
	Brian Jobst	Dan Oki	Michael Kobori	Henry Ota	Shandra Yoshimi	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	OTH SCC	Ø IND □ COM □ OTH □ PTY □ SCC	□ SCC	IND COM	ZIND COM OTH SCC	CONTRIBUTOR CODE *
\$UBTOTAL	Consultant (self) Brian Jobst	Judge Los Angeles County	Vice President Levi Strauss	Retired	Doctor Kaiser	IF AN INDIVIDUAL. ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
1300	250	200	100	500	250	AMOUNT RECEIVED THIS PERIOD
	250	200	100	500	. 250	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
					,	PER ELECTION TO DATE (IF REQUIRED)

*Contributor Codes

Schedule A Monetary Contributions Received (いかせん)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period

SCHEDULE A

through 07/01/2017 12/31/2017 Page _ I.D. NUMBER တ

1357500

from

Schedule /		8/22/17	8/21/17	8/20/17	8/14/17	8/14/17	DATE RECEIVED	James Tor
Schedule A Summary		Kathryn Doi Todd	Sandra Chong	Sumi Sousa	Ashwin Vasavada	Alicia Mardini	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CODE *	James Toma for City Council 2018
		DCOM SCC	☑IND □COM □PTY □SCC	SCC	□ COM □ SCC	DOTH SCC	CONTRIBUTOR CODE *	
	\$ SUBTOTAL	Retired	Attorney San Diego Unif School Dist	Public Health Plan Officer SF Health Plan	Scientist CA Institute of Technology	CEO East Valley Comm Health Center	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	The state of the s
	1350	100	300	500	250	200	AMOUNT RECEIVED THIS PERIOD	
*Contributor Codes		100	300	500	250	200	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	1357500
Codes							PER ELECTION TO DATE (IF REQUIRED)	500

Sc

- 2. Amount received this period unitemized monetary contributions of less than \$100\$100 states and the second states are second states are second states and the second states are second stat Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)\$
- 3. Total monetary contributions received this period.
- (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party
SCC - Small Contributor Committee

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

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

	8/23/17	8/23/17	8/22/17	8/22/17	8/22/17	DATE	NAME OF FILER James 1		,
A constant and polytoping in print	Mike Eng	Tam Dinh	Peter Shimamoto	Barbara Shirota	Jonathan Shirota	CONTRIBUTOR	James Toma for City Council 2018		
	DOTH SCC	SCC SCC	□ COM □ OTH □ SCC	ZIND COM OTH SCC	DOTH SCC	CONTRIBUTOR			to whole dollars.
\$UBTOTAL\$	Professor CSULA	Self-employed Cali Noodles and Grill	Lawyer Fayer Gipson LLP	Retired	Retired	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			oliars.
\$ 750	100	200	250	100	100	AMOUNT RECEIVED THIS PERIOD		through12/3	from07/01
	100	200	250	100	100	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	13	12/31/2017 Page	07/01/2017
						PER ELECTION TO DATE (IF REQUIRED)	1.D. NUMBER 1357500	ge7 of 79	FORM 40U

*Contributor Codes

Schedule A (contid) **Monetary Contributions Received**

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

Statement covers period SCHEDULE A

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NAME OF FILER James Tor	Æ OF FILER James Toma for City Council 2018	into del marconoscopo popo popo popo popo popo popo pop	erricker ()			1.D. NUMBER 1357500
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)	DATE PER ELECTION SAR TO DATE (IF REQUIRED)
8/23/17	Romeo Manalo	OTH SCC	CEO LS Merner Pharmacy and Med Supplies	250	2:	250
8/23/17	Eileen Miranda	ZIND COM OTH SCC	Trustee West Covina Unified	100	10	100
8/23/17	Josh Newman	☑IND □COM □PTY □SCC	Assemblyman State Assembly	250	22	250
8/23/17	Lawrence Shih	□ SCC	Deputy Director Los Angeles County	150	11	150
8/23/17	Shahrzad Shishegar	ZIND COM PTY SCC	Retired	100	11	100
			SUBTOTAL\$	\$ 850		

Schedule A Summary

IND-Individual

COM-Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY-Political Party

SCC-Small Contributor Committee *Contributor Codes

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

SCHEDULE A (CONT.)

	8/23/17 TD	8/23/17 LA	8/23/17 Ch	8/23/17	8/23/17 Fre	DATE FULL RECEIVED	NAME OF FILER		Monetary Con
	TD Allison & Associates	LA Business Consultants, LLC	Ching Chen, M.D., Inc.	Sam Sheung-Tsam Kam, Inc.	Fredrick Sykes	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	James Toma for any concil 2018		Monetary Contributions Received
	D SCC	□IND □OTH □SCC	□ IND □ OTH □ SCC	□ IND □ OTH □ SCC	□ SCC	CONTRIBUTOR CODE *			Amounts may be rounded to whole dollars.
- Landerson					Retired	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			be rounded lollars.
	150	150	500	500	250	AMOUNT RECEIVED THIS PERIOD		through12/3	Statement covers period 07/01/2017 from
	150	150	500	500	250	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 ~ DEC. 31)	1.3.	12/31/2017 Page	
						PER ELECTION TO DATE (IF REQUIRED)	1357500	9 of 20	CALIFORNIA 460 FORM

*Contributor Codes

NAME OF FILER

James Toma for City Council 2018

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

from. through. Statement covers period 07/01/2017 12/31/2017 Page_ I.D. NUMBER 1357500 5 SCHEDULE A (CONT.) 유

SUBTOTAL\$
☑IND □COM □OTH □OTH Bank of the West
ZIND Engineer OTH Corbo Forensic PTY Engineering
☑IND □COM □OTH □PTY □SCC
☑IND □COM □OTH □PTY □SCC Self-employed Melinda Powell
⊠IND □COM Retired □PTY □SCC
CODE * (IF AN INDIVIDUAL, ENTER AMOUNT OCCUPATION AND EMPLOYER RECEIVED THIS CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD OF BUSINESS)

*Contributor Codes

Schedule A (control) Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

James Toma for City Council 2018

Type or print in ink.

Amounts may be rounded to whole dollars.

from through Statement covers period 07/01/2017 12/31/2017 1357500 Page ___ I.D. NUMBER 앜

chedule A Summary		8/30/17 V	8/29/17	8/29/17	8/29/17 N	8/28/17	DATE FUL RECEIVED
		Walter Toma	Robert Amano	Naomi Inaba	Michael Toma	Bruce Ishimatsu	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE: *
		ZIND COM PTY SCC	ZIND COM DOTH PTY	ZIND	□ SCC	DOTH SCC	CONTRIBUTOR CODE *
BIRANNA WIRAKA ANGANA ANGANA BERTIATUT TT.	\$TATOLANS	Retired	Management Consultant Diversified Management Group	Vice President Magellan	Teacher New York City Dept of Schools	Attorney Ishimatsu Law Group	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
	1250	500	250	150	250	100	AMOUNT RECEIVED THIS PERIOD
*Contributor Codes		500	250	150	250	100	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
odes							PER ELECTION TO DATE (IF REQUIRED)

Schedule A Summary

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

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

Statement covers period

07/01/2017

SCHEDULE A (CONT.)

		\$ 550	\$UBTOTAL\$	A STATE OF THE PROPERTY OF THE		-
	150	150	Attorney Willard Yamaguchi	DOTH SCC	Willard Yamaguchi	8/30/17
	100	100	Retired	DOTH SCC	Rose Ochi	8/30/17
	100	100		SCC SCC	Thomas Wong for SGV Water District	8/30/17
	100	100	Accountant Menchaca & Co.	SCC SCC	Denise Menchaca	8/30/17
	100	100	Deputy Attorney General CA Dept of Justice	□COM □COM □PTY □SCC	Alex Fisch	8/30/17
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	E OF CONTRIBUTOR SER)	DATE RECEIVED
D.NUMBER	13575				James Toma for City Council 2018	James To
13. of 349	12/31/2017 Page	through 12/3				

*Contributor Codes

Schedule A $(Csn^{+/d})$ Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

Statement covers period 12/31/2017 I.D. NUMBER Page _ 끖 앜

SCHEDULE A

through

from .

07/01/2017

		09/02/17	09/02/17	09/02/17	8/30/17	8/30/17	DATE RECEIVED	James Tor
A A A A A A A A A A A A A A A A A A A		Abraham Lim	Geraldine Isara	Warren Furutani	Venessa Martinez	Michelle Lilienfeld	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	James Toma for City Council 2018
		⊠IND □COM □PTY □SCC	∭IND □COM □PTY □SCC	DIND □COM □PTY □SCC	□SCC □SCC	☑IND □COM □PTY □SCC	CONTRIBUTOR CODE *	
	\$UBTOTAL	Attorney Law Offices of Abraham Lim APC	Retired	Retired	Attorney Dept of Justice	Attorney Nat'l Health Law Prograশে	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	
	1000	500	200	100	100	100	AMOUNT RECEIVED THIS PERIOD	
		500	200	100	100	100	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	
		ŏ	Ī	Ō	0		PER ELECTION AR TO DATE TO PER ELECTION TO PER	1357500

Schedule A Summary

'n		. `
2. Amount received this period – unitemized monetary contributions of less than \$100 \$	(Include all Schedule A subtotals.)\$	1. Amount received this period – itemized monetary contributions.

Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$

Schedule	Schedule A (Continuation Sheet)	Type or print in ink.	it in ink.			SCHEDULE A (CONT.)
Monetary	Monetary Contributions Received	Amounts may be rounded	be rounded	Statement covers period		CALIFORNIA / CO
,		to whole dollars.	ollars.	from07/01/2017		FORM 40U
	4			through12/3	12/31/2017 Pa	Page 16 of 26 19
NAME OF FILER	TOTAL TO THE PARTY OF THE PARTY		i Live to the contract of the			I.D. NUMBER
James	James Toma for City Council 2018				t e l	1357500
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CODE *	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)
8/30/17	Jeff Maloney	DCOM COM DOTH SCC	Attorney State of California	100	100	_
8/30/17	Mike Eng	DOTH SCC	Professor Cal State LA	100	200	

IND – Individual

COM – Recipient Committee
(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee *Contributor Codes

8/30/17

Flora Yin

OSS CONTRACTOR OF THE CONTRACT

Attorney Reed & Davidson

9

100

SUBTOTAL\$

500

OSC Y FIGURE

Trustee LA Comm College

100

100

SCC THOUSE

Little Tokyo Service Center

200

100

Adminstrator

8/30/17

Mike Fong

8/30/17

Mike Murase

Schedule A (cm+'d) Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

James Toma for City Council 2018

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

SCHEDULE

from . through Statement covers period 07/01/2017 12/31/2017 1357500 Page _ I.D. NUMBER 2 9

	8/22/17	9/22/17	10/15/17	9/18/17	9/14/17	DATE RECEIVED
THE PROPERTY OF THE PROPERTY O	Philip Crabbe	Amy Cherot	Henry Torres	Diana Ioríano	George Nakano	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	DIND COM OTH SCC	QIND □COM □ OTH □ PTY	ZIND □COM □OTH □PTY □SCC	☑IND □COM □PTY □SCC	DOTH SCC	CONTRIBUTOR CODE *
\$UBTOTAL\$	Government Relations SCAQMD	Retired	Chief Deputy Counsel Metro Water District	Attorney Manatt	Retired	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
1050	150	300	250	250	100	AMOUNT RECEIVED THIS PERIOD
	150	300	250	250	100	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
						PER ELECTION TO DATE (IF REQUIRED)

Schedule A Summary

Ы		. `
2. Amount received this period – unitemized monetary contributions of less than \$100\$	(Include all Schedule A subtotals.)\$	 Amount received this period – itemized monetary contributions.

- Total monetary contributions received this period.
- (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

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IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee *Contributor Codes

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Amounts may be rounded

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	1.557.00	i	(May be a negative number)	· (Ma			ry Page, Column A, Line 2:	Enter the net here and on the Summary Page, Column A, Line 2:
Small Contributor Committee		SCC	0	NET \$			e 2 from Line 1.)	3. Net change this period. (Subtract Line 2 from Line 1.)
ommittee TY or SCC) usiness entity)	COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity)	 39 S				edule A.)	00 paid or forgiven.) it are also itemized on Sch	
Ë	IND – Individual		0	\$				2. Loans paid or forgiven this period
- Anna Carlotte	†Contributor Codes	हो					ns of less than \$100.)	(Total Column (b) plus uniternized loans of less than \$100.)
			0	\$	s			1. Loans received this period
		(Enter (e) on Schedule E, Line 3)						Schedule B Summary
		49	\$ 1000		₩	SUBTOTALS \$		
*	DATE INCURRED	\$	DATE DUE		\$	\$ 		[†] □ IND □ COM □ OTH □ PTY □ SCC
PER ELECTION**	Samuraman	RATE	()	\$FORGIVEN				
CALENDAR YEAR				PAID	w			
\$	DATE INCURRED	\$	DATE DUE	S	60	\$		[†] □ IND □ COM □ OTH □ PTY □ SCC
PER ELECTION **	*	RATE	\$9 	S FORGIVEN				
CALENDAR YEAR				PAID				
6	4/24/13 DATE INCURRED	₩	DATE DUE	\$	*	\$1000		[†] ☑ ND □ COM □ OTH □ PTY □ SCC
PER ELECTION**	\$	RATE	\$ 	\$ FORGIVEN			CA Department of Justice	
CALENDAR YEAR	1000	i		PAID	ı	i	Attorney	James Toma
CUMULATIVE CONTRIBUTIONS TO DATE	ORIGINAL AMOUNT OF LOAN	(e) INTEREST PAID THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	AMOUNT RECEIVED THIS PERIOD	OUTSTANDING BALANCE BEGINNING THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	1357500							James Toma for City Council 2018
	I.D. NUMBER							NAME OF FILER
of 19	Page 16	31-2017	through 12-3					SEE INSTRUCTIONS ON REVERSE
E	FORM	-2017	from 07-01-2017	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			在1000年,1000	Loans Received
	CALIFORNIA	ers period	Statement covers period			to whole dollars.		Schedule B Part 1

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Nonmonet Schedule C

Amount

whole dollars.	nts may be rounged

	1357500							8	Council 201	James Toma for City Council 2018	Jame
	I.D. NUMBER				1					NAME OF FILER	VAME OF
1	Page 1/ of 19	through		(g)		7			₹SE	SEE INSTRUCTIONS ON REVERSE	SEE INST
	FORM	from 07-01-2017									(1) (5) (4) (4)
ì	CALIFORNIA / CO	Statement covers period	1	QUINTER.	to whole dollars.		eived	າກs Rec	ntributic	Nonmonetary Contributions Received	Nonn
	סל חבר טרב ל			dollars	to whole						

Attach ado				8/30/17	DATE RECEIVED
Attach additional information on appropriately labeled continuation sheets.				James Toma	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
continuation :	DSCC DIND	OTH SCC	□ IND □ COM □ PTY □ SCC	ØIND □COM □OTH □PTY □SCC	CONTRIBUTOR CODE *
sheets.				Attorney CA Dept of Justice	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
\$UBTOTAL				Food and drink	DESCRIPTION OF GOODS OR SERVICES
153.07				153.07	AMOUNT/ FAIR MARKET VALUE
				371.39	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)
					PER ELECTION TO DATE (IF REQUIRED)

Schedule C Summary

3. Total no (Add Lin	2. Amount	(<u>i</u> nclude	1. Amount	ochedul
 Total nonmonetary contributions received this period. Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$100	(Include all Schedule C subtotals.)	 Amount received this period – itemized nonmonetary contributions. 	Schedule C Summary
TOTAL \$ 153.07	\$0	\$ 153.07		
SCC - Small Contributor Committee	OTH - Other (e.g., business entity) PTY - Political Party	COM – Recipient Committee (other than PTY or SCC)	IND - Individual	*Contributor Codes

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule D	Schedule D	Amounts may be rounded	rounded [A	*	SCHEDULE D
Supportin Candidate	er Committees	to whole dollars.		Statement covers period from 07-01-2017	CALIFORNIA 017 FORM	M 460
SEE INSTRUCTO			H.M.	through 12-31-2017	Page	18 of 19
NAME OF FILER	NAME OF FILER				I.D. NUMBER	ER
James Ton	James Toma for City Council 2018				1357500	0
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/17	Mike Eng for Senate 2018 Senate District 22	Contribution Contribution Nonmonetary Contribution Independent		. 250	250	
	☑ Support ☐ Oppose	1				
·		Monetary Contribution Nonmonetary Contribution				
	☐ Support ☐ Oppose	1 '				
·		Monetary Contribution Nonmonetary Contribution				·
	☐ Support ☐ Oppose	Expenditure				ALE TRANSPORT WAS AN ART TO THE TRANSPORT OF THE TRANSPOR
		tades de calificiale mentione en en decembrada de calificial de l'activité de l'activi	TATOLENS	\$ 250		
Schedule 1. Itemized c	Schedule D Summary 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotal	this period. (Include	all Schedule D subtotals.	(s ,)	ω	250
2. Unitemize	2. Unitemized contributions and independent expenditures made this period of under \$100	ade this period of und	der \$100		\$	0
3. Total contr	Total contributions and independent expenditures made this period. (Add Lines 1 and 2.	s period. (Add Lines		Do not enter on the Summary Page.))*	250

Payments Made Schedule E

Amounts may be rounded to whole dollars.

from

Statement covers period 07-01-2017---

SEE INSTRUCTIONS ON REVERSE NAME OF FILER James Toma for City Council 2018 through 12-31-2017 1357500 Page 19 I.D. NUMBER of 6

CODES: If one of the following codes accurately describes the payment, you may enter the code. Othe CMP campaign paraphernalia/misc. MBR member communications	ou may enomunications	ter the code. Otherwise, describe the payment. RAD radio airtime and production costs	
campaign consultants contribution (explain nonmonetary)* covic donations candidate filing/ballot fees fundraising events legal defense campaign literature and mailings MTG OFC OFC PET PHO FUND POL POS PRO PRO PRO PRO PRO PRO PRO	appearance es ating Irvey researc lery and mes services (lega	RFD SAL TEL TRC TRS TRS TSF enger services VOT WEB	e candidate/sponsor ·mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Karanbir Singh	FND	Food/Beverages	700
Mike Eng for Senate 2018	СТВ		250
Rally.org	WEB	Online fees	828
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	dule D.	SUBTOTAL \$	1778
Schedule E Summary		9	1778
Uniternized payments made this period of under \$100		9	0
3 Total interest paid this period on loans (Enter amount from School to B. Dart 1. School to B.	2		0

- 3. Iotal interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$
- 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)...... TOTAL \$