

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp: RECEIVED CITY OF LAKE FOREST CITY CLERK'S OFFICE  
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 Page 1 of 4  
 CALIFORNIA FORM 460  
 For Official Use Only

Date of election if applicable: (Month, Day, Year)  
 11/06/2012

Statement covers period from 1/1/2014 through 6/30/2014

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 (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

### 3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
 ROBINSON FOR CITY COUNCIL 2012

I.D. NUMBER  
 1343839

### Treasurer(s)

NAME OF TREASURER  
 JON BRUMMOND

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY LAKE FOREST STATE CA ZIP CODE 92630 AREA CODE/PHONE

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

CITY LAKE FOREST STATE CA ZIP CODE 92630 AREA CODE/PHONE

CITY LAKE FOREST STATE CA ZIP CODE 92630 AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

CITY LAKE FOREST STATE CA ZIP CODE 92630 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 7/31/2014 Date

By Dwight Roberson Signature of Treasurer Assistant Treasurer

Executed on 7/31/2014 Date

By Dwight Roberson Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

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COVER PAGE - PART 2

# Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA  
FORM **460**

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## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
**DWIGHT ROBINSON**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**CITY COUNCIL, LAKE FOREST**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)    CITY    STATE    ZIP  
**LAKE FOREST    CA    92630**

**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
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Identify the controlling officeholder, candidate, or state measure proponent, if any.  
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOONENT

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

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

SUMMARY PAGE

CALIFORNIA  
FORM **460**

Statement covers period  
from 1/1/2014  
through 6/30/2014

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ROBINSON FOR CITY COUNCIL 2012

I.D. NUMBER

1343839

## 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	14000.00
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

## 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

6. Payments Made .....	Schedule E, Line 4 \$ 0	\$ 0
7. Loans Made .....	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 0	0
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 0	0

## 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 \$ 3014.87
13. Cash Receipts .....	Column A, Line 3 above 0
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 0
15. Cash Payments .....	Column A, Line 8 above 0
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 3014.87

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 \$ 14000.00

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 B -- Part 1  
Loans Received**

Type or print in ink.  
Amounts may be rounded  
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**CALIFORNIA 460  
FORM**

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
**ROBINSON FOR CITY COUNCIL 2012**

(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
IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC DWIGHT ROBINSON LAKE FOREST, CA 92630	MANAGING PARTNER, WORLDWIDE COMMODITIES	\$ 4000.00	\$ 0 0.00% \$ 0	\$ 5000.00 6/29/12	\$ 0.00 PER ELECTION**
\$ 10000.00	\$ 0	\$ 0 0.00% \$ 0	\$ 10000.00 12/31/14	\$ 0 0.00% \$ 0	\$ 10,000 10/08/12	\$ 0.00 PER ELECTION**
\$ _____	\$ _____	\$ _____ PAID \$ _____ FORGIVEN	\$ _____ DATE DUE	\$ _____ RATE \$ _____	\$ _____ DATE INCURRED	\$ _____ PER ELECTION**
<b>SUBTOTALS \$</b>						

(Enter (e) on  
Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

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