

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

**CALIFORNIA 460  
FORM**

Date Stamp  
**RECEIVED  
CITY OF LAKE FOREST  
CITY CLERK'S OFFICE**

Page 1 of 4  
For Official Use Only

Date of election if applicable:  
(Month, Day, Year) 11/06/2012 14 FEB 11 P2:49

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 07/01/2013  
through 12/31/2013

### 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 5)
- 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

I.D. NUMBER  
1343839

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Robinson for City Council 2012

### 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

CITY Mission Viejo STATE CA ZIP CODE 92691 AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY  
Dwight Robinson  
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 1/31/2014 Date  
Executed on 1/31/2014 Date  
Executed on \_\_\_\_\_ Date  
Executed on \_\_\_\_\_ Date

By Dwight Robinson Signature of Treasurer or Assistant Treasurer  
By Dwight Robinson Signature of Controlling Officer, Candidate, State Measure Proponent, or Responsible Officer of Sponsor  
By \_\_\_\_\_ Signature of Controlling Officer, Candidate, State Measure Proponent  
By \_\_\_\_\_ Signature of Controlling Officer, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

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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 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

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

SUMMARY PAGE

STATEMENT COVERS PERIOD  
from 07/01/2013 through 12/31/2013

CALIFORNIA FORM 460  
Page 3 of 4

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	14000.00
4. Nonmonetary Contributions	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 0	14000.00

## 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

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.

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.

## 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

**Schedule B - Part 1  
Loans Received**

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

Statement covers period  
from 07/01/2013  
through 12/31/2013

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER  
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Robinson for City Council 2012

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(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
Dwight Robinson Lake Forest, CA 92630 <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Partner, Worldwide Commodities	\$ 4000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 4000.00 12/31/14 DATE DUE	0.00 % RATE \$ 0.00	\$ 5000.00 06/29/12 DATE INCURRED	\$ 0.00 PER ELECTION**
Worldwide Commodities Lake Forest, CA 92630 <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 10000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 10000.00 12/31/13 DATE DUE	0.00 % RATE \$ 0.00	\$ 10,000 10/08/12 DATE INCURRED	\$ 0.00 PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> 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.