Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 01/01/2014
through 06/30/2014

Date of Election if applicable
(Month, Day, Year)

1. Type of Recipient Committee
- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement
- Pre-election Statement
- Semi-Annual Statement
- Termination Statement
- Amendment
- Quarterly Statement
- Special Odd-Year Statement
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information
COMMITTEE NAME
Bob Blumenfield For Assembly 2012

STREET ADDRESS
[CITY]

MAILING ADDRESS (IF DIFFERENT)
[CITY]

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)
NAME OF TREASURER
Jane Leiderman

STREET ADDRESS
[CITY]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS
[CITY]

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification
I have used all reasonable diligence in preparing and certifying this Statement. 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, the information is true and correct.

Executed on 7/31/14
By

Executed on 7/30/14
By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 - January/05
State of California/SF
5. Officeholder or Candidate Controlled Committee

**NAME OF OFFICEHOLDER OR CANDIDATE**
Bob Blumenfield

**OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPlicable)**
State Assembly Person - District 45

**RESIDENIAL/BUSINESS ADDRESS (NO. AND STREET)**
Woodland Hills CA 91367

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)**

**CITY**
Woodland Hills

**STATE**
CA

**ZIP**
91367

**NAME OF OFFICEHOLDER OR CANDIDATE**

**OFFICE SOUGHT OR HELD**
State Assembly Person - District 45

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)**
Woodland Hills CA 91367

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)**

**CITY**
Woodland Hills

**STATE**
CA

**ZIP**
91367

**NAME OF TREASURER**
Jane Leiderman

**NAME OF TREASURER**

**CONTROLLED COMMITTEE?**
YES

**CONTROLLED COMMITTEE?**
YES

**CONTROLLED COMMITTEE?**
YES

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**
Bob Blumenfield For City Council 2013 Officeholder Account

**I.D. NUMBER**
1358999

**NAME OF TREASURER**
Jane Leiderman

**CONTROLLED COMMITTEE?**
YES

6. Primarily Formed Ballot Measure Committee

**NAME OF BALLOT MEASURE COMMITTEE**

**BALLOT NO. OR LETTER**

**JURISDICTION**

**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

**NAME OF OFFICEHOLDER OR CANDIDATE**

**OFFICE SOUGHT OR HELD**

**DISTRICT NO. IF ANY**

**NAME OF OFFICEHOLDER OR CANDIDATE**

**OFFICE SOUGHT OR HELD**

**DISTRICT NO. IF ANY**

**NAME OF OFFICEHOLDER OR CANDIDATE**

**OFFICE SOUGHT OR HELD**

**DISTRICT NO. IF ANY**

**NAME OF OFFICEHOLDER OR CANDIDATE**

**OFFICE SOUGHT OR HELD**

**DISTRICT NO. IF ANY**

**NAME OF OFFICEHOLDER OR CANDIDATE**

**OFFICE SOUGHT OR HELD**

**DISTRICT NO. IF ANY**

Statement covers period from 01/01/2014 through 06/30/2014.
# Campaign Disclosure Statement

**Summary Page**

**Campaign Disclosure Statement**

**NAME OF FILER** Bob Blumenfield For Assembly 2012

**I.D. NUMBER** 1333750

---

### Contributions Received

1. **Monetary Contributions**
   - Schedule A, Line 3: $0.00
   - Column A: $0.00
   - Column B: $0.00

2. **Loans Received**
   - Schedule B, Line 3: $0.00
   - Column A: $0.00
   - Column B: $0.00

3. **SUBTOTAL CASH CONTRIBUTIONS**
   - Add Lines 1 + 2: $0.00
   - Column A: $0.00
   - Column B: $0.00

4. **Nonmonetary Contributions**
   - Schedule C, Line 3: $0.00
   - Column A: $0.00
   - Column B: $0.00

5. **TOTAL CONTRIBUTIONS RECEIVED**
   - Add Lines 3 + 4: $0.00
   - Column A: $0.00
   - Column B: $0.00

### Expenditures Made

6. **Payments Made**
   - Schedule E, Line 4: $1,800.00
   - Column A: $1,800.00
   - Column B: $1,800.00

7. **Loans Made**
   - Schedule H, Line 3: $0.00
   - Column A: $0.00
   - Column B: $0.00

8. **SUBTOTAL CASH PAYMENTS**
   - Add Lines 6 + 7: $1,800.00
   - Column A: $1,800.00
   - Column B: $1,800.00

9. **Accrued Expenses (Unpaid Bills)**
   - Schedule F, Line 3: $0.00
   - Column A: $0.00
   - Column B: $0.00

10. **Nonmonetary Adjustment**
    - Schedule C, Line 3: $0.00
    - Column A: $0.00
    - Column B: $0.00

11. **TOTAL EXPENDITURES MADE**
    - Add Lines 8 + 9 + 10: $1,800.00
    - Column A: $1,800.00
    - Column B: $1,800.00

---

### Current Cash Statement

12. **Beginning Cash Balance**
    - Previous Summary Page, Line 16: $7,666.11

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: $1,800.00

16. **ENDING CASH BALANCE**
    - Add Lines 12 + 13 + 14, then subtract Line 15: $5,866.11

17. **LOAN GUARANTEES RECEIVED**
    - Schedule B, Part 2: $0.00

### Cash Equivalents and Outstanding Debts

18. **Cash Equivalents**
    - Column A: $0.00

19. **Outstanding Debts**
    - Add Lines 18 + Line 9 in Column B: $0.00

---

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections.**

20. **Contributions Received**
    - 1/1 through 6/30: $______
    - 7/1 to Date: $______

21. **Expenditures Made**
    - $______

---

**Expenditure Limit Summary for State Candidates**

22. **Cumulative Expenditures Made**
    - (If Subject to Voluntary Expenditure Limits)
    - $______

* Amounts in this Section may be different from amounts reported in Column B.

---

**FPPC Form 460 - January/05**

State of California/SI
Schedule D  
Summary of Expenditures  
Supporting/Opposing Other Candidates, Measures and Committees

**NAME OF FILER**: Bob Blumenfield  
**FOR**: Assembly 2012

**DATE**: 05/30/2014

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
</table>
| 05/30/2014 | Roger Dickinson  
State Senator  
State District Office | Monetary Contribution | | 750.00 | 750.00 | 750.00 (P14) |

**SUBTOTAL $**: 750.00

**Schedule D Summary**

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ................................................................. $ 750.00

2. Unitemized contributions and independent expenditures made this period of under $100. ................................................................. $ 0.00

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)  
   **TOTAL $**: 750.00

FPPC Form 460 (January 05-S1)
## Schedule E Payments Made

**NAME OF FILER** Bob Blumenfield For Assembly 2012

**NAME AND ADDRESS OF PAYEE**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE or DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roger Dickinson for Senate 2014</td>
<td>CTB</td>
<td>$750.00</td>
</tr>
<tr>
<td>Friends of Rick Kessler</td>
<td>From Federal Permissible Funds</td>
<td>$1,000.00</td>
</tr>
</tbody>
</table>

**Subtotal $** 1,750.00

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $1,750.00
2. Unitemized payments made this period of under $100 $50.00
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.) TOTAL $1,800.00

FPPC Form 460 (January 05-5)