Recipient Committee
Campaign Statement
Cover Page

Statement covers period from 7/1/22 through 9/24/22
Date of election if applicable: (Month, Day, Year) 11/8/22
CITY OF WESTLAKE VILLAGE
WESTLAKE VILLAGE, CA

1. Type of Recipient Committee:
   All Committee - Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall (Also Complete Part 6)
   - 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:
   - Preliminary Statement
   - Semi-annual Statement
   - Termination Statement (Also file a Form 410 Termination)
   - Amendment (Explain below)
   - Quarterly Statement
   - Special Odd-Year Report

3. Committee Information
   I.D. NUMBER 1451421
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   BRAD HALPERN WLV FOR CITY COUNCIL 2022
   STREET ADDRESS (NO P.O. BOX)
   CITY STATE ZIP CODE AREA CODE/PHONE
   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   CITY STATE ZIP CODE AREA CODE/PHONE
   OPTIONAL: FAX/E-MAIL ADDRESS

   Treasurer(s)
   NAME OF TREASURER
   ROBYN HALPERN
   MAILING ADDRESS
   STREET ADDRESS
   CITY STATE ZIP CODE AREA CODE/PHONE
   MAILING ADDRESS
   CITY STATE ZIP CODE AREA CODE/PHONE
   OPTIONAL: FAX/E-MAIL ADDRESS
   818-292-1203

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 9/25/22
   Executed on 9/29/22
   Executed on
   Executed on
   Executed on

   By
   By
   By
   By
   Signature of Officeholder, Candidate, State Measure Proponent
   Signature of Officeholder, Candidate, State Measure Proponent
   Signature of Officeholder, Candidate, State Measure Proponent
   Signature of Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### 5. Officeholder or Candidate Controlled Committee

**NAME OF OFFICEHOLDER OR CANDIDATE**

BRAD HALPERN

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

COUNCILMEMBER, CITY OF WESTLAKE VILLAGE

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP**

---

**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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ YES □ NO</td>
</tr>
</tbody>
</table>

**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**

□ SUPPORT □ OPPOSE

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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRAD HALPERN</td>
<td>COUNCILMEMBER</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

**COMMITTEE NAME**

<table>
<thead>
<tr>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**NAME OF TREASURER**

**CONTROLLED COMMITTEE?**

□ YES □ NO

**COMMITTEE ADDRESS**

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

---

Attach continuation sheets if necessary

---

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

1. Monetary Contributions ........................................ Schedule A, Line 3 $4900.00 $4900.00
2. Loans Received .................................................. Schedule B, Line 3 0 0
3. SUBTOTAL CASH CONTRIBUTIONS ............................ Add Lines 1 + 2 $4900.00 $4900.00
4. Nonmonetary Contributions ..................................... Schedule C, Line 3 0 0
5. TOTAL CONTRIBUTIONS RECEIVED ......................... Add Lines 3 + 4 $4900.00 $4900.00

## Expenditures Made

6. Payments Made .................................................. Schedule E, Line 4 $350.00 $350.00
7. Loans Made ....................................................... Schedule H, Line 3 0 0
8. SUBTOTAL CASH PAYMENTS .................................. Add Lines 6 + 7 $350.00 $350.00
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 $350.00 $350.00

## Current Cash Statement

12. Beginning Cash Balance ....................................... Previous Summary Page, Line 16 $4900.00 $4900.00
13. Cash Receipts ................................................... Column A, Line 3 above $350.00 $350.00
14. Miscellaneous Increases to Cash .............................. Schedule I, Line 4 $4900.00 $4900.00
15. Cash Payments .................................................. Column A, Line 9 above $350.00 $350.00
16. ENDING CASH BALANCE ...................................... Add Lines 12 + 13 + 14, then subtract Line 15 $4550.00 $4550.00

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

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .............................................. See instructions on reverse $4550.00 $4550.00
19. Outstanding Debts ............................................. Add Line 2 + Line 9 in Column B above 0 0

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).
### Schedule A
Monetary Contributions Received

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/12/22</td>
<td>WESTLAKE VILLAGE INN</td>
<td>OTH</td>
<td></td>
<td>4900.</td>
<td>4900.</td>
<td>4900.</td>
</tr>
</tbody>
</table>

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) .................................................. $ 4900.

2. Amount received this period – unitemized monetary contributions of less than $100 .................................. $ 0

3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................................. TOTAL $ 4900.
### Schedule E

**Payments Made**

Amounts may be rounded to whole dollars.

**Statement covers period**

from 7/1/22 through 9/24/22

**I.D. NUMBER**

1451421

**NAME OF FILER**

BRAD HALPERN

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>campaign paraphernalia/misc.</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
</tr>
<tr>
<td>FIL</td>
<td>candidate filing/ballot fees</td>
</tr>
<tr>
<td>FND</td>
<td>fundraising events</td>
</tr>
<tr>
<td>IND</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
</tr>
<tr>
<td>LIT</td>
<td>campaign literature and mailings</td>
</tr>
<tr>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OFC</td>
<td>office expenses</td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PHT</td>
<td>phone banks</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRT</td>
<td>print ads</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>RFD</td>
<td>returned contributions</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>t.v. or cable airtime and production costs</td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/sponsor</td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
</tr>
</tbody>
</table>

#### NAME AND ADDRESS OF PAYEE

(If committee, also enter I.D. number)

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIL</td>
<td>FILING FEE</td>
<td>50.00</td>
</tr>
<tr>
<td>FIL</td>
<td>REIMBURSEMENT FOR FILING FEE- CANDIDATE STATEMENT</td>
<td>300.00</td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ........................................... $ 350.

2. Unitemized payments made this period of under $100................................................................. $ 0

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)). ....... $ 0

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ........................................... TOTAL $ 350.

FPCC Form 460 (Jan/2016)

FPCC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov