

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

**CALIFORNIA
FORM 460**

Date Stamp

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CITY OF BEVERLY HILLS

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Page 1 of 9

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indexed
1/27/17 *kp*

Statement covers period
from 01/01/2016
through 12/31/2016

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

I.D. Number 1390583

COMMITTEE NAME
Robert Wunderlich for City Council 2017

STREET ADDRESS (NO PO BOX)
16633 Ventura Blvd # 1008

CITY STATE ZIP CODE AREA CODE/PHONE
Encino CA 91436 323/655-4065

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Jane Leiderman

STREET ADDRESS
16633 Ventura Blvd # 1008

CITY STATE ZIP CODE AREA CODE/PHONE
Encino CA 91436 323/655-4065

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE 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 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 1/26/17

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/18/17

By Robert Wunderlich
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Statement covers period
from 07/01/2016
through 12/31/2016

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Robert Wunderlich

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member Beverly Hills

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
442 S Camden Dr Beverly Hills CA 90212

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 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 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 OR 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

**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through		Page 3 of 9
		I.D. NUMBER 1390583

NAME OF FILER Robert Wunderlich for City Council 2017

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 850.00	\$ 850.00
2. Loans Received Schedule B, Line 3	20,000.00	20,000.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2	\$ 20,850.00	\$ 20,850.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 20,850.00	\$ 20,850.00

**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

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ 17,976.44	\$ 17,976.44
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 17,976.44	\$ 17,976.44
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 17,976.44	\$ 17,976.44

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 0.00
13. Cash Receipts Column A, Line 3 above	20,850.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	17,976.44
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,873.56
17. LOAN GUARANTEES RECEIVED. Schedule B, Part 2	\$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0.00
19. Outstanding Debts. Add Lines 2 + Line 9 in Column B above	\$ 20,000.00

**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.

**Schedule A
Monetary Contributions Received**

SCHEDULE A

Statement covers period from 07/01/2016 through 12/31/2016		CALIFORNIA FORM 460
Page 4 of 9		
NAME OF FILER Robert Wunderlich for City Council 2017		I.D. NUMBER 1390583

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/17/2016	Sue Brucker 805 N Roxbury Dr Beverly Hills, CA 90210	IND	Info n/a	450.00	450.00	450 (P17)
12/17/2016	Larry D Dick 17853 Santiago Blvd # 107 Villa Park, CA 92861	IND	Manager LaSalle Group Inc.	200.00	200.00	200 (P17)
10/18/2016	Gloria D. Gray 3008 W 82nd Pl Inglewood, CA 90305	IND	Retired N.A.	200.00	200.00	200 (P17)

SUBTOTAL \$ 850.00

Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$ 850.00
2. Amount received this period - unitemized	\$ 0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1)	TOTAL \$ 850.00

**** Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule B - Part 1
Loans Received**

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through	12/31/2016	Page 5 of 9
NAME OF FILER Robert Wunderlich for City Council 2017		I.D. NUMBER 1390583

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(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
Robert Wunderlich 442 S Camden Dr Beverly Hills, CA 90212 Contributor Code: IND			10000.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	10000.00 DUE DATE 07/11/2017	0.00 INTEREST RATE 0.00 %	10,000.00 DATE INCURRED 09/07/2016	CALENDAR YEAR 20,000 PER ELECTION ** 20,000 (P17)
Robert Wunderlich 442 S Camden Dr Beverly Hills, CA 90212 Contributor Code: IND			10000.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	10000.00 DUE DATE 11/18/2017	0.00 INTEREST RATE 0.00 %	10,000.00 DATE INCURRED 11/18/2016	CALENDAR YEAR 20,000 PER ELECTION ** 20,000 (P17)

SUBTOTALS \$	(b) 20,000.00	(c) 0.00	(d) 20,000.00	(e) 0.00	
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Schedule B Summary

- Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.) \$ 20,000.00
- 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 \$ 20,000.00**
Enter the net here and on the Summary Page, Column A, Line 2.

**** Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule E
Payments Made**

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through	12/31/2016	Page 6 of 9
NAME OF FILER Robert Wunderlich for City Council 2017		I.D NUMBER 1390583

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

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

NAME AND ADDRESS OF PAYEE	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Beverly Hills Courier 499N Canon Dr Beverly Hills, CA 90210	PRT		849.00
Beverly Hills Weekly	PRT		400.00
Stephen Sammarco 2304 Mathews Ave. #4 Redondo Beach, CA 90278	LIT		120.00
SUBTOTAL \$			1,369.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 17,867.00
2. Unitemized payments made this period of under \$100	\$ 109.44
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 \$ 17,976.44

Schedule E (Continuation Sheet)
Payments Made

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through	12/31/2016	Page 7 of 9
NAME OF FILER Robert Wunderlich for City Council 2017		ID. NUMBER 1390583

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

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

NAME AND ADDRESS OF PAYEE	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stephen Sammarco 2304 Mathews Ave. #4 Redondo Beach, CA 90278	CNS		1,011.00
Stephen Sammarco 2304 Mathews Ave. #4 Redondo Beach, CA 90278	CNS		1,000.00
Stephen Sammarco 2304 Mathews Ave. #4 Redondo Beach, CA 90278	LIT		676.00
Stephen Sammarco 2304 Mathews Ave. #4 Redondo Beach, CA 90278	CNS		1,000.00
Stephen Sammarco 2304 Mathews Ave. #4 Redondo Beach, CA 90278	WEB		1,400.00

SUBTOTAL \$ 5,087.00

**Schedule E (Continuation Sheet)
Payments Made**

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through	12/31/2016	Page 8 of 9
NAME OF FILER Robert Wunderlich for City Council 2017		I.D. NUMBER 1390583

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

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

NAME AND ADDRESS OF PAYEE	CODE or DESCRIPTION OF PAYMENT	AMOUNT PAID
Stephen Sammarco 2304 Mathews Ave. #4 Redondo Beach, CA 90278	POS	2,700.00
Stephen Sammarco 2304 Mathews Ave. #4 Redondo Beach, CA 90278	CNS	1,000.00
Stephen Sammarco 2304 Mathews Ave. #4 Redondo Beach, CA 90278	LIT	7,711.00

SUBTOTAL \$ 11,411.00

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through	12/31/2016	Page 9 of 9
NAME OF FILER Robert Wunderlich for City Council 2017		I.D. NUMBER 1390583

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Stephen Sammarco

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

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

* Payments that re contributions or independent expenditures are also summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE OR	DESCRIPTON OF PAYMENT	AMOUNT PAID
Star Mailing Inc. 3050 Rossllyn St. Los Angeles, CA 90065	LIT		4,111.00
Stouse 3333 Roanoke Rd. Kansas City, MO 64111	LIT		1,660.00
Zoo Printing 5700 Bandini Ave. Commerce, CA 90040	LIT		2,177.00

TOTAL \$ 7,948.00