Recipient Committee Recipient Statement Recipient Sover Page					RECEIVE	-n	CALIFORNIA 460
			Statement covers period 09-17-2020	Date of election if applicable: (Month, Day, Year)	OCT 2 1 202	_	For Official Use Only
EE INSTRUCTIONS ON REVERSE		throu	ıgh <u>10-17-2020</u>	11-03-2020 BY	100		
. Type of Recipient Committee	: All Committees -	Complete F	Parts 1, 2, 3, and 4.	2. Type of Statement:	0		
✓ Officeholder, Candidate Controlled State Candidate Election Com Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Commit	mittee	Committe Cont Spor (Also Comple	rolled nsored to Part 6) / Formed Candidate/ lder Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410) Amendment (Explain	nt [t Termination)	Quarterly Special	y Statement Odd-Year Report
. Committee Information		I.D. NUMB Pending		Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NA Camacho for Oakdale City Coun STREET ADDRESS (NO P.O. BOX)				MAME OF TREASURER Marco Camacho Jr. MAILING ADDRESS N/A CITY	STATE	ZIP CODE	AREA CODE/PHONE
2220 West F street	STATE ZII	CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASU	IRER, IF ANY		
Oakdale MAILING ADDRESS (IF DIFFERENT) NO. /		5361 BOX	209-840-1615	MAILING ADDRESS			
N/A CITY	STATE ZI	CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
N/A OPTIONAL: FAX / E-MAIL ADDRESS	N/A N	I/A	N/A	OPTIONAL: FAX / E-MAIL ADD	RESS		
camacho4occ@yahoo.com							
Nerification I have used all reasonable diligence in certify under penalty of perjury under the Executed on 10-21-2020 Executed on 10-21-2020 Date Date			nia that the foregoing is true and			-	ules is true and complete. I
Executed onDate			Ву	Signature of Controlling Officeholder, Candidate	s, State Measure Proponent		
Executed onDate			Ву	Signature of Controlling Officeholder, Candidate	e, State Measure Proponent		- "1

COVER PAG

Recipient Committee Campaign Statement Cover Page — Part 2

	GE - PART
CALIFORNIA FORM	460
Pageo	17

Officeholder or Candidate Controlled Commi	ittee			6.	Primarily Formed Ballo	Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE			
Marco Camacho Jr.								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER	IF APPLICABL	LE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT
City Council Member					-			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI		STATE	ZIP		Identify the controlling office	nolder, candid	date, or state measure p	oponent, if any.
2220 West F Street	Dakdale	CA 95	5361		NAME OF OFFICEHOLDER, CAN			
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily	st any commi formed to rec	ittees elve		OFFICE SOUGHT OR HELD		DISTRICT	IO. IF ANY
COMMITTEE NAME	I.D. NUMBER	X		7	Brimarily Formed Cond	dete/Office		
NAME OF TREASURER	CONTROLLE YES	D COMMITTE	EE?	1.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this	enoider Committee committee is primarily for	List names of med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)				NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	LD □ SUPPORT □ OPPOSE
CITY STATE ZIP CO	ODE	AREA CODE/F	PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER				NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO PO B	☐ YES		EE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B CITY STATE ZIP CO		AREA CODE/F	PHONE		Attac	h continuatio	on sheets If necessary	L OFFOSE

campaign Disclosure Statement cummary Page

Amounts may be rounded to whole dollars.

SUMMARY PAG

36

Statement covers period	california 460
through	Page 3 of 17
L. T. L. Marie	I.D. NUMBER

EE INSTRUCTIONS ON REVERSE

AME OF FILER

Monetary Contributions Schedule A, Line 3 Loans Received Schedule B, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ -	Column A TOTAL THIS PERIOD ROM ATTACHED SCHEDULES) 335 0.00	\$ \$	Column B CALENDAR YEAR TOTAL TO DATE 1961.96 0.00	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 \$ \$
Payments Made Payments Made Loans Made Schedule E, Line 4 Loans Made Schedule H, Line 3 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 Accrued Expenses (Unpaid Bills) Nonmonetary Adjustment Schedule C, Line 3 I. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$.	637.59 0.00 637.59 0.00 0.00 637.59	\$ \$	0.00 0.00 0.00 1443.44	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) /\$
2. Beginning Cash Balance		1961.96 1443.44 518.52	A ar of ar be sh	o calculate Column B, Id amounts in Column to the corresponding nounts from Column B your last report. Some nounts in Column A may a negative figures that nould be subtracted from evious period amounts. If	*Amounts in this section may be different from amounts reported in Column B.
7. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 3. Cash Equivalents See instructions on reverse 9. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00	file or fro	is is the first report being and for this calendar year, ally carry over the amounts om Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/201) FPPC Advice: advice@fppc.ca.gov (866/275-377) www.fppc.ca.g

chedule lonetary	e A v Contributions Received	Amour to	nts may be rounded whole dollars.	Statement covers period		CALI	SCHEDUL FORNIA 460 ORM
E INSTRUCTI	ONS ON REVERSE			through		Page	4 of 17
ME OF FILER						I.D. NU	UMBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR Y (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
9/18/20	John Huelsenbeck	☑ IND □ COM □ OTH □ PTY □ SCC	MidValley Ag Service	\$100	\$100	,	(IT NEGOTIES)
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
1	9 .		SUBTOTAL S				

PTY – Political Party SCC – Small Contributor Committee

Total monetary contributions received this period.

FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-377:

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

ichedule A Ionetary C	(Continuation Sheet) Contributions Received	Amounts may to whole o	be rounded Iollars.	Statement coverage of through		CALIFORNIA 4 FORM	
AME OF FILER						I.D. NUMBER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR TO DATE	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

☐ IND

COM OTH PTY

□scc

SUBTOTAL \$

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

abadula D. David	Am		SCHEDULE B - PART					
chedule B – Part 1 oans Received		to whole dollars. Statem						^{IIA} 460
E INSTRUCTIONS ON REVERSE					through		Page	of_17
AME OF FILER							I.D. NUMBER	
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	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
N/A				PAID	*	Q/	1.	CALENDAR YEAR
				FORGIVEN	·	RATE	•	PER ELECTION
□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID \$ FORGIVEN	s	% RATE	s	\$ PER ELECTION
IND COM OTH PTY SCC		\$	\$	s	DATE DUE	\$	DATE INCURRED	s
				PAID \$ FORGIVEN	\$	% RATE	s	\$PER ELECTION
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	s	\$	DATE DUE	s	DATE INCURRED	s
	S	UBTOTALS \$	\$)	\$	\$		
Chedule B Summary Loans received this period	s of less than \$100.) 00 paid or forgiven.) t are also itemized on Schele 2 from Line 1.)	dule A.)		\$ <u>n/a</u>		C F	Contributor Codes ND – Individual COM – Recipient Co	ommittee PTY or SCC) pusiness entity)

(May be a negative number)

umber)

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

che	dule	В-	Part	2
oan	Gua	ran	tors	

Amounts may be rounded to whole dollars.

	SCHEDULE B - PART
Statement covers period from	california 460
	~ 17

EE INSTRUCTIONS ON REVERSE				through	Page/	of
AME OF FILER					I.D. NUMBER	l
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)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
I/A	□IND		LENDER		CALENDAR YEAR	
	□COM □OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)	
	□IND □ COM		LENDER		CALENDAR YEAR	
	□COM □OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)	
	□IND		LENDER		CALENDAR YEAR	
	□COM □OTH □PTY □SCC		DATE	N.	PER ELECTION (IF REQUIRED)	
	□IND		LENDER		CALENDAR YEAR	
	□ COM □ OTH □ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)	
			SUE	BTOTAL \$	Enter on Summary Page, Line 17 only.	The second second

ichedu	le C		Amounts may be rounded to whole dollars.			SCHEDULE			
lonmo	netary Contributions Received		to whole dollars.		froi	Statement covers	period	CALIF FO	ORNIA 460
EE INSTRUC	CTIONS ON REVERSE				thre	ough		Page	8 of 17
AME OF FIL	ER			***************************************				I.D. NUM	BER
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE DAR YEAR - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	N/A	□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL :	\$			
. Amount (Include	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.) received this period – unitemized nonmone	tary contribut					OTI	other th I – Other (e. I – Political I	nt Committee an PTY or SCC) .g., business entity)
(Add Lin	les 1 and 2. Enter here and on the Summan	ı. / Page, Colur	mn A, Lines 4 and 10.)	ТОТА	L \$ _	N/A			

schedule D summary of Expenditures supporting/Opposing Other andidates, Measures and Committees

Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period	CALIFORNIA 460
from	FORM TOU
through	Page 9 of 17
	LO MUMBED

EINETDUC	TIONS ON DEVEDSE		1	through		Page	of
AME OF FILE	TIONS ON REVERSE R		······			I.D. NUMB	ER
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
	N/A	Monetary Contribution					
	5	Nonmonetary Contribution					
	Support Doppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	Support Dppose	Independent Expenditure					
			SUBTOTAL	\$			
'also dul	D Summany						
cneaui	e D Summary contributions and independent expenditures made	a this paried (Include	all Schodule D subtotals			s N	//A
. Itemized	contributions and independent expenditures made ted contributions and independent expenditures m	ade this period of unc	der \$100	J		\$ N	//A
Total cor	atributions and independent expenditures made this	is period. (Add Lines	1 and 2. Do not enter on t	he Summary Page	e.) TOT	AL \$ N	// A

Schedule D
Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

E AND I SHOW THE PARTY OF THE P	SCHEDULE D (CON
Statement covers period	CALIFORNIA 460
from	FORM TO
through	Page 10 of 17
	I.D. NUMBER

				through		Page	of
AME OF FILER						I.D. NUM	BER
(600				-			
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDA (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
	N/A	Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	Support Dppose	Independent Expenditure		_			1
SUBTOTAL \$ N/A							

ichedule	E
ayments	Made

Amounts may be rounded to whole dollars.

SCHEDULI Statement covers period CALIFORNIA FORM from

EE INSTRUCTIONS ON REVERSE			thro	ough	Page _	
AME OF FILER					I.D. NUN	/BER
ODES: If one of the following codes accurately describes the payment, your campaign paraphernalia/misc. WBR member commeetings are office expering to contribution (explain nonmonetary)* Color donations Candidate filing/ballot fees Fundraising events Fundrais	nmunications d appearances ses ulating s survey researcl livery and mes	h senger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production of returned contributions	uction costs I meals and meals of the sam	ne candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DES	CRIPTIC	ON OF PAYMENT		AMOUNT PAID
rimo Tacos	FND	Cash				570
Payments that are contributions or independent expenditures must also be summarized on Sch	edule D.			SU	BTOTAL	\$
chedule E Summary					e	570
. Itemized payments made this period. (Include all Schedule E subtotals.)						67.59
Total interest paid this period on loans. (Enter amount from Schedule B, Pa	ort 1. Colum	n (a))			s -	0 -
Total payments made this period. (Add Lines 1, 2, and 3. Enter here and o	n the Summ	ary Page, Column	A, Line	6.) TO	TAL \$_	637.59

ichedule E Continuation Sheet) 'ayments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CON-

CALIFORNIA 460

Statement covers period

ayments Made				from	0	FUR	IVI - C
EE INSTRUCTIONS ON REVERSE				through	h	Page	12 of 17
ME OF FILER				-		I.D. NUME	BER
campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and su POS postage, deliv PRO professional s PRT print ads	munications I appearance es ating Irvey researd very and mes	s h senger services	RAD ra RFD ra SAL c TEL t. TRC c TRS si TSF tr	escribe the payment. adio airtime and production of turned contributions ampaign workers' salaries ampaign workers' salaries andidate travel, lodging, and taff/spouse travel, lodging, a ansfer between committees oter registration nformation technology costs	action costs I meals nd meals of the same	5
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DE	SCRIPTION	OF PAYMENT		AMOUNT PAID
							>
ayments that are contributions or independent expenditures must also be so	ummarized on Sched	lule D.			SUE	STOTAL \$	

chedule F ccrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	Statement cove	ers period	california 460 form		
			through		Page/	13 of 17
EE INSTRUCTIONS ON REVERSE						
AME OF FILER					I.D. NUMB	EK
ODES: If one of the following codes accurately describe MP campaign paraphernalia/misc.	MBR member communicatio	ns	nerwise, describe th RAD radio airtime a RFD returned contri	nd production co	osts	
NS campaign consultants TB contribution (explain nonmonetary)*	MTG meetings and appeara OFC office expenses	SAL campaign workers' salaries				
VC civic donations L candidate filing/ballot fees	PET petition circulating PHO phone banks		TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals			
ND fundraising events	POL polling and survey rese		TRS staff/spouse tra	avel, lodging, ar	nd meals of the same o	candidate/sponsor
ID independent expenditure supporting/opposing others (explain)* EG legal defense	PRO professional services (legal, accounting)	VOT voter registration	on		
T campaign literature and mailings	PRT print ads		WEB information tec	hnology costs (internet, e-m	iaii)
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT THIS PEF (ALSO REPOR	RIOD	(d) OUTSTANDING BALANCE AT CLOS OF THIS PERIOD
√/A						
						11.1
Payments that are contributions or independent expenditures must also be mmarized on Schedule D.	SUBTOTALS	\$	\$	\$	\$	
chedule F Summary						
 Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized 	Schedule F, Column (b) su accrued expenses under	btotals for \$100.)	INCU	IRRED TOT	ALS\$_	
 Total accrued expenses paid this period. (Include all Scheaccrued expenses of \$100 or more, plus total unitemized 	edule F, Column (c) subto payments on accrued exp	tals for payments on enses under \$100.)		PAID TOT	ALS \$	1,1
. Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and	4				

May be a negative number FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-377:

chedule F Continuation Sheet) ccrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars. Statement covers period from through				SCHEDULE F (CON CALIFORNIA 460 FORM of 17
ODES: If one of the following codes accurately described campaign paraphernalia/misc. NS campaign consultants Contribution (explain nonmonetary)* Covic donations Coandidate filing/ballot fees Coandidate filing/ballo	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	earch nessenger services egal, accounting)	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable air TRC candidate trav TRS staff/spouse tr TSF transfer betwe VOT voter registrati	ne payment. Ind production cost ibutions kers' salaries ritime and productionel, lodging, and meavel, lodging, and ien committees of the payment.	on costs eals meals he same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAI THIS PERIOD	BALANCE AT CLOSE

	SUBTOTALS \$ \$ \$					
J/A						
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	

chedule G ayments Made by an Agent or Independent contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period from	CALIFORNIA 460
through	Page 15 of 17
	I.D. NUMBER

ME OF AGENT OR INDEPENDENT CONTRACTOR

E INSTRUCTIONS ON REVERSE

ME OF FILER

ODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment	OTTE:
MP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production returned contributions campaign workers' salarie t.v. or cable airtime and production petition circulating L candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and survey research TRS staff/spouse travel, lodging, staff/spouse	tion costs es production costs , and meals ng, and meals tees of the same candidate/sponsor

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
N/A				
tach additional information on appropriately labeled continuation sheets.			TOTAL*	\$

				1-22				SCHEDULE
chedule H oans Made to Others*			ay be rounded le dollars.		Statement cove	ers period	CALIFORNIA 460	
EE INSTRUCTIONS ON REVERSE					through	·	Page 16	of 17
AME OF FILER							I.D. NUMBER	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENESS THIS PERIOD	BALANCE AT	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
/A				PAID \$ FORGIVEN	\$	%	s	\$PER ELECTION
		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		\$	s	PAID FORGIVEN S	\$	% RATE	\$DATE INCURRED	S PER ELECTION*
oans that are contributions to another candidate of some summarized on Schedule D. Loans forgive ported on Schedule E.	n must also be	SUBTOTALS	\$	\$	\$	\$	DATE INCORRED	
Chedule H Summary Loans made this period(Total Column (b) plus unitemized loans Payments received on loans	s of less than \$100.)					(Enter (e) on Schedule I, Line 3)		**If Required
(Total Column (c) plus unitemized paym Net change this period. (Subtract Line 2 (Enter the net here and on the Summar	? from Line 1.)				NET \$			

(May be a negative number)

chedule I liscellaneous Increases to Cash EE INSTRUCTIONS ON REVERSE		Amounts may be rounded		SCHEDUL		
		to whole dollars.	Statement covers period	CALIFORNIA 460		
			from	FURIWI - U		
			through	Page of		
AME OF FILER				I.D. NUMBER		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH		
	N/A					
2	tional information on appropriately labeled continuation shee	ts.	SUBTOTA	L\$		
	Summary	Water Control of the				
. Itemized ind	creases to cash this period		\$			
. Unitemized	increases to cash of under \$100 this period		\$			
. Total of all i	interest received this period on loans made to others. ((Schedule H, Column (e).)	\$	_		
. Total misce Summary P	llaneous increases to cash this period. (Add Lines 1, 2 Page, Line 14.)	2, and 3. Enter here and on the	TOTAL \$			
				FPPC Form 460 (Jan/2016 vice@fppc.ca.gov (866/275-377.		

www.fppc.ca.gc