Campaign Statement Cover Page Government Code Sections 84200-84216.5)	Type or print in ink.  Statement covers period Date of election if applicable:			FORM 460  FORM of 3  For Official Use Only
SEE INSTRUCTIONS ON REVERSE	from 5 1814 through (1170 154	(Month, Day, Year)	2015 JAN 30 PA	COPY
State Candidate Election Committee  Recall (Also Complete Part 5)  General Purpose Committee  Sponsored  Small Contributor Committee	omplete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure  Committee  Controlled  Sponsored  Also Complete Part 6)  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 To	Quarter Special Suppler Statemer	ly Statement Odd-Year Report nental Preelection ent - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  STREET ADDRESS (NO PO BOX)  CITY  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR PO. IT.  CITY  STATE  ZIP C  OPTIONAL: FAX / E-MAIL ADDRESS	ODE AREA CODE/PHONE	Treasurer(s)  NAME OF TREASURER  MAILING ADDRESS  CITY  NAME OF ASSISTANT TREASU  MAILING ADDRESS  CITY  OPTIONAL: FAX / E-MAIL ADD	STATE ZIP COD	E AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewir under penalty of perjury under the laws of the State of Californ  Executed on  Executed on  Date  Executed on  Date	By	nowledge the information contained he surer or Assistan ontrolling Officeholder, Candidate, State Measure Proceedings of Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candidate,	nt Treasurer roponent or Responsible Officer of Sponsor State Measure Proponent	s is true and complete. I certify  FPPC Form 460 (January/05

COVER PAGE

## **Campaign Disclosure Statement Summary Page**

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

SUMMARY PAGE Statement covers period **CALIFORNIA FORM** 

SEE INSTRUCTIONS ON REVERSE POWIE 4 TOWANCE City Clerk 20 NAME OF FILER

Calendar Year Summary for Candidates Column A Column B Contributions Received CALENDAR YEAR Running in Both the State Primary and TOTAL THIS PERIOD TOTAL TO DATE **General Elections** 1. Monetary Contributions ...... Schedule A, Line 3 1/1 through 6/30 7/1 to Date 2. Loans Received ...... Schedule B, Line 3 20. Contributions SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 Received Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** Candidates 6. Payments Made ...... Schedule E, Line 4 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit) SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 Total to Date Date of Election (mm/dd/yy) 10. Nonmonetary Adjustment ...... Schedule C, Line 3 **Current Cash Statement** 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 To calculate Column B, add

13. Cash Receipts ...... Column A, Line 3 above 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 15. Cash Payments ...... Column A, Line 8 above 16. ENDING CASH BALANCE ....... Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.

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.

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## Cash Equivalents and Outstanding Debts

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

17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$

## Schedule B - Part 1 Loans Received

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period through

CALIFORNIA **FORM** 

I.D. NUMBER

NAME OF FILER OUTSTANDING (a) OUTSTANDING (b) AMOUNT CUMULATIVE ORIGINAL INTEREST IF AN INDIVIDUAL, ENTER AMOUNT PAID FULL NAME, STREET ADDRESS AND ZIP CODE BALANCE AT CLOSE OF THIS CONTRIBUTIONS AMOUNT OF PAID THIS OCCUPATION AND EMPLOYER BALANCE RECEIVED THIS OR FORGIVEN OF LENDER BEGINNING THIS TO DATE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) PERIOD LOAN PERIOD THIS PERIOD PERIOD (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PERIOD PAID PER FLECTION CALENDAR YEAR FORGIVEN PAID, FORGIVEN ☐ COM ☐ OTH ☐ PTY ☐ scc SUBTOTALS Schedule E, Line 3) **Schedule B Summary** 1. Loans received this period .....

(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period ..... (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)

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 (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.

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