C	ampaign Statement over Page			RECEIVED	FORM 460	
		Statement covers period from 8/16/2022	Date of election if applicable: (Month, Day, Year)	SEP 1 2 2022	Page of	
SEI	E INSTRUCTIONS ON REVERSE	through <u>11/8/2022</u>	11/8/2022	AMADOR COUNTY ELECTIONS		
1.	Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
	State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	tt □ Speci ermination)	erly Statement al Odd-Year Report	
3.	Committee Information 1.5	D. NUMBER	Treasurer(s)			
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
	Angela Wise for School Board - Jackson		Kandi Thompson MAILING ADDRESS	М	4	
	STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO		
	CITY STATE ZIP CO	DDE AREA CODE/PHONE	Jackson NAME OF ASSISTANT TREASUR	CA 9564	2	
			NAME OF ASSISTANT TREASUR	SER, IF ANT		
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS			
	CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE	
	Sutter Creek CA 9568	5				
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS		
4.	Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on State Poste Poste Poste	California that the foregoing is the land	knowledge the information contained correct. Signature of Treature or Assistant of Controlling Officeholder, Candidate, State Measure P. Signature of Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candidate, Can	nt Treasurer reponent or Responsible Officer of Sponso State Measure Proponent		
					FPPC Form 460 (Jan/2016)	

Recipient Committee Campaign Statement Cover Page — Part 2

Officeholder or Candidate Controlled Committee		6.	6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE	*		NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	FICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			BALLOT NO. OR LETTER JURISDICTION			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Identify the controlling officeholder, or				holder, candid	date, or state	measure prope	onent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in this Statement included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cano officeholder(s) or candidate(s)	lidate/Office for which this	eholder Co committee is p	mmittee Lis primarily forme	t names of d.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	☑ SUPPORT
			Angela Wise		ACUSD-Ja	ackson Seat	☐ OPPOSE
CITY STATE ZIP CO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	· · · · · · · · · · · · · · · · · · ·						
CITY STATE ZIP C	ODE AREA CODE/PHONE		Atta	ch continuation	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 8/16/2022 CALIFORNIA 460

through 11/8/2022 Page _____ of _____

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SEE INSTRUCTIONS ON REVERSE		through _	11/0/2022	Page of	
NAME OF FILER				I.D. NUMBER	
Angela Wise					
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and		
1. Monetary Contributions	\$ 3,000.00 \$ 3,000.00 \$	\$ 3,000.00 \$ 3,000.00 \$	General Elections 1/1 th 20. Contributions Received \$ 21. Expenditures Made \$	\$	
Expenditures Made 6. Payments Made	·	\$ \$ \$		Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date	
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 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. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse	ş <u>0</u>	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).	*Amounts in this section r reported in Column B.	may be different from amounts	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0		EDDC Advices adv	FPPC Form 460 (Jan/2016))	

Schedule A

Amounts may be rounded

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	Statement covers period from $\frac{8/16/2022}{\text{through}}$		CALIFORNIA 460 FORM Page of	
	ONS ON REVERSE			through		I.D. NUMBER	
NAME OF FILER Angela Wise						I.D. NUMBER	
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 THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR TO DATE	
9/8/2022	Stanley Lukowicz Jackson, CA 95642	☑IND □COM □OTH □PTY □SCC	Mother Lode Real Investors	3,000.00	3,000.00	N/A	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	\$			
Amount re (Include a	A Summary eceived this period – itemized monetary contributional Schedule A subtotals.)			000.00	IND - COM	ributor Codes Individual – Recipient Committee (other than PTY or SCC – Other (e.g., business en	
2. Amount re	eceived this period – unitemized monetary contribu	tions of less tha	n \$100\$ 3,	UUU.UU		 Political Party Small Contributor Comm 	nittee
2 Total man	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page. (FPPC Form 460 (Jan/	رــــــــــــــــــــــــــــــــــــ

Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole dollars.		Statement covers period from		CALIFORNIA 460	
				through		Page of	
NAME OF FILER						I.D. NU	IMBER
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 THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		IND COM OTH PTY	*				
	*	□IND □COM □OTH □PTY □SCC					
8_			SUBTOTAL	\$		1	

*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

Schedule B - Part 1

Amounts may be rounded to whole dollars.

Schedule B – Part 1 Loans Received	,	to whole dollars			Statement cover	ers period	CALIFORN FORM	HA 460
EE INSTRUCTIONS ON REVERSE					through		Page	of
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	THIS PERIO	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
				PAID \$ FORGIVEN		% RATE	s	\$PER ELECTION**
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$CALENDAR YEAR
				\$ FORGIVEN	s	RATE	\$	\$PER ELECTION**
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
				\$ FORGIVEN	\$		\$	\$PER ELECTION**
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
2	s	UBTOTALS \$:	\$	\$	\$		
Construction (Control of the Park Park Park Park Park Park Park Park	ns of less than \$100.)00 paid or forgiven.) It are also itemized on Scheo e 2 from Line 1.)	dule A.)		\$ _		IN C	Contributor Codes ND – Individual OM – Recipient C (other than NTH – Other (e.g., TY – Political Par	Committee PTY or SCC) business entity)
					(May be a negative number)			

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Sche	dule	В-	Part	2
Loan	Gua	rant	ors	

Amounts may be rounded to whole dollars.

SCH	FDI	IJЕ	B -	PΑ	RT	2

CALIFORNIA 460

Statement covers period

from.

SEE INSTRUCTIONS ON REVERSE				through	Page	of												
NAME OF FILER					I.D. NUMBER													
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												
	□IND □COM		LENDER		CALENDAR YEAR													
	□OTH □PTY □SCC	PTY	DATE		PER ELECTION (IF REQUIRED)													
	□IND □COM □OTH □PTY		LENDER		CALENDAR YEAR													
		□отн □ртү	□отн □рту	□отн □рту	□отн □рту	□ОТН □РТҮ	□отн □рту	□OTH □PTY	□отн □ртү	□отн	□отн □ртү	□отн □ртү	□OTH □PTY	□отн □ртү		DATE		PER ELECTION (IF REQUIRED)
									□IND		LENDER		CALENDAR YEAR					
	□COM □OTH □PTY		DATE		PER ELECTION (IF REQUIRED)													
	scc		LENDER		\$CALENDAR YEAR													
	□IND □COM □OTH		DATE		PER ELECTION (IF REQUIRED)													
	□ PTY □ SCC				\$													
-			SUE	BTOTAL \$	Summary Page, Line 17 only.													

Schedule C Amounts may be rounded SCHEDULE C to whole dollars. **Nonmonetary Contributions Received** Statement covers period **CALIFORNIA FORM** from. through __ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER IF AN INDIVIDUAL, ENTER CUMULATIVE TO AMOUNT/ PER ELECTION FULL NAME, STREET ADDRESS AND DATE CONTRIBUTOR OCCUPATION AND EMPLOYER DESCRIPTION OF DATE ZIP CODE OF CONTRIBUTOR FAIR MARKET TO DATE **RECEIVED** CODE* GOODS OR SERVICES CALENDAR YEAR (IF SELF-EMPLOYED, ENTER VALUE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN 1 - DEC 31) NAME OF BUSINESS) Псом □отн □ PTY □ scc СОМ □ OTH ☐ PTY SCC Псом Потн **□** PTY □scc Псом Потн □ PTY □scc **SUBTOTAL \$** Attach additional information on appropriately labeled continuation sheets. **Schedule C Summary** *Contributor Codes IND - Individual 1. Amount received this period – itemized nonmonetary contributions. COM - Recipient Committee (Include all Schedule C subtotals.)....\$ (other than PTY or SCC) OTH - Other (e.g., business entity) 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ PTY - Political Party

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....TOTAL \$_

FPPC Form 460 (Jan/2016))
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SCC - Small Contributor Committee

Schedule							SCHEDULE D
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		to whole de	Amounts may be rounded to whole dollars.		s period	CALIFORNIA 460	
	IONS ON REVERSE			through		Page	of
NAME OF FILER				: <u> </u>		I.D. NUME	BER
DATE	NAME OF CANDIDATE, OFFICE, AND DIST MEASURE NUMBER OR LETTER AND JURIS OR COMMITTEE		DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - 1	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
-		Monetary Contribution					
		Nonmonetary Contribution					
	Support Oppose	Independent Expenditure					
<u>, , , , , , , , , , , , , , , , , , , </u>		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		☐ Nonmonetary Contribution				,	
	Support Dppose	Independent Expenditure					
-			SUBTOTAL	L \$			
Schedule	D Summary						
1. Itemized	contributions and independent expend	itures made this period. (Inclu	ide all Schedule D subtotal	s.)		\$_	
2. Unitemize	ed contributions and independent expe	nditures made this period of t	under \$100			\$_	

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be r to whole dolla		Statement covers period from through			SCHEDULE D (CONTO	
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 CALENDAI (JAN. 1 - D	R YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	-	Monetary Contribution Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent		45				
	Support Орроѕе	Expenditure Monetary Contribution Nonmonetary Contribution						
	Support Dppose	Independent Expenditure						
		Monetary Contribution Nonmonetary Contribution Independent						
	☐ Support ☐ Oppose	Expenditure						

SUBTOTAL \$

			SCHEDULE E				
Schedule E	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460				
Payments Made		from	FORM 400				
SEE INSTRUCTIONS ON REVERSE		through	Page of				
NAME OF FILER		-	I.D. NUMBER				

NAME OF FILER				I.D. NUMBER
CODES: If one of the following codes accurately describes the payment, y CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings MBR member con meetings and office expensions office expensions petition circuit phone banks polling and significant professional professional professional print ads	nmunications d appearances ses lating urvey research very and messen	RA RI SA TE TF TF TF ager services TS ccounting) VC	D radio airtime and production of preturned contributions. L campaign workers' salaries. L t.v. or cable airtime and production of candidate travel, lodging, and staff/spouse travel, lodging, a transfer between committees.	uction costs I meals and meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIP	TION OF PAYMENT	AMOUNT PAID
.:				
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. * SUBTOTAL \$			BTOTAL \$	
Schedule E Summary				
1. Itemized payments made this period. (Include all Schedule E subtotals.)				
2. Unitemized payments made this period of under \$100				\$
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)				\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and or	the Summary	y Page, Column A, Li	ne 6.) TO	TAL \$

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Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded

(Continuation Sheet) Payments Made	to whole dollars.	from	FORM 460	
SEE INSTRUCTIONS ON REVERSE		through	Page of	
NAME OF FILER			I.D. NUMBER	
CODES: If one of the following codes accurate	ely describes the payment, you may enter the code.	Otherwise, describe the paymer	ıt.	
OMB :	MDD	DAD, andia sisting and producti		

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

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

Schedule	e F		
Accrued	Expenses	(Unpaid	Bills)

CMP campaign paraphernalia/misc.

CNS campaign consultants

Amounts may be rounded to whole dollars.

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

MBR member communications

MTG meetings and appearances

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

RAD radio airtime and production costs

RFD returned contributions

riodiada Experiodo (dispaia Billo)	from	- Ortin
SEE INSTRUCTIONS ON REVERSE	through	Page of
NAME OF FILER		I.D. NUMBER

CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	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	messenger services	TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registration	time and production costs el, lodging, and meals avel, lodging, and meals en committees of the sam	ne 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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	5	\$
Schedule F Summary	Schodulo E Summary				

Schedule r Summary

1.	Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)
2.	Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)
3.	Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A. Line 9.)

May be a negative number FPPC Form 460 (Jan/2016))

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

NAME OF FILER

Amounts may be rounded to whole dollars.

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

CODES: If one of the following codes 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 SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses

PET petition circulating TEL t.v. or cable airtime and production costs CVC civic donations TRC candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks FIL FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services

PRO professional services (legal, accounting) VOT voter registration LEG legal defense campaign literature and mailings LIT

WEB information technology costs (internet, e-mail) PRT print ads

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

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
				(1)* ±	
-					
	SUBTOTALS	\$	\$	\$	\$

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Schedule G

	SCHEDULE	G
Statement covers period from	CALIFORNIA 460	

Contractor (on Behalf of This Committee)	to The state of th	nts may be ro whole dollar		a	from_	tement covers period	CALIFOR	^{NIA} 460
SEE INSTRUCTIONS ON REVERSE					throug	ıh	Page	of
NAME OF FILER							I.D. NUMBER	2
NAME OF AGENT OR INDEPENDENT CONTRACTOR		=======================================						
CODES: If one of the following codes accurately describe	es the payment,	you may e	nter	the code. Other	erwise, d	escribe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be	MBR member co MTG meetings a OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	nd appearance nses culating ks survey reseat elivery and me al services (leg	es rch essenç		RFD re SAL ca TEL t.v TRC ca TRS str TSF tra VOT vo	dio airtime and production turned contributions impaign workers' salaries or cable airtime and produndidate travel, lodging, and aff/spouse travel, lodging, a funsfer between committees the registration formation technology costs	uction costs I meals and meals s of the same car	•
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (OR	DESC	CRIPTION (OF PAYMENT		AMOUNT PAID
		i.f.						5

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H Loans Made to Others*

Amounts may be rounded to whole dollars.

Statement covers period from	california 460 form				
through	Рапе	of			

				1				
SEE INSTRUCTIONS ON REVERSE					through		Page	
NAME 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	CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE LOANS TO DATE
		\$	s	PAID FORGIVEN S	\$	% RATE	\$DATE INCURRED	\$PER ELECTION**
		\$	\$	PAID FORGIVEN S———	\$DATE DUE	% RATE	\$DATE INCURRED	\$ PER ELECTION**
*Loans that are contributions to another candidate of also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		
Schedule H Summary						(Enter (e) on Schedule I, Line 3)		
Loans made this period (Total Column (b) plus unitemized loans Payments received on loans (Total Column (c) plus unitemized payn	s of less than \$100.) nents of less than \$100.)				\$			**If Required
3. Net change this period. (Subtract Line 2 (Enter the net here and on the Summa)	2 from Line 1.) ry Page, Column A, Line 7.)				he a negative number)		

(May be a negative number)

Schedule I		Amounts may be rounded	SCHEDUL				
Miscellaneous Increases to Cash SEE INSTRUCTIONS ON REVERSE NAME OF FILER		to whole dollars.	Statement covers period	CALIFORNIA 460			
			through	Page of			
				I.D. NUMBER			
DATE	FULL NAME AND ADDRESS OF SOURCE		DESCRIPTION OF DESCRIPT	AMOUNT OF			
RECEIVED	(IF COMMITTEE, ALSO ENTER I,D, NUMBER)		DESCRIPTION OF RECEIPT	INCREASE TO CASH			
•							
-			··				
Attach additional info	rmation on appropriately labeled continuation sheets	S	SUBTOTA	AL \$			
Schedule I Summ			Φ.				
	to cash this period			= [
2. Unitemized increase	es to cash of under \$100 this period		\$	<u> </u>			
3. Total of all interest re	eceived this period on loans made to others. (S	Schedule H, Column (e).)	\$	_			
4. Total miscellaneous	increases to cash this period. (Add Lines 1, 2,	and 3. Enter here and on the	T0T11 A				

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